



Australian Government

AusAID

PAPUA NEW GUINEA - AUSTRALIA HIV and AIDS PROGRAM

**Sanap wantaim na strongim sapot
long daunim HIV na AIDS**

(Stand together and strongly support decreasing HIV and AIDS)

Program Implementation Framework

3 May 2006

**The contents of this document do not necessarily reflect
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Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
AHAPI	Australian HIV/AIDS Partnership Initiatives
APP	Annual Program Plan
ART	Anti-retroviral Treatment
ARV	Anti-retroviral
ASF	Advisory Support Facility
AusAID	Australian Agency for International Development
CBO	Community Based Organisation
CCM	Country Coordinating Mechanism
CSO	Civil Society Organization
DFID	UK Department for International Development
DNPM	Department of National Planning and Monitoring
DPM	Department of Personnel Management
DPMNEC	Department of the Prime Minister and National Executive Council
DOE	Department of Education
DPLGA	Department of Provincial and Local Government Affairs
FAO	Food and Agriculture Organization
FBO	Faith Based Organisation
GFATM	Global Fund to fight AIDS, TB and Malaria
GoA	Government of Australia
GoPNG	Government of Papua New Guinea
HIV	Human Immunodeficiency Virus
HRSS	High Risk Setting Strategy
IEC	Information, Education and Communication
ISP	Implementing Service Provider
PAC	Provincial AIDS Council
M&E	Monitoring and Evaluation
MEF	This Program's Monitoring and Evaluation Framework
MTDS	Medium Term Development Strategy 2005-2010
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NDOH	Department of Health

NEC	National Executive Council
NGO	Non-governmental Organisation
NHASP	National HIV/AIDS Support Project
NSP	National Strategic Plan
NSP MEF	NSP Monitoring and Evaluation Framework
PAC	Provincial AIDS Council
PAO	Program Advisory office
PLWHA	People Living with HIV/AIDS
PNG	Papua New Guinea
SPC	Senior Program Coordinator
STI	Sexually Transmitted Infection
SWAp	Sector Wide Approach
TA	Technical Adviser
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNDP	United Nations Development Program
VCT	Voluntary Testing and Counselling
WHO	World Health Organisation

Definitions & Glossary

To ensure consistency of meaning the majority of these definitions are the same as those in the *PNG National Strategic Plan on HIV/AIDS* (NACS, November 2005 draft)

Behavioural surveillance - surveys of behaviour that puts people at risk of HIV transmission. This involves asking a sample of people about their sexual attitudes, drug injecting and other risk behaviours. The sample may be restricted to a certain age group, and to men or women.

Best Practice - is understood as the continuous process of learning, feedback, reflection and analysis of what works and does not work in the HIV/AIDS response and why. Drawing on practical experiences from countries around the world and within the country itself. Effective approaches, policies, strategies and technologies are identified as “best practice.”

Epidemic - a disease that spreads rapidly through a demographic segment of the human population in a geographic area. Epidemics can be spread from person to person or from a contaminated source such as food or water.

Epidemiology - the branch of medical science that deals with the study of incidence, distribution and control of a disease in a population.

Gender and Sex - the term 'sex' refers to biologically determined differences, whereas the term 'gender' refers to differences in social roles and relations between men and women. Gender roles are learned through socialisation and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity and religion, as well as by geographical, economic and political environments.

Guiding Principles - guiding Principles are the cultural, moral and ethical values that form the basis of the National Strategic Plan, including the principles embodied in the National Constitution.

High-risk groups/Groups with high-risk behaviour – these terms should be used with caution as they can increase stigma and discrimination. They may also lull people who don't identify with such groups into a false sense of security. 'High-risk group' also implies that the risk is contained within the group whereas, in fact, all social groups are interrelated. It is often more accurate to refer directly to 'sex without a condom', 'unprotected sex', 'needle-sharing', or 'sharing injecting equipment', rather than to generalise by saying 'high-risk group'.

HIV - human immuno-deficiency virus is the virus that weakens the immune system, ultimately leading to AIDS

HIV Infection - entry of HIV into the body and infects susceptible immune cells. This leads to massive reproduction of the virus leading to the progressive destruction of the immune system.

HIV Prevalence - cumulative HIV infections within a given period and is usually given as a percentage.

Knowledge Management - process to ensure availability and access to strategic information through timely and appropriate means.

Mainstreaming – adapting the core business of a ministry or organisation to ensure that it does *not* make the epidemic worse either directly or indirectly through increased

vulnerability, and that it does exploit every opportunity to contribute to the HIV response.

Multi-sectoral Response - is a concerted effort by all concerned agencies, organisations and key stakeholders (such as politicians, Non-governmental organisations, churches, private sector organisations, union groups, donor agencies, vulnerable groups, people with HIV and other stakeholders), in the fight against the HIV/AIDS epidemic.

Opportunistic Infections - infections that invade the body when the immune system is weakened by the HIV Virus such as TB, pneumonia and cancers like Kaposi's Sarcoma.

Orphans - children/child without parental support. When used in the context of HIV/AIDS, it relates to children whose parents have died of AIDS.

Peer Education - providing factual/vital information to people of a certain age, same sex, have the same interest, of the same organisation or social group, status or position on matters governing their existence. Peer education can motivate peers to achieve behaviour change which has to be generated from within the individuals and the whole group.

People Living With HIV/AIDS - makes reference to people who are infected with HIV. However, in general terms, it also refers to people affected by HIV/AIDS like spouses, children and close relatives.

Primary stakeholders – are those people and groups who ultimately benefit from the Program, the children, women and men of Papua New Guinea with and without HIV and AIDS.

Prophylaxis - preventive therapy given to at-risk individuals to prevent a first infection such as OI, post-exposure prophylaxis such as needle stick injury and rape.

Secondary stakeholders – are those people and institutions who are intermediaries in the process of delivering services to prevent and/or treat HIV and AIDS such as government agencies, churches, NGOs, doctors, nurses, teachers, community leaders in community health and welfare.

Sentinel Sero-Surveillance - monitoring system through blood testing to track HIV infection levels in certain populations through certain institutions because they provide access to populations that are either of particular interest in the epidemic or representative of a larger population, for example, antenatal and STI clinics.

Sentinel Surveillance - surveillance relating to a particular group (such as men who have sex with men) or activity (such as sex work) that acts as an indicator of the presence of a disease.

Sexually Transmitted Infection - also called venereal disease (VD), an older public health term, or sexually transmitted diseases (STDs). Sexually Transmitted Infections are spread by the transfer of organisms from person to person during sexual contact.

Sex Worker - the term 'sex worker' is non-judgemental and recognises the fact that people sell their bodies as a means of survival, or to earn a living. This term is preferable to 'prostitute', 'whore' or 'commercial sex worker', which have negative connotations.

Surveillance - the ongoing and systematic collection, analysis, and interpretation of data about a disease or health condition. Collecting blood samples for the purpose of surveillance is called sero-surveillance.

Syndrome - a group of signs and symptoms that together are characteristic of a specific condition.

Targeted Interventions - appropriate strategies, program activities or course of actions aimed to reduce or prevent the spread of HIV amongst certain population groups identified to be at risk.

Youth - young people covering both adolescents (10-24 years old). In PNG context, young unmarried adults up to 35 years old also fall into this category, making up more than 50% of the population.

Voluntary counselling and testing - confidential dialogue between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS including blood testing for HIV.

Foreword

This Framework is designed to provide the arrangements for the implementation of AusAID's HIV and AIDS response in Papua New Guinea. The Program supports the Government of Papua New Guinea's national strategies to address the epidemic.

The Framework is divided into six parts.

- Part A - the background and introduction to the Program.
- Part B - comprehensive and concise summary of current HIV and AIDS issues in PNG.
- Part C - the policies and responses of the governments of Papua New Guinea and Australia and other donors.
- Part D – a description of this Program's strategy, its direction and the target areas for Australian assistance. It also describes Program management systems and processes.
- Part E – strategies for the transition of key activities from the AusAID National HIV/AIDS Support Project (NHASP) to this Program so as to ensure early implementation.
- Annexes - support and background material, including details of Australia's strategic approach and this Program's possible areas of intervention.

For the reader with limited time Parts A and D are most important in terms of understanding the management arrangements. The Framework is supported by a massive amount of background analysis and reference material which is referenced in the text and annexes.

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EXECUTIVE SUMMARY

The Papua New Guinea HIV and AIDS Program (Sanap wantaim na strongim sapot long daunim HIV na AIDS - Stand together and strongly support decreasing HIV and AIDS) is a seven year (with a possible three year extension) package of development assistance to support Papua New Guinea to address the serious HIV and AIDS epidemic. Working under *Australia's Strategy to Support Papua New Guinea's response to HIV/AIDS 2006-2010* (the Strategy) the Program will support Department of Prime Minister and National Executive Council (DPMNEC), the National AIDS Council (NAC), the National Department of Health (NDOH) and key stakeholders in Papua New Guinea to implement the recently endorsed *Papua New Guinea National Strategic Plan on HIV/AIDS 2006-2010 (NSP)*.

The Program builds on 18 months of extensive consultation, joint research and analysis by AusAID with its Papua New Guinea counterparts. Lessons from current and previous projects have been analysed. It is proposed to phase in the introduction of this Program in early 2006 with a series of transition activities leading to full mobilisation in late 2006 when the current National HIV/AIDS Support Project (NHASP) ends.

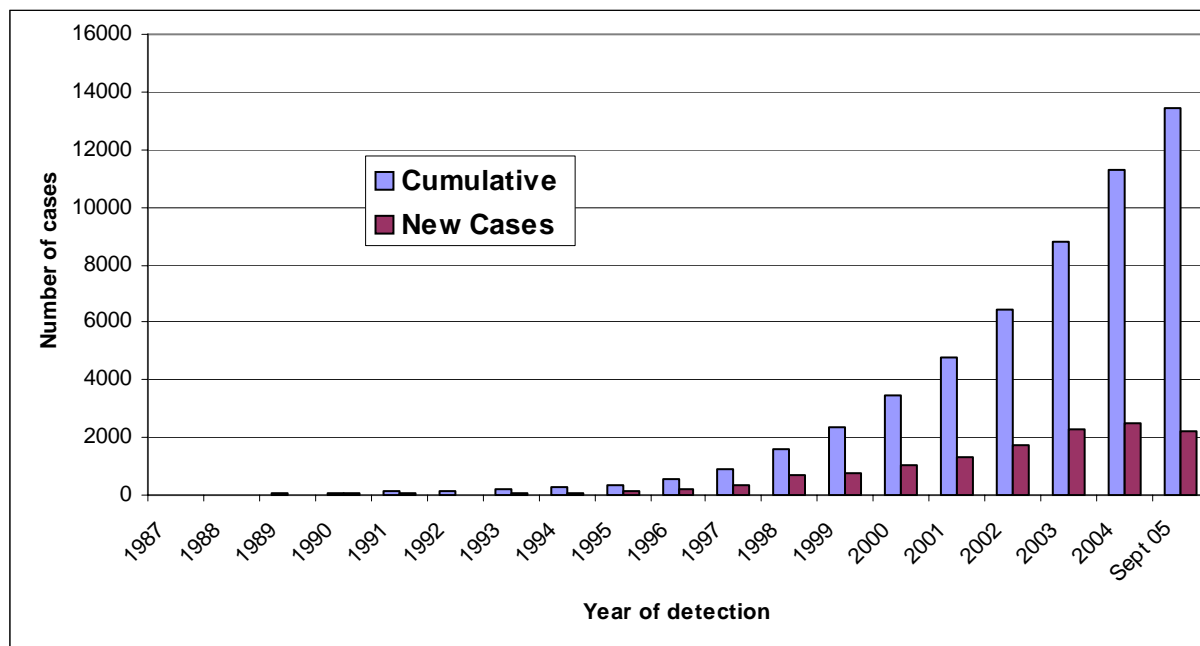
Program funding will be significantly greater than that provided under the NHASP.

Context

Papua New Guinea faces a serious HIV and AIDS epidemic which has now been classified as a generalised epidemic. This indicates that the virus is firmly established in the general population and places PNG as having the highest incidence of HIV/AIDS in the Pacific Region. Although the epidemic is largely concentrated in urban centres, it has reached into every province and is appearing in the remote parts of PNG.

Figure 1 shows the dramatically increasing incidence of the epidemic while **Figure 2** illustrates the impact on younger women and older men.

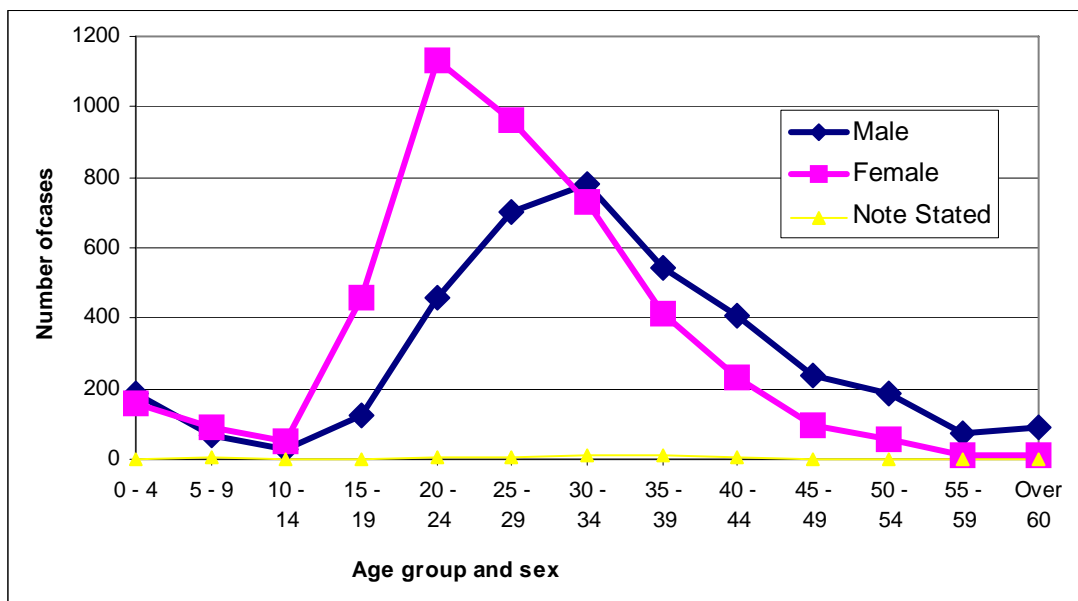
Figure 1 - HIV/AIDS 1987- September 2005



Source: NACS/NDOH, September 2005, Quarterly Report

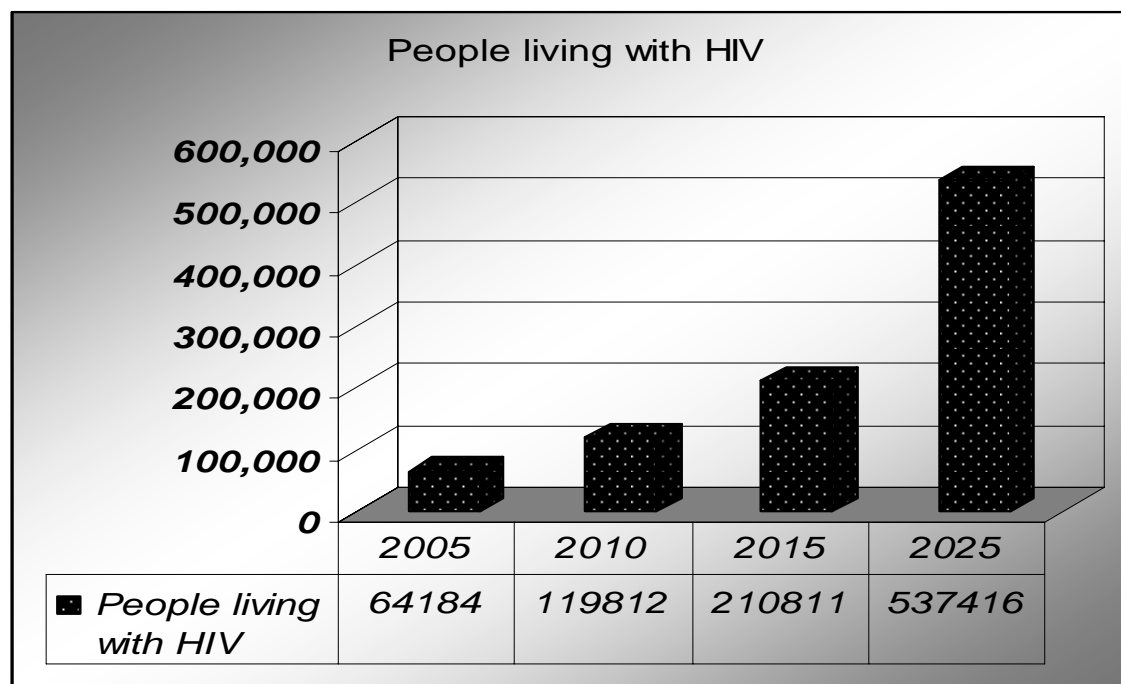
A recent study estimates that there are 64,000 people living with HIV and AIDS in PNG in 2005. It is also estimated that 54% of those living with HIV and AIDS are in urban areas and an overall urban prevalence of 3.5% (urban prevalence for adult population of 6.17%). The model predicts that the total number of people living with HIV and AIDS will increase to 120,000 in 2010 and to 537,000 in 2025 (Figure 3) with an adult population prevalence of 10.88% (Table 1). AIDS related deaths are estimated to be 9,000 in 2010 rising to 42,000 in 2025 (Figure 4). The model also predicts that during 2005, there will be 14,509 new infections.

Figure 2 - HIV Infections 1987-JSeptember (Age and Sex)



Source: NACS/NDOH, September 2005, Quarterly Report

Figure 3 - Number of people living with HIV and AIDS (2005, 2010, 2015 & 2025)

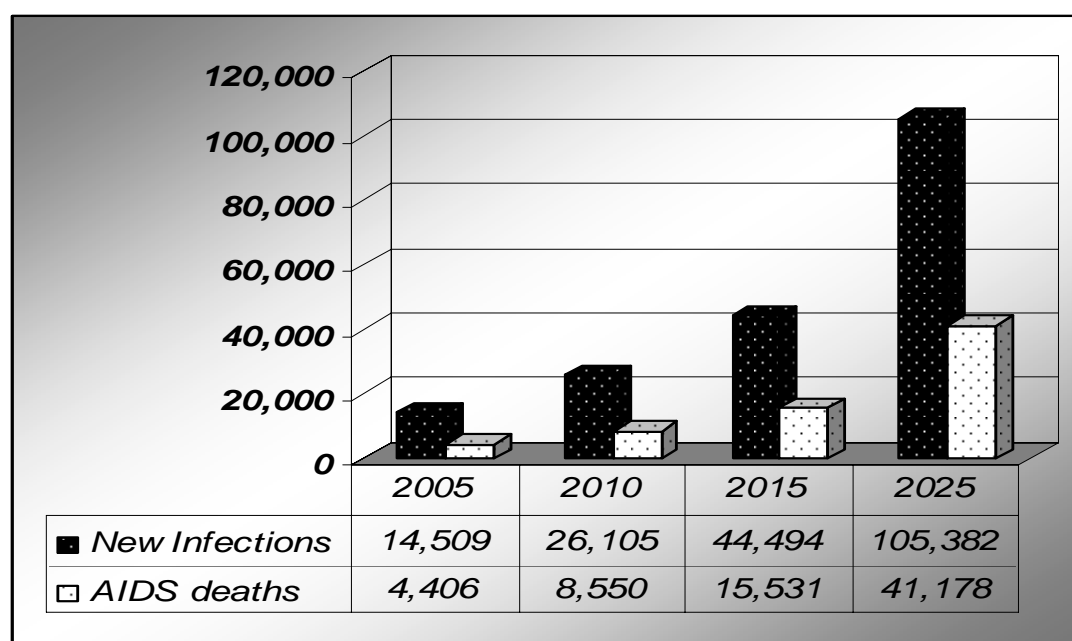


Source: HIV Epidemiological Modelling and Impact Study (AusAID, October 2005)

Table 1 - HEMI model predicted prevalence of HIV/AIDS

	2005			2010			2015			2025		
	Prevalence (%)			Prevalence (%)			Prevalence (%)			Prevalence (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Injecting drug users	0	0	0	0	0	0	0	0	0	0	0	0
Female sex workers	14.03	2.85	5.05	20.34	5.01	8.10	27.24	8.48	12.32	39.04	19.94	23.98
Male clients of CSW	6.90	1.20	2.17	10.38	2.13	3.57	14.48	3.67	5.60	22.43	9.20	11.64
Men who have sex with men	3.55	0.52	1.46	7.24	1.02	3.00	11.66	1.84	5.02	21.43	5.03	10.47
Paediatric (0-14)	0.55	0.10	0.17	0.79	0.17	0.28	1.11	0.30	0.44	1.80	0.77	0.96
Adult 15-49	6.17	1.13	2.02	9.36	2.01	3.36	13.10	3.45	5.27	20.42	8.58	10.88
Total population	3.47	0.60	1.08	5.21	1.07	1.80	7.23	1.84	2.82	11.09	4.54	5.79

Source: HIV Epidemiological Modelling and Impact Study (AusAID, October 2005)

Figure 4 - Predicted annual number of new HIV and AIDS infections

Source: HIV Epidemiological Modelling and Impact Study (AusAID, October 2005)

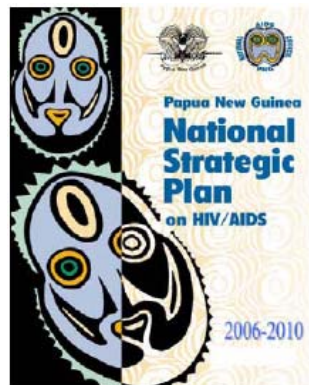
From these figures PNG is already facing a very serious epidemic which, if it continues to grow as predicted, will have a devastating impact on its communities, the economy, its social fabric and on government service delivery.

Papua New Guinea Response

PNG recognises the threat posed by the HIV epidemic to its development and economic growth prospects and has placed HIV and AIDS as one of five priorities in its *Medium Term Development Strategy 2005-2010*.

The National Executive Council has moved the National AIDS Council and its secretariat to the DPMNEC and appointed the Chief Secretary to Government as its chair. The Prime Minister has appointed a special minister to advise him on HIV/AIDS. Parliament has established a standing committee for advocacy among parliamentarians. The 2006 Budget has provided increased funding for NACS.

After wide consultation within government and the community, NACS developed the *Papua New Guinea National Strategic Plan on HIV/AIDS 2006-2010* which was endorsed by the National Executive Council in December 2005. The NSP's overall goal is to "reduce the HIV prevalence in the general population to below one percent by 2010, improve care for those infected, and minimize the social and economic impact of the epidemic on individuals, families and communities".



The goal is supported by seven objectives based around:

- Treatment, counselling, care & support
- Education & prevention
- Epidemiology & surveillance
- Social and behavioural change research
- Leadership, Partnership and Coordination
- Family & community support, and
- Monitoring & evaluation.

The *National Health Plan, 2001- 2010* identifies the priority policies and strategies to address health concerns in PNG and recently the Department developed a Strategic Plan 2006 to 2008 which places HIV/AIDS as a top order priority.

Papua New Guinea and Australia have endorsed the UNAIDS "Three Ones" principles, to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management:

- One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners.
- One National AIDS Coordinating Authority, with a broad-based multi-sectoral mandate.
- One agreed country-level Monitoring and Evaluation System.

Australia's response

The Australian Government is deeply concerned at the incidence and impact of HIV and AIDS globally but more particularly in this region – Asia and the Pacific. *Meeting the challenge: Australia's international HIV/AIDS strategy* (AusAID, July 2004) notes Australia's aim to reduce the spread of HIV/AIDS and to mitigate the effects on people living with HIV/AIDS and on the society to which they belong.



Australia's efforts focus on five directions:

- promoting leadership and advocacy
- building capacity
- changing attitudes and behaviours
- addressing HIV transmission associated with injecting drug use, and
- supporting treatment and care.

Building partnerships is a key implementation strategy. Funding social, behavioural and economic research to further understand the epidemic is vital.

Australia has made an explicit commitment to the NSP by using it as the foundation document for *Australia's Strategy to Support Papua New Guinea's Response to HIV/AIDS 2006-2010*. It also demonstrates Australia's support of the Three Ones principle of one agreed HIV/AIDS Action Framework that drives the alignment of all partners.

In the face of a worsening, generalised epidemic, AusAID's HIV/AIDS Strategy for PNG aims to extend Australian support widely across PNG's diverse communities in order to mobilise and support them in reducing the spread of HIV and to broaden the reach of treatment and care. The strategy therefore addresses underlying institutional, social and cultural factors that are intensifying the spread of HIV/AIDS in PNG and are hampering response efforts.

Under the A\$65 million NHASP Australia has been supporting PNG's response for the last five years. This has created a platform from this Program in a large number of focus areas. In addition AusAID has been mainstreaming HIV responses into its sectoral projects and programs. AusAID's HIV/AIDS Taskforce has also supported a number of activities in PNG.

PNG has just received a five year commitment of US\$30 million from the Global Fund to fight AIDS, Tuberculosis and Malaria which is focused on reducing transmission among young people, scaling up voluntary testing and counselling and anti-retroviral treatment. The Asian Development Bank, UN agencies, the European Union and other donors are supporting or proposing to scale up HIV and AIDS activities. AusAID is the largest donor.

Program Beneficiaries

The intended beneficiaries of this Program are:

- All the women, children and men of Papua New Guinea.
- Papua New Guineans with HIV and AIDS.
- Orphans.
- Urban and rural communities.
- the Independent State of Papua New Guinea in its social and economic development.

Program Guiding Principles

Australia's response in support of Papua New Guinea is based on the understanding that HIV/AIDS is a development crisis, which requires a range of emergency, immediate, medium and longer-term responses. This Program's success will not just depend upon finding local answers to the epidemiological, medical or scientific questions associated with HIV and AIDS. Success is dependent almost entirely on how the Program engages with Papua New Guineans and their institutions.

The Program's way of working must be based upon using evidence based policy for decisions; promoting lesson learning and knowledge management; focussing on promoting social change; understanding how communities absorb messages and the implications of change; developing the capacity of individuals, government and civil society to promoting change.

The Guiding Principles are supportive of the NSP Principles

- The rights of all PNG citizens, as enshrined in the national Constitution, must be the basis for the delivery of all services relating to HIV and AIDS.
- Decisions on all aspects of the national response must be based on evidence.
- Transparency and accountability must be the basis for all aspects of the national response to HIV and AIDS.
- Respect must be given to the culture of Papua New Guinea in the implementation of HIV/AIDS related projects and programmes.

Therefore the Program will:

- Promote local ownership and leadership and support local expertise and institutions in responding to the epidemic.
- Build capacity in PNG Government agencies, systems and individuals to effectively implement and monitor the PNG National Strategic Plan on HIV/AIDS 2006-2010.
- Promote coordination and partnership based on an understanding of each stakeholder's comparative advantages.
- Acknowledge the complexity and scale of the epidemic and the need for responses that are evidence-based, well resourced, targeted and locally-adapted.
- Place people and human rights at the centre of the response and promote the involvement and visibility of people living with HIV and AIDS.
- Engage those communities most likely to be affected by the epidemic in the development and implementation of policy and programming.
- Support a continuum of responses which, while focusing primarily on preventing HIV transmission, will also provide care and support for people living with HIV/AIDS and access to quality and affordable treatment.
- Seek to address the underlying causes of vulnerability, including stigma, discrimination and gender inequalities.

This Program must encourage the exploration of solutions at all levels of PNG society, with trial and error, have ways of getting feedback on the ones that work, expand them, especially those that are shown to have a link with stabilising the epidemic. The search is for what works in the field under the varied circumstances of PNG at that time and in that community.

Program Goal and Purpose

The Program's longer term goal is:

“To contribute to the achievement of the overall goals of the *National Strategic Plan HIV/AIDS*:

- **stabilise the spread of HIV/AIDS infections by 2020**
- **improve care for those infected**

- **minimize the social and economic impact of the epidemic on individuals, families and communities, and**
- **strengthen the national capacity to respond to the epidemic.”**

The proposed Program Goal, Purpose and three Outcomes are complementary to and supportive of the NSP – **Figure 5**.

The medium term Purpose of the Program is:

“to support the development of leadership and capacity across Papua New Guinea to promote, design, implement, monitor and review interventions to target agreed HIV and AIDS priorities.”

Outcomes

The specific objectives of Australia’s assistance are supportive of the NSP and the AusAID strategy and are based around three components. Key activities under each Outcome are illustrated in **Table 2**.

Outcome 1. Support for activities within agreed priority focus areas contributing to the achievement of the PNG National Strategic Plan.

Using a joint prioritisation process based around the annual planning cycle GoPNG and AusAID will agreed on the interventions to be resourced under this Program, in coordination with other donors. The NSP will drive this process.

Australia will take a lead role in scaling up prevention along with accelerated efforts to support the achievement of universal treatment access - achieving balance between prevention and treatment responses in the context of a rapidly escalating epidemic. It will also be positioned to make rapid responses to emerging and critical issues along with a longer term response to address development needs.

Outcome 2. Enhanced individual, institutional and sector Papua New Guinean capacity to lead and manage a national response to HIV and AIDS.

Developing NAC, NACS, NDOH and provincial capacity to support a strong national response to managing the epidemic is central to the NSP. This does not mean that NACS has to do everything itself. An early measure of success will be if by 2008 NAC/NACS was acknowledge as the national effective coordinator on HIV/AIDS, with good strategic and planning documents in place, NACS financial systems working, Program outputs are being established and delivered, with monitoring and reporting improving and donor coordination is working with a clear delineation of donor support for the NSP and prioritisation of effort.

Outcome 3. AusAID’s PNG Country HIV/AIDS response managed effectively.

AusAID is seeking a coherent coordinated approach to the management of HIV and AIDS intervention support by this Program and the Country Program as a whole.

Program Management Arrangements & Approach

This Framework proposes a collaborative approach to implementation and management of the Program based on an over-arching PNG HIV/AIDS coordination mechanism, led by the Government of PNG and consisting of HIV/AIDS stakeholders and development partners. AusAID’s HIV/AIDS program team, headed by an AusAID contracted Senior Program Coordinator, will liaise closely with the coordination group to manage the implementation of the Framework across the Country Program and this Program. These collaborative engagement arrangements are depicted in **Figure 6**.

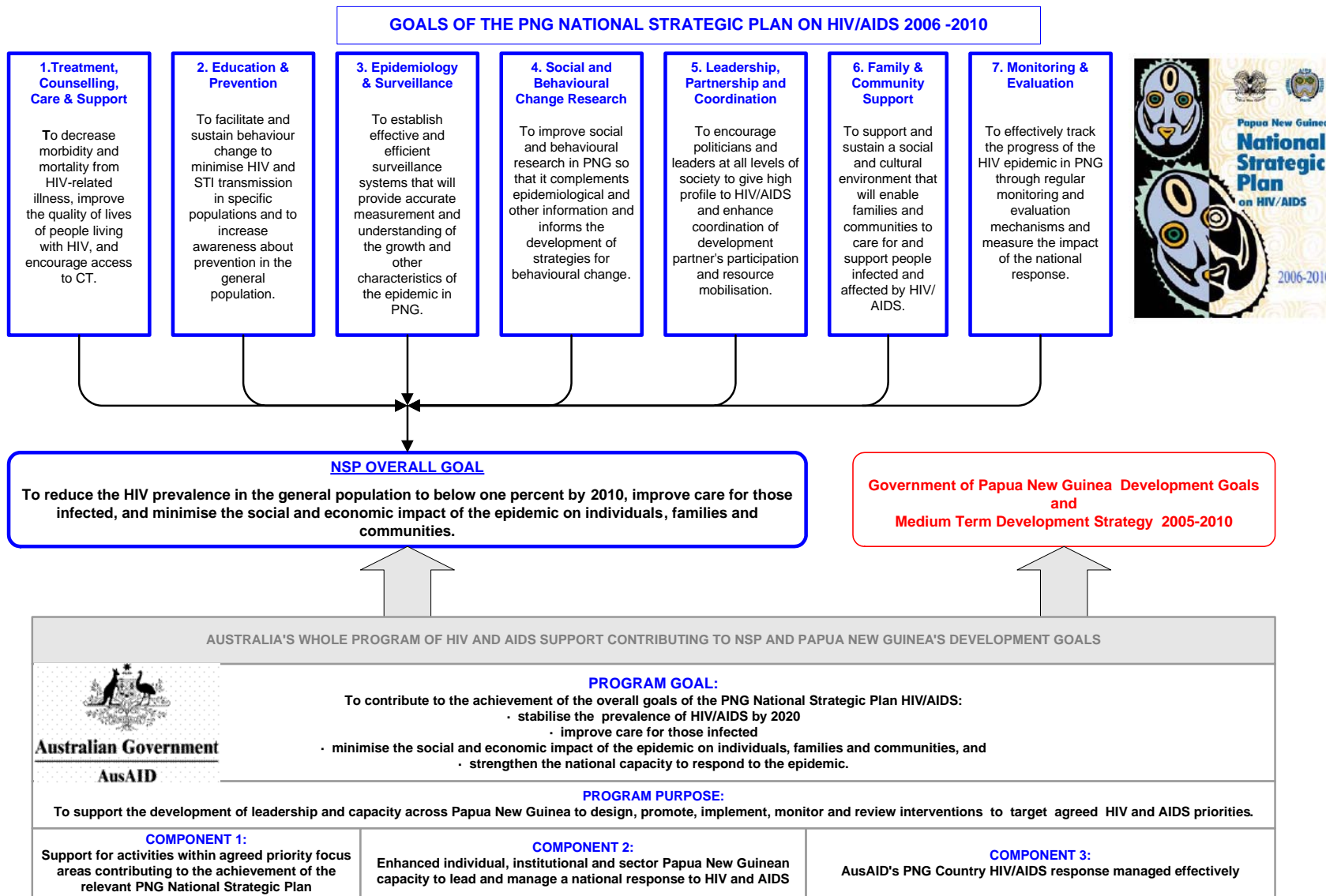
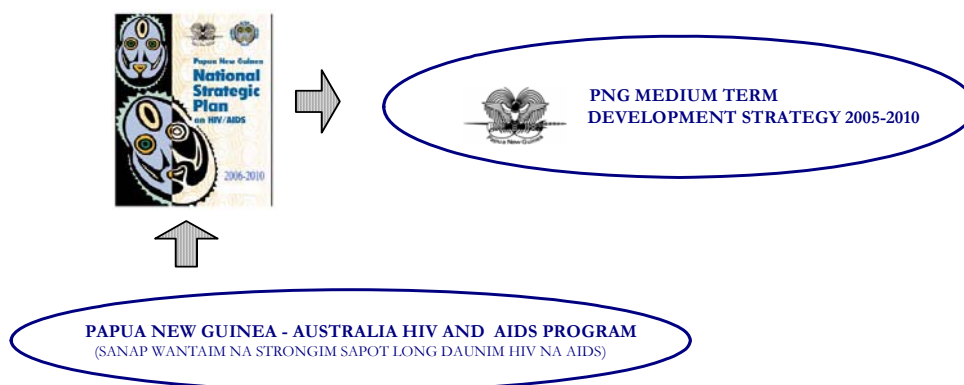


Figure 5 - PNG National Strategic Plan supported by the Program



PROGRAM - GOAL
 To contribute to the achievement of the overall goals of the PNG National Strategic Plan HIV/AIDS:

- stabilising the spread of HIV/AIDS infection by 2020
- improving care for those infected

- minimising the social and economic impact of the epidemic on individuals, families and communities, and

- strengthening the national capacity to respond to the epidemic.

PURPOSE
 To support the development of leadership and capacity across PNG to design, promote, implement, monitor and review interventions to target agreed HIV and AIDS priorities

Program Outcome 1
 Support for activities within agreed priority focus areas contributing to the achievement of the PNG National Strategic Plan

Program Outcome 2
 Enhanced individual, institutional and sector Papua New Guinean capacity to lead and manage a national response to HIV and AIDS

Program Outcome 3
 AusAID's PNG Country HIV/AIDS response managed effectively

Focus Area 1: Treatment, Counselling, Care And Support
 Integrated Sexual Health Program for STI reduction
 Support implementation of NDoH's HIV Strategic Plan
 Technical assistance through Capacity Building Service Centre
 Improving access to primary health care through health sector program
 Support and training for scaling up treatment and care programs
 Clinical and operation research

Leaders - improve advocacy skills and technical knowledge

Office of Senior Program Coordinator - leading the engagement with PNG; designing the response in partnership with PNG stakeholders and development partners; and, providing direction and management to the Program

Focus Area 2: Education and Prevention
 Community mobilization approaches
 Supporting district level initiatives
 Supporting activities focusing on youth
 Procurement and distribution of condoms
 IEC materials and resources
 Targeting vulnerable communities and settings
 Sexual and reproductive health programs
 Sport and recreation programs

NEC and Parliamentary Committee - strengthen leadership and advocacy skills

Service Provider and implementers - effective engagement with stakeholders, building PNG capacity, efficiently providing appropriate inputs and measuring performance

Focus Area 3: Epidemiology and Surveillance
 Strengthen surveillance systems and capacity
 Support for national behavioural surveys
 Funding for surveillance workshops
 Expansion of behavioural surveillance activities

National AIDS Council - strengthen coordination and leadership role

National AIDS Council Secretariat - strengthen management, organisational, coordination and monitoring capacity

National Department of Health - strengthen technical capacity and infrastructure to deliver services to district level

Provincial AIDS Committees - strengthen capacity to coordinate response at provincial and district levels

Focus Area 4: Social and Behavioural research
 Strengthening program of social research
 Build capacity of local social research, including community based research
 Build partnerships between PNG and Australian institutions for research
 Strengthening of NACS Resource Centre for dissemination of research

NGOs, CBOs, FBOs - build capacity to manage and deliver activities and programs; improve coordination and build networks and partnerships with communities and within civil society

Focus Area 5: Leadership, Partnership and Coordination
 Initiatives with churches, traditional leaders, private sector, media
 Coordination of leadership activities
 Leadership Support Initiatives with politicians and bureaucrats
 Specific advocacy tools and materials
 Strengthen leadership capacity among PLWA

PROGRAM CROSS-CUTTING DEVELOPMENT APPROACHES

Gender
 Support for implementation of NSP Gender Strategy
 Leadership, business and sporting links to raise awareness
 Initiatives to reduce sexual violence
 Research on gender relations and HIV
 Improving gender analysis in planning and data collection

Mainstreaming
 Implementation of mainstreaming through AusAID sectoral programs
 Government agencies supported to mainstream HIV into key sectoral development programs
 Integration of HIV and AIDS into district planning

Focus Area 6: Family and Community Support
 Strengthening PLWA networks
 Initiatives targeting stigma and discrimination
 Community based care centres and home care kits
 Community based protection and care programs with children
 Community activities to promote sustainable livelihoods
 Support for local PMTCT initiatives

Focus Area 7: Monitoring and Evaluation
 Support for building national M&E systems
 Capacity building for M&E within NACS
 Building capacity for monitoring and evaluation across Program

Table 2 - Program Response and Key Activities

This Framework proposes that AusAID:

- uses a flexible programmatic approach to support its interventions
- contributes to Papua New Guinea achieving its goals with an explicit focus on building national capacity through working in and resourcing priority interventions, building the capacity of key individuals, organisations, institutions and networks and quality Program management
- through the PNG Minister Counsellor will lead the response and policy engagement with the GoPNG and key stakeholders
- implement the Program through a Program Advisory Office (PAO), managed by the Senior Program Coordinator. The PAO will also provide advice to Post and Desk. The integrated AusAID management structure is illustrated in **Figure 7**. Posted officers may be seconded to the PAO to facilitate implementation including contract and financial management.

Program Management Arrangements & Approach

This Framework proposes a collaborative approach to implementation and management of the Program based on an over-arching PNG HIV/AIDS coordination mechanism, led by the Government of PNG and consisting of HIV/AIDS stakeholders and development partners. AusAID's HIV/AIDS program team, headed by an AusAID contracted Senior Program Coordinator, will liaise closely with the coordination group to manage the implementation of the Framework across the Country Program and this Program. These collaborative engagement arrangements are depicted in **Figure 6**.

This Framework proposes that AusAID:

- uses a flexible programmatic approach to support its interventions
- contributes to Papua New Guinea achieving its goals with an explicit focus on building national capacity through working in and resourcing priority interventions, building the capacity of key individuals, organisations, institutions and networks and quality Program management
- through the PNG Minister Counsellor will lead the response and policy engagement with the GoPNG and key stakeholders
- implement the Program through a Program Advisory Office (PAO), managed by the Senior Program Coordinator, including advisers in HIV/AIDS, social development and gender and information management and reporting. The PAO will also provide advice to Post and Desk. The integrated AusAID management structure is illustrated in **Figure 7**. Posted officers may be seconded to the PAO to facilitate implementation including contract and financial management.
- An initial team of three advisers is recommended for the PAO: HIV, Social Development and Gender, and Information Communications and Reporting. Each will be supported by a highly qualified national associate. PAO and Post HIV team members will advise other AusAID sectoral programs and manage AusAID contracts, and
- activity managers will support the implementation of the Strategy and this Framework in their sectoral programs, including the coordination of reporting.

PNG-Australia HIV & AIDS Program Relationships

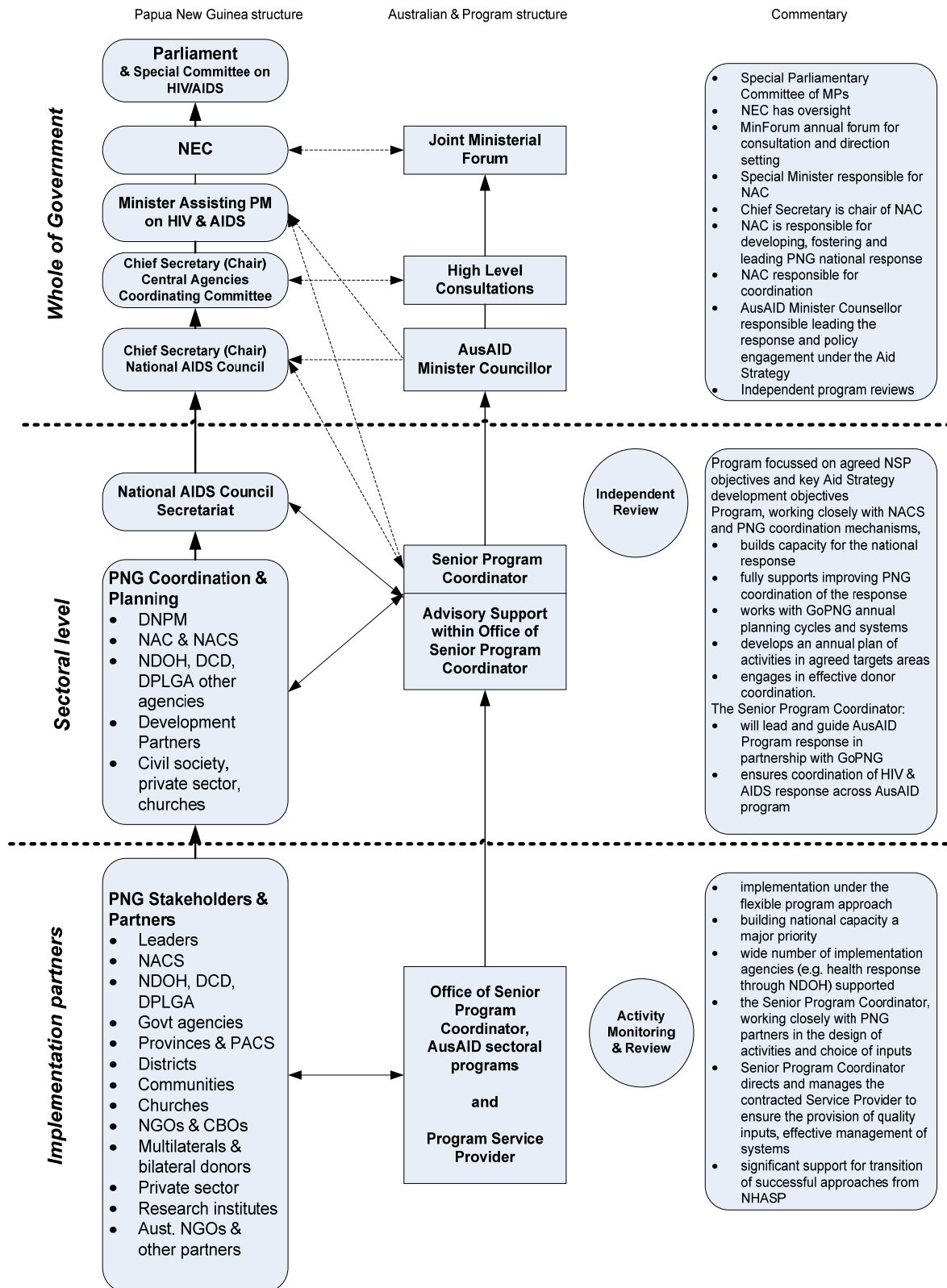


Figure 6 – PNG & AusAID Program Relationships

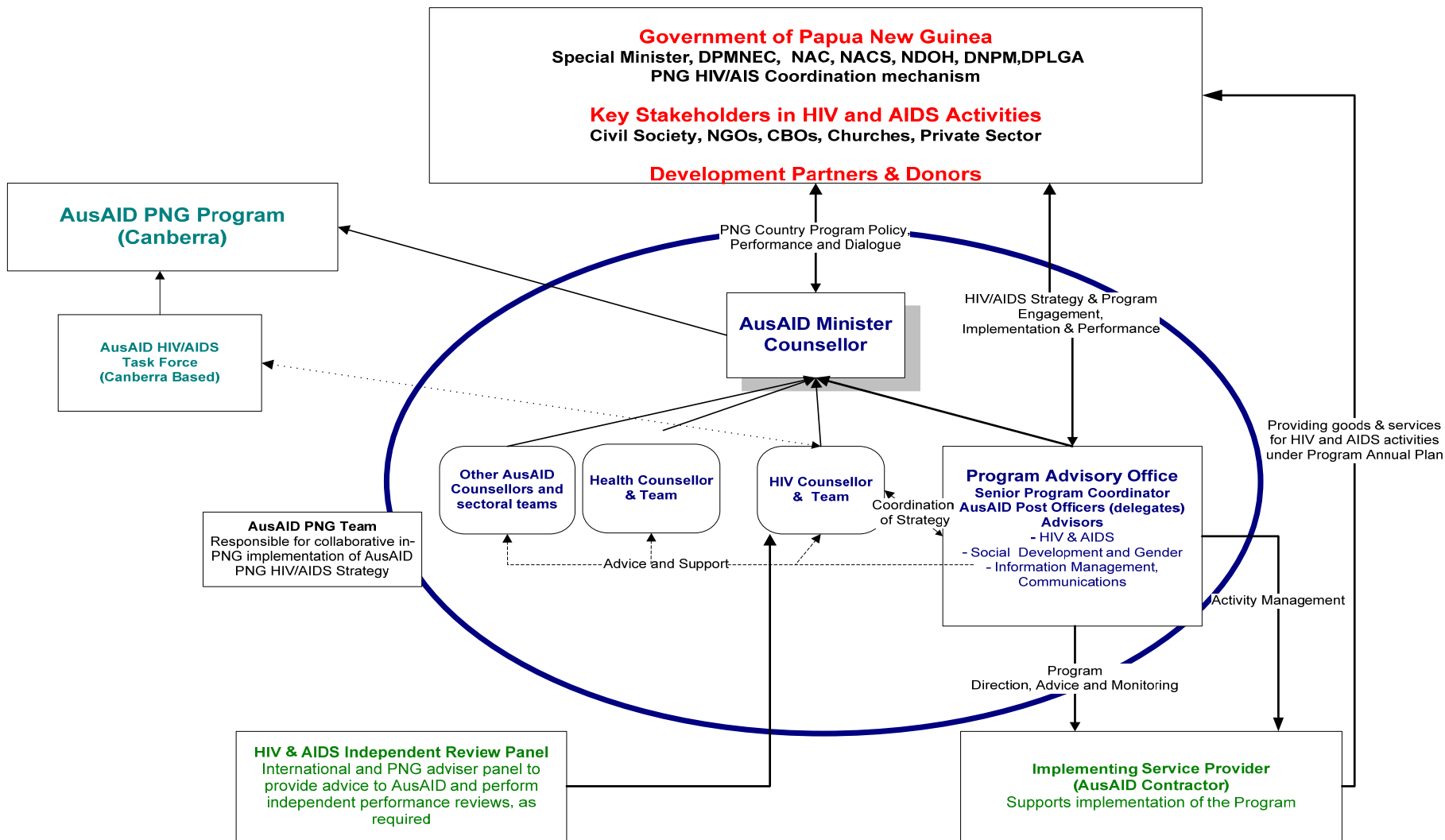


Figure -7 - Program Management Arrangements

Implementation will be supported by:

- A contracted Service Provider which will, at the request of the Senior Program Coordinator, and in accordance with the approved Annual Program Plan, contract and manage technical advisory services and other procurements and manage funds all in support of activity design and implementation.
- Other organisations, PNG and Australian, contracted to provide implementation services, e.g. Australian NGOs will play a prominent role in implementing the *Integrated STI Management and Prevention Program*.
- An independent review panel of Australian, international and Papua New Guinean advisers who will provide advice to AusAID as required and who will undertake annual performance reviews of the Program and the Service Provider.
- Some AusAID HIV and AIDS activities will be resourced and managed through this Program, while other sectoral programs will support their activities.
- All AusAID sectoral programs will have HIV and AIDS mainstreaming and activities that support the Strategy and NSP.
- HIV and AIDS reporting will be coordinated across the Country Program under this Framework, and supportive of NSP MEF.
- Planning and implementation taking place within the context of GoPNG systems and processes, especially the annual corporate planning and budget cycle.
- NAC, NACS and NDOH being the prime strategic counterparts for the Program, however, they are not the sole Program implementation counterparts or partners. Other mechanisms will be used such as the health sector SWAp, civil society and private sector partners.
- AusAID, as the major donor, taking the lead in developing NACS's capacity to support the national response, improve its financial systems, mobilise resources, ensure donor coordination, lead research and report on performance.

Transitional Activities

A smooth transition from NHASP to this Program is critical if those supporting the response in PNG are to be able to continue their work uninterrupted. This approach was requested by and will be widely appreciated by PNG implementing stakeholders.

It is also recognised by stakeholders that a high degree of flexibility and practicality will be needed for the transition to be smooth and seamless.

Establishing this Program is a huge task. Prior to NHASP finishing a number of transitional activities have to be completed. A contracted Transition Manager will be appointed in early 2006 to support the AusAID Post and Desk manage these activities prior to the Senior Program Coordinator, the Advisers and the Implementing Service Provider being appointed later in 2006.

1. Working with NAC, NACS, NDOH, other GoPNG agencies and other development partners to ensure a full understanding of this Program.
2. Support 2007 Budget planning.
3. Commissioning a Capacity Mapping Exercise.
4. Advise on NHASP activities transition including the counselling programs and Resource Centre support.

5. Advance the provincial engagement review and future strategy.
6. Manage the establishment of the grants schemes within NACS.
7. Transfer the Resource Centre to NACS.
8. Completing the First Program MEF for submission with the Draft 2007 Annual Program Plan.
9. Draft the 2007 APP to be submitted to AusAID and NACS for preliminary review by 30 September.

Resources

The Program is designed as a flexible mechanism to provide assistance to PNG to achieve improvements in the response to the epidemic. The Senior Program Coordinator and the contracted implementing Service Provider will be responsible for assisting the government, civil society, churches and other stakeholders to build their capacity to plan activities and organise the required resources. A core team of multi-disciplinary specialists is likely to be needed to work with stakeholders to provide technical assistance. Direct in-line support for NACS and NDOH should be considered, especially in the short to medium term while capacity is being developed. Resources will be required to support the continuation of the grants scheme, research, the Resources Centre and other initiatives being continued from NHASP.

GoA assistance through the Program can be used to meet a wide range of resource needs as identified in the annual and activity planning processes. As part of implementing a 'value for money' policy the Program will attempt to actively engage local PNG contractors and advisory staff. Incentives for good personal and organisation performance will be introduced.

GoA assistance will support an agency based imprest account system for the dispersal of funding support. GoPNG procurement processes will be used, although the Service provider will be able to undertake procurement also. Accounting and audit assistance will be engaged to reinforce these mechanisms.

In the short to medium term GoPNG contributions will be mainly through an increasing budget allocation to NAC and the commitment of time and personnel by agencies to plan and implement activities. It is expected that GoPNG commitment will be reflected in increased funding to government agencies for mainstreaming and HIV work in their operational contexts.

Measuring Success

AusAID supports the UNAIDS principle of a single agreed monitoring and evaluation framework for HIV/AIDS responses. The Program will therefore take the NSP monitoring and evaluation framework as the central element of its own monitoring.

Each activity within the Program should have its own M&E framework containing intervention logic that links it firmly to the NSP goals. At the Program level AusAID will set up systems to measure program performance in terms of the effectiveness of co-ordination and key relationships and will track the effectiveness of capacity building across the Program building on lessons from NHASP. However, the general principle should be that any investment in in-depth analysis of the impact on HIV/AIDS will be better directed over the life of the Program to bolstering NACS in its monitoring responsibility rather than developing sophisticated systems within AusAID's own program management.

Success will be measured by answering the following questions:

- What are results from the national M&E framework telling us about the effectiveness of the national response? For example, is the prevalence reducing?
- What have been the changes in capacity in targeted institutions?

- Is the Program working with agencies likely to make a significant contribution to national objectives, and what is the quality of those relationships?
- Are relationships with other external funders allowing them to provide financing from their comparative advantage?
- What is the volume, composition and direction of Australian assistance and is it compatible with the NSP and Australian policy? Is the Program responding flexibly to new areas of concern?
- How is HIV/AIDS being mainstreamed across government?
- What is the extent and quality of outputs delivered by the Program?

Risks

This is a high risk activity with a number of political, institutional and program management risks. These include:

- Program not perceived as meeting PNG's needs, especially if prevalence and deaths increase dramatically.
- Political decisions and/or loss of confidence in the direction of the response.
- Stakeholders have unrealistic expectations of the Program, given large financial investment.
- Agencies do not collaborate effectively with each other to address NSP objectives.
- GoPNG fails to provide recurrent budget and resources to support agencies' HIV and AIDS activities and the operational budgets of NAC and NDOH
- Agencies and other implementing stakeholders lack capacity to implement, monitor and participate in the Program activities.
- Failure of donors to agree of allocation of resources within NSP; one donor's activity being perceived to dominate limited GoPNG capacity; failure to agree to use of common procedures and systems
- Program fails to: (a) properly analyse social and cultural circumstances; (b) consult effectively; (c) design appropriate responses (d) recognise the differing needs of stakeholder groups.

However, these risks can be managed provided those implementing the Program take time to ensure that:

- there is widespread understanding of the Program, its methodologies, roles, responsibilities, accountabilities and most importantly expectation
- there is effective open and transparent communication with the GoPNG, key stakeholders, leaders, other donors and communities
- the Guiding Principles are followed and that the Program adopts a way of working that is based upon participation, analysis and measurement of performance.

This Program will be under the direct management of AusAID and its in-country team. Effective collaboration, open communication and acceptance of agreed roles and responsibilities will be important if this complex undertaking is to be managed well.

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Program Element	Summary Description
PART A – BACKGROUND & INTRODUCTION	
1. Program Title	<p>Papua New Guinea – Australia HIV and AIDS Program.</p> <p>The Design Team and their Papua New Guinean counterparts developed the following sub-title for this Program of support for the Papua New Guinea (PNG) response to HIV/AIDS:</p> <p style="text-align: center;">Sanap wantaim na strongim sapot long daunim HIV na AIDS (Stand together and strongly support decreasing HIV and AIDS)</p>
2. Duration & Funding	<p>Duration</p> <p>It is strongly recommended that the Program is established for seven years, with a three-year extension. This recognises Australia’s long term support for PNG.</p> <p>There will be a multi-layered transition from the current AusAID National HIV/AIDS Support Project (NHASP) to the new program. Elements of this Program are already in place, others will transition from NHASP and others will commence during 2006. NHASP officially ends in late 2006. Similarly, the Program will not end on a date certain in seven or ten year’s time. As a program it will evolve and adapt over time to meet the then current and emerging needs.</p> <p>It is recommended that formal reviews of the Program take place in the 3rd quarter of the third and sixth years to ensure that Program inputs and outputs are aligned to the strategies of both governments in addressing the HIV and AIDS epidemic.</p> <p>Inception activities will commence in early 2006 to:</p> <ul style="list-style-type: none"> • ensure uninterrupted support is continued for those government agencies, community, church and civil society agencies working on the response • provide a smooth transition from NHASP for key activities • engage with Papua New Guinea counterparts in building an understanding of the Program and its approaches • ensure that the Program participates in the Government of Papua New Guinea (GoPNG) 2007 planning cycle, and • establish Program systems as early as is possible. <p>Funding</p> <p>The level of funding under this Framework had not been finalised. It is intended that support from Australia will be at significantly greater levels than the A\$65 million under NHASP.</p>

Program Element	Summary Description
<p>3. Location</p>	<p>The Program will operate throughout Papua New Guinea.</p> <p>The Program Advisory Office (PAO), headed by an AusAID employee the Senior Program Coordinator (SPC), will be physically located close (preferably co-located) to the National AIDS Council (NAC) and its secretariat, the National AIDS Council Secretariat (NACS). NAC and NACS are now part of the Department of Prime Minister and National Executive Council (DPMNEC) with which the Program will maintain close relations. The final location is yet to be agreed between the governments. The office of the supporting service providing contractor does not need to be co-located with NACS.</p> <p>The Program's strategic counterpart will be the NAC, which has overall responsibility in Papua New Guinea for the <i>PNG National Strategic Plan on HIV/AIDS 2006/2010</i> and coordinating responses.</p> <p>The National Executive Council has also appointed the National Department of Health (NDOH) and DPMNEC as lead agencies, along with NAC, in the implementation of HIV/AIDS policies.</p> <p>Other government agencies, provinces, the private sector and civil society, churches and Faith Based Organisations (FBO) will be Program implementation partners and counterparts.</p>
<p>4. Purpose of this Framework</p>	<p>The purpose of this Program Implementation Framework (Framework) is to describe:</p> <ul style="list-style-type: none"> • how the Australian Government supports the implementation of the <i>PNG National Strategic Plan on HIV/AIDS 2006-2010</i> (NSP) and other development initiatives aimed at reducing HIV and AIDS, and improving social conditions • the direction of Australian support for the effective and efficient delivery of Australian Government HIV and AIDS assistance to Papua New Guinea. <i>Australia's Strategy to Support Papua New Guinea's Response to HIV/AIDS 2006-2010</i>. included as Annex A, describes how support via this Framework will contribute to strengthening PNG's response under the NSP. • the support structures and processes for the coherent management of all HIV and AIDS interventions within the PNG-Australia Aid Strategy (the Aid Strategy). This Framework has particular emphasis on supporting the improved coordination and coherence of AusAID HIV/AIDS interventions across the whole AusAID program in Papua New Guinea. <p>This is not a traditional program or project design document in the sense that the Design Team had a specific task of designing and implementation mechanism for a program already in the advanced</p>

Program Element	Summary Description
	<p>stages of design. The analysis of the problems and issues, and the overall rationale for the Program, had been completed over the previous 18 months by teams from both the Government of Papua New Guinea (GoPNG) and AusAID. Australia's proposed response is described in the Framework captures a summary of that extensive preparatory work.</p> <p>This Framework:</p> <ul style="list-style-type: none"> • can be shared with and used to seek feedback from key stakeholders and development partners on AusAID's approach • provides documentation that enables AusAID to organise the Program's strategic, design, management and implementation functions, and • provides the overall monitoring and evaluation approach for all HIV and AIDS activities under the Aid Strategy. <p>Annex B contains the Design Team's Terms of Reference.</p>
<p>5. The Beneficiaries and Stakeholders</p>	<p>Primary stakeholders, the beneficiaries</p> <p>Primary stakeholders are those people and groups ultimately affected by HIV and AIDS. The beneficiaries are:</p> <ul style="list-style-type: none"> • all the women, children and men of Papua New Guinea • Papua New Guineans with HIV and AIDS • orphans • urban and rural communities, and • the government of Papua New Guinea and its institutions. <p>When designing and implementing activities supported by this Framework, implementing agencies, organisations and individuals will need to carefully consider the different interests of these and other groupings of primary stakeholders.</p> <p>Secondary stakeholders</p> <p>Secondary stakeholders of the Program are those people and institutions who are intermediaries in the process of delivering aid to primary stakeholders. The government, churches, the private sector, NGOs, other donors and communities each have a role to play to help improve the response to HIV and AIDS. Successful activities cannot be developed or sustained by any one group alone because the consequences of this epidemic are so widespread and reach so deeply into Papua New Guinea communities and families. The complex problem of reducing HIV requires many different approaches and solutions.</p> <p>Although government agencies have a leading role in addressing HIV</p>

Program Element	Summary Description
	<p>and AIDS, most studies identify other key stakeholders as having very important complementary roles. Community, political and traditional leaders have a role in strengthening the effectiveness of HIV reduction initiatives. Churches, non-government organisations (NGOs), community based organisations (CBOs) are very influential in Papua New Guinea communities. Their networks and leadership of country-wide activities have the potential to reach greater numbers of the target populations. Involving communities can lead to more relevant and sustainable responses.</p> <p>Secondary stakeholders of the Program include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Government sector – Prime Minister and National Executive Council, members of parliament, government departments and agencies including the Departments of Health, Education, Community Development, Defence, Works, Transport, Agriculture, Correctional Service, the Constabulary, Planning and Monitoring, Mining, Finance and Treasury, Personnel Management. • Development partners – United Nations agencies, Asian Development Bank, United States Agency for International Development, European Union, British High Commission, Japanese International Cooperation Agency, New Zealand Agency for International Development. • International NGOs – Family Health International, Save the Children in PNG, Hope Worldwide, Red Cross, World Vision, VSO (UK), YWCA, Oxfam Australia. • PNG NGOs – StopAIDS, ATechnologies, Help Resources, Friends Foundation, PNG Federation, Igat Hope, Humanity Foundation, Special Youth Project, Public Employees Association, Trade Union Congress, 3 Angels Care, Collaboration for Health. • Faith based organisations – the churches, including Catholic Health Services, Uniting Church, Anglican Church, Adventist Development and Relief Agency, Salvation Army, Four Square Church. • Private Sector – business houses, PNG Chamber of Mines and Petroleum, Placer Dome, Ok Tedi, Lihir, Oil Search, Centre for Disease Control, Oil Palm, PNG Chamber of Commerce and other industry organisations.

6. Program Approach**Whole of Aid Strategy coverage**

Australia's support is designed effectively and sustainably support PNG's response to reduce the spread of HIV and mitigate against the impact of HIV and AIDS. Accordingly, the Strategy reflects the understanding, as expressed in Papua New Guinea's NSP and the Medium Term Development Strategy 2005-2010 (MTDS), that a generalised, heterosexually driven epidemic requires fundamental social, cultural and institutional factors in PNG to be addressed. This Framework reflects Australia's comparative advantage as the most significant development partner and as a close neighbour of PNG. It draws on lessons learned from Australia and PNG's long history of development cooperation.

The Framework provides the management framework for HIV and AIDS assistance across the entire Australian aid program to PNG. Through this enhanced coordination mechanism it is intended to provide jointly prioritised support for NSP, a strong strategic focus, a coherent and well managed Australian response and joint monitoring and evaluation of effectiveness. Support for enhanced donor coordination will be a priority.

It is intended that all activities will support reporting and monitoring under the NSP Monitoring and Evaluation Framework and this Program's reporting on the effectiveness of AusAID funded HIV and AIDS activities. Other AusAID activities and sector programs will continue to support mainstreaming and HIV and AIDS work within their specific contexts, but under the umbrella of this Framework.

Program approach

This Framework proposes the use of a programmatic approach as the aid delivery mechanism, rather than a traditional 'blue print' project mechanism in the style of NHASP. A program approach uses a wide range of flexible approaches to:

- support partner government policies and direction, such as the NSP
- encourage and develop greater partner government ownership of development efforts which in turn should enhance sustainability of outcomes
- widen the opportunities for engagement with Non Government Organisations (NGOs), FBO, civil society and the private sector
- support the use of partner government systems and processes, and
- encourage partner governments to accept responsibility to systematically pursue national sector strategies and implement institutional change.

In recommending a programmatic approach this Framework is endorsing:

- aligning the aid program's contribution to the NSP in a way that is complementary to and strategically aligned with GoPNG's NSP and resourcing
- strengthening individual agency capacity to undertake core functions in responding to the epidemic and ensuring resources are used wisely and properly (i.e. good public administration)
- improving performance through improved NAC and NACS leadership of coordination and inter-agency cooperation (which primarily is about making resource sharing decisions with significant GoPNG control and direction), and
- stronger provincial, district and civil society engagement in implementing activities.

GoPNG through the Aid Review and other dialogue has provided a strong message to donors that it wishes to work with them to achieve a shared understanding and frank engagement on development priorities given the difficult medium term outlook. GoPNG wishes to see its processes and its mechanisms used in the delivery of donor support. Improved public administration leading to better service delivery has a high priority. This Framework strongly emphasises:

- fostering ownership and enhanced engagement with GoPNG through a focus on its development priorities
- improving communication with all key stakeholders, including civil society
- using incentive based and community driven approaches, especially at the sub national level, and
- the quality of the engagement and the achievement of mutually agreed performance targets based upon PNG sector policy and frameworks.

The management mechanism proposed in this Framework supports this approach.

For some Papua New Guinean stakeholders this more flexible aid delivery approach will be new. This Framework is different to a traditional project design document, such as that for NHASP, which contained extensive detail on the inputs, activities, outputs and outcomes describing areas of assistance. Under this Framework this detail will emerge from joint annual planning processes and the Program supported design activities.

The project model, such as that under which NHASP operated, is not without its difficulties, not the least of which is its inflexibility and the tendency of projects to develop lives of their own, outside of partner government priorities, systems and processes.

	<p>Hence the recommended use of the Programmatic approach in this case. Each year's activities and interventions will be designed in a collaborative process based around the GoPNG's planning and budget cycle and the mutually agreed priorities. Donor coordination is enhanced in a program approach. The Annual Program Plan (APP) will be the key document for defining, justifying and monitoring Program implementation. The APP will provide a one-year "time slice" including a detailed schedule of Program activities, inputs and outputs for the year. The annual planning process is described in Section 31. Program monitoring and evaluation (M&E), as described in Sections 33 and 34, will be closely aligned to the NSP and its monitoring and reporting approaches.</p> <p>The management mechanism proposed in this Framework supports this approach and closer engagement with GoPNG and other key stakeholders. The Senior Program Coordinator, working for the AusAID Minister Counsellor, will be responsible to AusAID and the Chairman of NAC for implementing AusAID's HIV/AIDS response in accordance with GoPNG systems and processes in a manner that supports agreed NSP priorities, the AID Strategy and the Aid Strategy's development objectives.</p> <p>AusAID and those implementing the Program will need to ensure that there is widespread understanding of this approach. While programmatic and sector-wide approaches are part of the GoPNG development lexicon it cannot be assumed that within this community of development partners and stakeholders all roles, responsibilities and accountabilities will be widely understood. This obligation extends for the life of the Program. It is not a milestone that can be ticked off after three months with the completion of a communications plan.</p>
<p>7. Program Origin</p>	<p>Australia has been providing direct support for HIV and AIDS responses in PNG since 1995. In 2000, recognising the rising rates of infection, Australian support was significantly scaled up under NHASP which was based upon Papua New Guinea's <i>HIV/AIDS Medium Term Plan</i>. With a budget of approximately \$15 million per year this positioned Australia as the largest donor supporting HIV initiatives in PNG. NHASP supported a wide range of activities including:</p> <ul style="list-style-type: none"> • management and technical support to NACS • support to NDOH and the Central Public Health Laboratory to strengthen laboratory services and the technical and training capacity of its staff to treat and manage Sexually Transmitted Infections (STI), HIV and AIDS • grants for civil society and private sector activities • support for research and the development of social and community based research • support for the development and implementation of a High

	<p>Risk Strategy Setting (HRSS)</p> <ul style="list-style-type: none"> • financial and training support for Provincial AIDS Council (PACS) staff and their work • development of Information, Education and Communications (IEC) materials and national campaigns • social marketing of condoms • counselling guidelines and training programs • technical support for the development of national HIV/AIDS policy and protocols, and • Legal and planning. <p>NHASP was managed for AusAID under the Australian managing contractor aid delivery model. The recent evaluation of NHASP noted that project “outcomes might have been improved by separating certain discrete elements, rather than through a single entity”. This accords with AusAID’s analysis that this new Program needs to be packaged differently to support differentiation in approaches, timing and resource management.</p> <p>Support to the health sector has also been provided through the Health Sector Support Program (condoms, STI drugs, STI clinic construction); Central Public Health Laboratory project (laboratories training and management support) and pharmaceutical project (drugs and medical supplies procurement).</p> <p>Outside of NHASP, Australia has partnered with other donors in a Leadership Support Initiative that aims to encourage greater engagement of politicians and bureaucrats in the response. AusAID is also providing funding to UNICEF for HIV and AIDS activities and is supporting the construction of 38 STI clinics through the NDOH. Under the AusAID funded Church Partnerships Program, Australian churches are helping to develop the response capacity of PNG churches. Individual AusAID program and activities in other sectors are undertaking mainstreaming and HIV and AIDS work activities.</p>
<p>8. Design Preparation</p>	<p>AusAID started looking at options for a new program in mid 2004. It has been working closely with the GoPNG through NACS, DPMNEC and the Department of National Planning and Monitoring (DNPM).</p> <p>An initial scoping mission in February and March assessed the current status of the epidemic, the responses and considered how Australian assistance could help prevent the further spread of HIV/AIDS. The report, <i>Scoping of Options and Issues for Future Australian Support for HIV/AIDS in Papua New Guinea 2005-2010</i>, was presented in April 2005.</p> <p>Other preparatory work included these reports.</p> <ul style="list-style-type: none"> • <i>HIV Stakeholder Mapping Report</i> (AusAID, September 2004).

- *Role of Government Study* (AusAID, May 2005).
- *Review of AusAID HIV Multisectoral Initiatives* (AusAID, May 2005).
- *Draft Situation Analysis of HIV/AIDS in PNG* (AusAID, September 2005).
- *Research Strategy 2006-2010* (AusAID, August 2005).

This Framework has been informed by a large number of documents.

- *Potential Economic Impact of HIV/AIDS Epidemic in PNG* (AusAID, February 2002).
- *Meeting the Challenge – AusAID’s International HIV/AIDS Strategy* (AusAID, July 2004).
- *A Gender Audit* (UNDP, October 2004).
- *NHASP Exit Strategy* (Vol I and II) (AusAID, December 2004).
- *Mainstreaming HIV into AusAID’s Development Portfolio in PNG - Reports one and two* (AusAID, April, October 2005).
- *Social Mapping Report* (NHASP, June 2005).
- *(Draft) HIV Epidemiological Modelling and Impact (HEMI) Study* (AusAID, Volume 1, July 2005).
- *Draft NHASP Evaluation* (AusAID, October 2005).
- *Papua New Guinea National Strategic Plan on HIV/AIDS 2006-2010* (NAC, December 2005).
- *Draft AusAID Papua New Guinea Program HIV/AIDS Strategy 2006-2010* (January 2006).

A bibliography of documents is included as **Annex C**.

In November 2005 the Design Team met in Canberra with representatives from NACS, DPMNEC and DNPM together with AusAID Canberra and Port Moresby based personnel. A working draft Framework was discussed in early December within AusAID and with the Papua New Guinea counterpart representatives in Port Moresby. In early January 2006 the Design Team met again with AusAID and prepared this Draft Framework. Written comments were received from Papua New Guinea counterparts including the Director General of the Central Agencies Co-ordinating Committee Secretariat.

Further consultations took place in Port Moresby in late January to April 2006 when a wide range of stakeholders were consulted. These included the Minister Assisting the PM on HIV; the Minister of Community Development; the Director-General of the Central Agencies Coordinating Committee; the Secretary of Health; the NAC, members of the Steering Committee; the Department of National Planning and Monitoring, the acting Director and officers of NACS; other government officers; AusAID program and project team leaders;

	<p>AusAID sectoral activity managers; the NHASP team, international donors and individuals.</p> <p>The draft Framework was reviewed by members of the AusAID International Reference Group and was subject to AusAID peer review.</p> <p>The Design Team thanks everyone who has contributed to the shaping of this Framework. Of course the views expressed are those of the Design Team and not necessarily those of the Government of Australia or the Independent State of Papua New Guinea.</p>
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PART B – HIV and AIDS in Papua New Guinea

9. HIV and AIDS in PNG

Serious epidemic

Papua New Guinea faces a serious HIV and AIDS epidemic which has now been classified as a generalised epidemic. This indicates that the virus is firmly established in the general population and places PNG as having the highest incidence of HIV/AIDS in the Pacific Region. The cumulative number of reported cases of HIV has reached 13,465 by September 2006. Although the epidemic is largely concentrated in urban centres, it has reached into every province and is appearing in the remote parts of PNG.

Two recent exercises undertaken to assess the extent of the epidemic have concluded that adult prevalence of HIV are likely to be between 0.9% and 2.5%, with much higher figures in some communities. The National Consensus Workshop on HIV/AIDS in 2004 concluded that between 25,000 and 69,000 people between the ages of 15 and 49 were probably infected across the country. Since 1997, diagnosed cases have increased by around 30% a year. **Figures 1 – 4** in the Executive Brief summarise the current situation.

The October 2005 *HIV Epidemiological Modelling and Impact Study* (HEMI) estimates that there are 64,000 people living with HIV and AIDS in PNG in 2005. It is also estimated that 54% of those living with HIV and AIDS are in urban areas and an overall urban prevalence of 3.5% (urban prevalence for adult population of 6.17%). The model predicts that the total number of people living with HIV and AIDS will increase to 120,000 in 2010 and to 537,000 in 2025 with an adult population prevalence of 10.88% (see **Table 1** in the Executive Brief). The model also predicts that during 2005, there would be 14,509 new infections.

From these figures PNG is already facing a very serious epidemic which, if it continues to grow as predicted, will have a devastating impact on its communities, the economy, its social fabric and on government service delivery. PNG recognises the threat posed by the HIV epidemic to its development and economic growth prospects and has placed HIV and AIDS as one of five priorities in its *Medium Term Development Strategy 2005-2010* (MTDS).

Determinants of the Epidemic

The environment in which the epidemic has been established is characterized by many factors.

- Sexual transmission, which accounts for 94 percent in those cases where the mode of transmission has been reported.
- The high rates of sexually transmitted infections (STI) amongst both men and women in PNG. This is a significant factor in HIV transmission. World Health Organisation estimates that there are

more than one million new STI cases in PNG every year. This is the highest prevalence in the Asia Pacific Region.

- Sexual behaviour patterns. Recent studies show that PNG's sexual cultures favour early commencement of sexual activity (averaging 15-16 years). Multiple partnering is common within and outside of marriage and in some areas polygamy is practiced.
- High levels of sexual violence and sexual coercion against women. When coupled with high rates of sexually transmitted infections this means that women are very vulnerable to infection.
- High levels of stigma and discrimination. Misunderstanding about transmission, cultural beliefs around illness and death, and fear of people infected with HIV contribute to negative attitudes towards people with HIV/AIDS. HIV-related stigma inhibits people from accessing prevention and care services.
- Economic decline. This together with high and increasing population density has led to a rapid increase in poverty. It is estimated that approximately 40 percent of Papua New Guineans live on less than US\$1 per day. Most poverty is in rural areas and is highest in female headed households. This situation has led to an increase in commercial sex. There is evidence that sex is increasingly viewed as a commodity that is traded informally for money or favours.
- The pattern of economic development. This is reliant on enclave extractive developments where local populations provide services - including sex - for cash, making them highly vulnerable to the HIV epidemic. These include areas in and around mines, logging camps, and oil palm plantations.
- The spread of the virus as a result of the movement of populations associated with logging, fisheries, shipping and transport operations as well as urban migration.
- Low youth employment rates and limited employment opportunities for school leavers, particularly girls, mean that youth are particularly vulnerable to poverty, which in turn increases the risk that sex will be traded.

Economic development

Papua New Guinea has a declining per capita income. The rate of employment has only grown by 1.5% since 1975. While a growth rate of 3.5% is projected over the next five years, increases in the population will be insufficient to lead to significant increases in per capita incomes over the medium term. Fiscal management is improving and it is projected that there will be small deficits and surpluses over the next three years. Despite these small improvements, it is suggested that the fiscal outlook will remain constrained due to high spending on public

service wages and salaries, debt-service obligations, low productivity and the potential for relaxation of fiscal discipline ahead of the upcoming national election.

Social development

PNG experienced some gains in social indicators from the late 1970s through until early 1980s despite the constraints it faced as a new nation with a culturally diverse and physically scattered population, limited participation in the cash economy, limited public education and health services, and significant population growth. Since that time however, social and human development indicators have worsened. PNG is now ranked as having the lowest social indicators in the Pacific. Its human development indicators are equally poor. These include:

- high rates of maternal and infant mortality and low life expectancy
- major health problems including the high rates of preventable diseases
- increasing rates of HIV and AIDS
- high illiteracy rates particularly amongst women, and low enrolments in schools
- limited capacity of the formal sector to provide employment for the rapidly increasing young population, and
- reduced spending on health and education.

Given this picture, it is unlikely that PNG will achieve the Millennium Development Goals by 2015.

The economic deterioration since the nineties has severely impacted on living standards and increased levels of hardship among people particularly in rural areas. It has also contributed to deterioration in the provision and maintenance of infrastructure and on basic service delivery. There are limited opportunities for income generation and maintaining sustainable livelihoods. High crime rates and major issues relating to governance are impacting on economic performance. Women experience a greater burden of social and economic disadvantage and violence and sexual exploitation towards women and children is high. The critical safety net through the wantok system is under increasing stress and family violence and breakdown is more common. Many of these areas are closely connected to the pattern of development which has seen only a few benefit from inclusion in the modern economy, and the majority of the population face a lack of economic opportunities. It is within this context that there are rising rates of HIV infection.

Impact of the Epidemic

The 2002 economic impact study commissioned by AusAID concluded that HIV has the potential to impact on the economies of households, private sector firms, and the national economy leading to a significant

	<p>increase in poverty. This will happen through three avenues.</p> <ul style="list-style-type: none"> • A decline in the numbers of workers and worker productivity and a rise in the cost of employment. Loss of skilled labour will impose significant costs, especially on the manufacturing and services sector and will impact further on government service delivery. • A shift in the composition of demand as households and possibly government, shift expenditure toward health, medical services and funeral costs. • A loss of domestic savings feeding through to lower investment. <p>The HEMI study through its modelling suggests that the epidemic will result in a fall in real GDP of around 1.3% by 2025.</p> <p>The social impact of HIV/AIDS in PNG is likely to mirror that seen in other countries such as those in sub-Saharan Africa. HIV/AIDS will have a devastating effect on families who will be forced to cope with a burden of care for orphaned children and sick family members – many of whom are likely to have been breadwinners and carers. With the number of young HIV positive women under 30 now exceeding men in the same age group, women will no longer have the ability to care for their families. As infection rates rise it is also expected that the already fragile health system in PNG will be overburdened and will be at risk of total collapse. The <i>National Health Plan 2005 - 2010</i> states:</p> <p style="padding-left: 40px;">“It has been estimated that if the epidemic is left to run at the present rate of increase, 70% of the hospital beds in the country could be occupied by AIDS patients in 2010. For every 5% increase in HIV prevalence in PNG, the total national spending on health will need to increase by 40%. At a 10% HIV prevalence, tuberculosis will rise 50-fold to 30% of the population”</p> <p>Port Moresby General Hospital is already struggling to cope with the number of AIDS patients occupying medical ward beds. It is estimated that up to 50% of beds were occupied by these patients in 2004, and around 20% of tuberculosis patients being treated at the hospital are also HIV positive.</p> <p>However the HEMI study projects a different picture of the impact on hospital medical beds, with 15% occupied by AIDS in 2010 and rising to 27% by 2015 and 71% by 2025.</p> <p>Provincial hospital staff, PNG’s Defence forces and the Department of Education are also already reporting a growing demand for the repatriation of bodies to their home areas with consequent burdens on already limited budget allocations. The NASFUND, PNG’s National Superannuation Fund, recently reported that they are dealing with three death claims a week due to AIDS.</p>
<p>10. HIV and AIDS Problems</p>	<p>In developing the NSP GoPNG consulted widely. The NSP is now structured around seven focus areas which form a convenient</p>

framework under which to discuss the problems and their causes.

Treatment, counselling, care and support

Treatment and care for people living with HIV and AIDS is very limited. Clinical services are constrained by lack of appropriate drugs, skills, staff and laboratory capacity. Rates of STIs and tuberculosis are high and services are not effectively managing these infections.

Treatment protocols for antiretroviral treatment (ART) for HIV infection have been developed and training initiated for medical practitioners. WHO and NDOH have been supporting a program to increase ART availability - to date 300 people are receiving treatment and this number is limited by the capacity of the health system. Prevention of Parent to Child Transmission programs are being conducted in several locations through antenatal clinics and will be expanded in the next 12 months through the Global Fund to Fight AIDS, TB and Malaria (GFATM).

Voluntary counselling and testing (VCT) sites are still limited but there are plans for expansion during 2006 with funding from GFATM. VCT curricula and materials have been developed, accreditation procedures have been developed and have commenced and counsellor trainers are providing province based counselling training to a range of agencies and individuals. Increasingly VCT is being provided outside of health care settings, however there are only a few professionally trained counsellors. Community care facilities are being established in a number of provinces and coordination between clinical and non-clinical settings needs to be improved.

Greater focus is needed on strengthening health systems and human resources to deliver better care and treatment programs, especially as PNG increases its efforts to expand access to treatment over the next 5 years. In doing this treatment and care services will need to have an increased role in prevention and a greater focus on integration with primary health care services and linking health centres with home based care programs.

Education and prevention

Since 2001 a number of national media and social marketing campaigns have been undertaken that have resulted in increased awareness of HIV/AIDS and prevention measures in the general population. The national campaigns have been supported with the development of a range of IEC materials, the establishment of a National Resource Centre, improved condom distribution and a variety of media and theatre activities

The High Risk Settings Strategy (HRSS) through NHASP, and a peer education program through the European Union, targeting vulnerable populations, are being implemented around the country.

School based programs and specific youth initiatives have been implemented, and recent studies provide a platform to advocate the

gender dimensions of the epidemic and its link to violence against women.

Leadership training and advocacy programs have been established and include initiatives that range from senior government to village leaders and the churches.

The private sector has begun to respond through prevention, HIV testing and community support initiatives. Recently a coordinator position was created within the Chamber of Mines and Petroleum as a resource for the mining sector and to foster greater involvement of other private sector organisations.

The challenge remains how to get consistency in messages, develop sustainable behaviour change, improve gender relations, identify and target vulnerable populations and build capacity for communities, churches and the public and private sectors to respond.

Epidemiology and surveillance

Epidemiological data on the epidemic in Papua New Guinea is limited due to underreporting, lack of testing sites and difficulties with processing of test results. Sero-surveillance sites have been established in a number of STI, tuberculosis and antenatal clinics around the country and data from these sites is being used to inform estimates of the prevalence and location of the epidemic. Behavioural surveillance is being undertaken in a number of sites and has been expanded during 2005. Surveillance capacity overall remains limited and there are ongoing difficulties in establishing these systems within NDOH.

The Consensus Workshop held in late 2004 made a number of recommendations to strengthen surveillance systems and link more closely with the NSP and its M&E Framework.

Social and Behavioural change research

A range of research activities have been funded through the NHASP/NACS grants program. There is limited capacity among a small number of institutes within PNG for social and behavioural research. Increasingly, community based research activities are being used to design intervention strategies and are providing the potential to build community capacity and involvement. Social mapping using local community researchers has been completed in 19 provinces and will be used to help target provincial responses.

While there is information available internationally about the factors that underpin the spread of the epidemic, understanding of the relevance of these factors in the PNG context is poorly researched. Understanding the contexts for risk of HIV infection and social, cultural and economic factors that influence behaviour is needed to design, develop and implement better interventions. Findings from existing research in PNG are not widely available and most stakeholder groups in the provinces are not linking this kind of information to the response activities. Poor monitoring and evaluation skills also mean that there is little

information available about the impact of existing interventions on preventing the spread of the virus.

Leadership, partnership and cooperation

International experience shows that leadership and political will are key factors for an effective response. In PNG, political commitment and engagement to date has been weak and the very limited GoPNG financing of the response at both national and provincial level does not recognize the urgency of the issue. In this context international donors and government leaders need to continue efforts to engage PNG leadership.

In PNG leadership initiatives have emerged over the past two years, particularly with the support of UNAIDS and other donors. In 2004, the Parliamentary Special Committee on HIV/AIDS was established as an advocacy group within Parliament. There have also been a number of initiatives with politicians, church leaders, community and traditional leaders to bring about more understanding and action on HIV issues.

In 1998 the NAC and NACS were established under NDOH to implement the *HIV/AIDS Medium Term Plan (1998-2002)*. In 2004 work started on the NSP leading to NEC endorsement in December 2005. In December 2004 the NEC approved the transfer of NACS to the DPMNEC. The Prime Minister also appointed a Special Minister responsible to him for HIV and AIDS.

While the NAC is the recognized body to coordinate the response, it does not operate effectively as a coordinating body. It has not developed a shared vision for how it can contribute towards an effective response. At the same time NACS remains poorly resourced to coordinate the implementation of the NSP.

Provincial capacity remains weak across the whole country with some provinces responding better than others in trying to improve the response. NHASP provided significant support for provincial engagement, including funding personnel and resources. The on-going approach and sustainability of this important initiative is a major issue for NACS and this Program.

Poor coordination, the absence of a financial commitment by GoPNG and the absence of leadership by NAC are contributing to a vicious circle. There is general agreement among government and donor groups that coordination of the response is currently a critical issue and that something must be done urgently.

Family and community support

Most PNG communities are unprepared for impact of HIV and AIDS. Community understanding of and their preparedness for the epidemic means they are mostly ill equipped to care for the sick and dying and for children left behind by the loss of their parents. High rates of HIV-related stigma, cultural practices and beliefs and lack of basic resources to care for people who are ill contribute to difficulties in providing good

	<p>community care.</p> <p>There are also an increasing number of children affected by HIV and AIDS, either as orphans or as children living in affected families.</p> <p>In rural areas, the churches and some community groups have initiated a number of community based responses. Care centres established in many provinces are specifically providing a focal point for family and community support, with services for VCT, counselling training and support to people living with HIV/AIDS. A number of UNICEF and innovative church supported initiatives are also underway that target vulnerable children and aim to help communities support families and children affected by the virus</p> <p>The development of appropriate technology home-based care kits, community based care facilities and support for groups and networks of people living with HIV/AIDS are part of a range of activities introduced over recent years to support community care capacity and reduce the burden on the health system.</p> <p>Support for Igat Hope as the National Association of People Living with HIV/AIDS will facilitate more effective representation for people living with HIV/AIDS at the national level and provides a valuable support network for positive people in PNG.</p> <p>Monitoring and evaluation</p> <p>Monitoring and evaluation has not been a strong feature of the response in PNG to date. This lack of capacity and the absence of an M&E framework was a significant constraint in the implementation of the Medium Term Plan. Internationally there has been an increased emphasis on M&E to track progress on the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) and Millennium Development Goals. Support to countries to strengthen their M&E programs has been a key feature of assistance, especially to national AIDS programs.</p> <p>A draft National M&E Framework has been drafted to underpin the NSP. In rolling this out there are likely to be substantial issues around the capacity of both government and civil society organisations to provide relevant information that will enable the framework to operate as a planning and decision making tool. Monitoring and evaluation skills, experience and systems across all groups are poor and reflect more long standing impacts of culture and education on critical analysis skills.</p>
<p>11. National AIDS Council and the Secretariat</p>	<p>The <i>National AIDS Council Act 1997</i> establishes the NAC as a statutory authority. Its membership comprises seventeen government departments, representatives of the private sector through the Chamber of Commerce, the church sector, non-government sector and the Council of Women. An amendment to the NAC Act was made in 2001 to add three new members to the Council – a person living with HIV/AIDS, the Department of Justice and Attorney General and</p>

	<p>Department of Finance.</p> <p>At the request of DPMNEC NACS is formulating a draft NEC submission proposing to reduce the number of NAC members and elevating the status of members to secretary level or higher. Under these amendments it is proposed that the Council's committee structure become more active with wide stakeholder participation. It is intended that the NAC will be chaired by the Chief Secretary to Government.</p> <p>At the national level, the NAC and its secretariat, NACS are responsible for the formulation, review and revision of the national policy for the prevention, control and management of HIV/AIDS and for monitoring and coordinating the implementation of the NSP. At the provincial level, Provincial AIDS Committees (PACs) are responsible for coordinating the implementation of provincial activities to address HIV/AIDS.</p> <p>The objectives of the NAC as outlined in the Act.</p> <ul style="list-style-type: none"> • To take multi-sectoral approaches with a view to prevent, control and to eliminate transmission of HIV/AIDS in PNG. • To organise measures to minimise the personal, social and economic impact of HIV infection and the disease of AIDS. • To ensure, as far as possible, that personal privacy, dignity and integrity are maintained in the face of the HIV/AIDS epidemic in PNG, in accordance with the Constitution and the Global Strategy on AIDS. <p>The functions of NAC and PACs are detailed in Annex 2 to the <i>Roles of Government Study</i>. NAC has oversight of policy issues, providing advice, facilitating and coordinating responses. There is also refers to its responsibility for initiating responses in some areas such as research, counselling, care and legal services. This has caused confusion as it appears to make the NAC an implementation body.</p> <p>In the course of the design of this Program NACS has confirmed that NAC and NACS do not see themselves as having direct roles in activity implementation. They see themselves as having a clear responsibility and mandate to elicit, support, encourage and promote the involvement of a broad range of actors in HIV/AIDS activities. NACS also takes a leading role in mobilising resources to support implementation, such as managing grants scheme. The Council under its overarching mandate has responsibilities to ensure an even geographical distribution of interventions and services to achieve not only equity, but also to the optimize chances for a reduction of new infections.</p> <p>A number of issues have been identified about the role and capacity of NAC and NACS.</p> <ul style="list-style-type: none"> • It is clear that NAC is seen by stakeholders as the key body to spearhead coordination, planning, monitoring and evaluation of national response. While the NAC is mandated under the Act to
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oversee the response, its role is not clearly articulated in the NEC decision of 2004.

- NAC does not feature strongly in the structure proposed in NEC decision and its relationship to the Central Agencies Coordinating Committee is not outlined in the decision.
- NAC is still not operating effectively as a coordinating body, its members are somewhat unclear of the role and function of Council and lack a shared vision for how NAC may contribute towards an effective response.
- Some of the operational concerns raised previously about NAC have been addressed - quorums are being achieved, meetings are well run and members are participating more actively - but there is still concern in general about members' capacity for participation and the need for increased community representation.
- NACS will be required to manage funding for NGOs under GFATM. Its capacity for financial management and monitoring is very limited and will need to be strengthened.
- NAC members vary in terms of their level of authority and skills to participate effectively in decision-making. Those in positions below Deputy Secretary are not able to make decisions in Council meetings without consulting their superiors.
- NGO representatives are also unable to effectively represent the increasing number of non-governmental organisations. The lack of an umbrella organisation or forum makes formalising this representation difficult and limits the feedback from Council to a broader group of NGOs.
- Those who are actively participating on the Council are those who are also active within their agencies and organisations. Some of these people have become active as a result of this participation, while others are selected to attend the meetings because of their interest in HIV and AIDS.
- The accountability of the NAC to Parliament was raised as a concern. The NAC is required to report to Parliament annually but has not submitted an annual report since 2002.
- The Parliamentary Special Committee on HIV/AIDS was created as a formally constituted Committee within Parliament. Although there are personal linkages between parliamentarians on this group and members of the secretariat, there is no formal link with NAC.
- There is not a formal relationship between NAC and the Country coordinating Mechanism (GFATM decision-making body) except through the current chair of these committees. Reporting, communication and accountability arrangements may need to be

	<p>developed with these bodies.</p> <p>Advisory or subcommittees of the NAC are playing a limited role in advising this body. These committees tend to meet only when there are issues to discuss and where external expertise is required. While this may be appropriate, the committees were established to provide advice to NAC and it is unclear how NAC is being resourced with this advice. There also appears to be little interest in revising or changing these committees, largely because they are not seen as a useful part of the structure.</p> <p>The Minister Assisting the Prime Minister on HIV advised AusAID and the Design Team that strengthening NAC and NACS, and their ability to coordinate the Papua New Guinea response was a high government priority. The Minister saw the senior Program management working in partnership with government at the highest levels (e.g. NAC members, Chief Secretary, Director of NACS, Secretary of Health).</p>
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Part C - Policy and Strategic Responses

12. Papua New Guinea's policy response

Prime Ministerial Leadership

Successful HIV interventions around the world are based on active in-country leadership from the highest levels of government and the community.

Endorsing the NSP the Prime Minister, Grand Chief Sir Michael Somare writes:

Complacency and denial of the epidemic is inexcusable. . . . We need to care, treat and protect people infected and affected by HIV/AIDS. Papua New Guineans living with HIV/AIDS are our brothers, sisters, sons, daughters, and wantoks. Let us give our support and care.

Political leadership is paramount in turning the course of the epidemic. I have publicly pledged "the support of every member of my government, and myself to make the eradication of AIDS one of the government's highest priorities." It is equally important that leaders at all levels, within organisations, unions, and churches and NGOs take an active role in supporting the national response.

We are not fighting a lone battle. We have had considerable support from our donor partners and the need to further strengthen these partnerships becomes more imminent. Therefore, the role of the National AIDS Council must be strengthened considerably to effectively coordinate a nation wide response."

Parliament has established a Special Parliamentary Committee on HIV/AIDS which enjoys bipartisan support among a group of parliamentarians and is developing an active work program.

The Prime Minister has also appointed Dr Temu as the Special Minister Assisting the PM on HIV.

Medium Term Development Plan 2005 -2010 (MTDS)

The MTDS lists HIV/AIDS prevention as one of the government's seven expenditure priorities. GoPNG commits itself to taking every step possible to arrest the epidemic.

"As such, the MTDS supports the efforts of the National AIDS Council (NAC) in its multi-sectoral approach to tackling the disease. This approach recognises that the epidemic has causes and effects that extend well beyond the health sector. It is a wider developmental issue that must be addressed from a multi-sectoral perspective. For example, reversing the course of the epidemic will depend, to a significant degree, on the success of policy in reducing poverty and empowering women.

This means that the response to the epidemic must include not only all Government departments, but also members of civil society, including NGOs, community based organisations and churches. Over the medium term, the Government will work towards the establishment of a whole-of government approach to fighting the disease. This will

involve relating the fight against HIV/AIDS to the national development goals and plans; involving all stakeholders in the planning, management, implementation and monitoring and evaluation of HIV/AIDS programs; and providing a basis for costing and mobilising the required resources for HIV/AIDS interventions. The process will be led by the central agencies of government.”

This Program includes specific elements directed towards supporting the MTDS:

- women’s rights and empowerment
- working through a whole of government or national approach, and
- involving all stakeholders through participatory approaches.

PNG National Strategic Plan for HIV/AIDS 2006-2010 (NSP)

After wide consultation within government and the community the NSP which was endorsed by the National Executive Council in December 2005.

The NSP recognises that prioritisation of the response is needed. It nominates these three cross cutting areas as priorities.

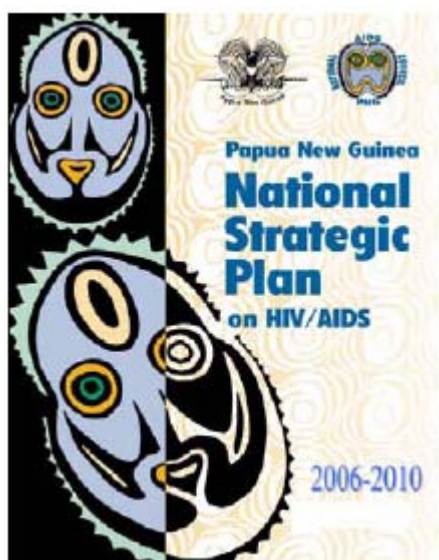
- **Leadership, Partnership and Coordination** given their importance to gain political support and coordinate an effective response across all sectors of the community.
- **Prevention and education** considering that this focus area can be implemented in any setting across all sectors of society.
- **Monitoring and evaluation** in ensuring that progress of activities under all focus areas need to be tracked and results fed back for improvement to future programmes and activities. This is also consistent with the United Nations’ recent Three Ones initiative.

Figure 8 contains the overall NSP goal and the seven supporting goals.

Australia’s support for Papua New Guinea be framed against approaches that support the NSP and related development objectives. After dialogue with its development partners in Papua New Guinea AusAID’s support will target specific NSP focus areas and their implementation strategies.

A draft NSP Monitoring and Evaluation Framework (NSP MEF) has been prepared. The monitoring and evaluation of all AusAID supported interventions across the PNG-AusAID Aid Strategy will feed into and support the NSP MEF.

Figure 8 – NSP Goals and Focus Areas



NSP Overall Goal

To reduce the HIV prevalence in the general population to below one percent by 2010, improve care for those infected, and minimize the social and economic impact of the epidemic on individuals, families and communities.

NSP Focus Area Goals

- 1. Treatment, counselling, care & support**
To decrease morbidity and mortality from HIV-related illness, improve the quality of lives of people living with HIV, and encourage access to CT.
- 2. Education & prevention**
To facilitate and sustain behaviour change to minimise HIV and STI transmission in specific populations and to increase awareness about prevention in the general population.
- 3. Epidemiology & surveillance**
To establish effective and efficient surveillance systems that will provide accurate measurement and understanding of the growth and other characteristics of the epidemic in PNG.
- 4. Social and behavioural change research**
To improve social and behavioural research in PNG so that it complements epidemiological and other information and informs the development of strategies for behavioural change.
- 5. Leadership, Partnership and Coordination**
To encourage politicians and leaders at all levels of society to give high profile to HIV/AIDS and enhance coordination of development partner's participation and resource mobilisation.
- 6. Family & community support**
To support and sustain a social and cultural environment that will enable families and communities to care for and support people infected and affected by HIV/AIDS.
- 7. Monitoring & evaluation**
To effectively track the progress of the HIV epidemic in PNG through regular monitoring and evaluation mechanisms and measure the impact of the national response.

The National Health Plan

The *National Health Plan, 2001- 2010* identifies the priority policies and strategies to address health concerns in PNG. The plan focuses on building sustainable development in health at all levels through greater accountability and responsibility while ensuring that resources are focused on priority programs and rural health services. HIV/AIDS is a top order priority program within the health sector *Medium Term Expenditure Framework 2004-2006*. Resource allocation for HIV/AIDS is still to be determined through an HIV/AIDS costing study that is underway.

The Plan sets out a number of priorities and policies and the institutional responsibilities at different levels to address these challenges.

- Review and develop an appropriate legislative framework for the prevention, control and treatment of sexually transmitted infections, including HIV/AIDS.
- Improve diagnostic and treatment services for sexually transmitted infections.
- Introduce screening and management of pregnant women for HIV and syphilis.
- Maintain quality assurance on all blood transfusion services.
- Improve public awareness of an education about sexually transmitted infections, especially HIV/AIDS.
- Develop staff skills for syndromic management of sexually transmitted infections.
- Establish and maintain sentinel surveillance, behavioural surveillance and reporting.
- Develop management protocols and guidelines for HIV-positive individuals including pregnant and breast-feeding women.

The Plan specifies that national and provincial responsibilities focus on the development of guidelines and resources to respond to these priorities, while district responsibility is to coordinate and mobilise community responses to prevent and control HIV/AIDS and other STIs.

A Strategic Plan was recently developed for the health sector for the period 2006 –2008 in line with the *Medium Term Expenditure Framework 2004-2006*. One of the four public health strategic directions is to reduce the rate of increase in HIV and STIs. This will be achieved through greater focus on STI service delivery and case management, access to anti-retroviral treatment at level 1 and 2 hospitals and supply and distribution of condoms at all facilities.

The health response under this Program will support agreed priorities under these plans.

<p>13. The Three Ones</p>	<p>On 25 April 2004, UNAIDS, the United Kingdom and the United States co-hosted a high-level meeting at which key donors reaffirmed their commitment to strengthening national AIDS responses led by the affected countries themselves.</p> <p>They endorsed the "Three Ones" principles, to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management.</p> <ul style="list-style-type: none"> • One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners. • One National AIDS Coordinating Authority, with a broad-based multisectoral mandate. • One agreed country-level Monitoring and Evaluation System. <p>In Papua New Guinea the Three Ones are supported by the NSP; the creation of NAC/NSP; and the NSP MEF.</p> <p>Australia is committed to the Three Ones as a means of building greater support and collaboration with heavily-affected countries such as Papua New Guinea and avoiding duplication and fragmentation of resources.</p> <p>Australia is also committed to the support of the recommendations of the Global Task Team. These aim to strengthen coordination, alignment and harmonization among development partners, and with national stakeholders for a more effective response to HIV and AIDS. These recommendations promote the alignment of external support to country strategies, policies, systems, cycles and plans, strengthening of national mechanisms for coordination and implementation and improved monitoring and oversight mechanisms.</p>
<p>14. Australia's Development Response</p>	<p>Australia's International Strategy on HIV/AIDS</p> <p>The Australian Government is deeply concerned at the incidence and impact of HIV/AIDS globally but more particularly in this region – Asia and the Pacific. It has committed \$600 million over the ten years (to 2010) to fight against HIV/AIDS. The government sees this as not just a health issue, but also an economic, social, humanitarian and security issue. <i>Meeting the challenge: Australia's international HIV/AIDS strategy</i> (AusAID, July 2004) details the response.</p> <p>Australia's aim is to reduce the spread of HIV/AIDS and to mitigate the effects on people living with HIV/AIDS and on the society to which they belong. It is focusing on five directions:</p> <ul style="list-style-type: none"> • promoting leadership and advocacy • building capacity • changing attitudes and behaviours • addressing HIV transmission associated with injecting drug use

- supporting treatment and care.

Building partnerships is a key implementation strategy. Funding social, behavioural and economic research to further understanding of the epidemic is vital.

Australian Government White Paper on Overseas Aid Program

The White Paper released in late April 2006 states Australia's intention to invigorate its leadership role in the region to combat HIV/AIDS. Australia intends to foster partnerships in the battle against HIV/AIDS. Supporting a large-scale emergency response, expanding access to treatment, targeting prevention, building capacity, and mobilising the business community are key future initiatives in PNG.

PNG Country Program Strategic Framework

The *PNG Country Aid Strategic Framework Paper* outlines the broad framework for the new PNG-Australia Aid Strategy. Following endorsement by Ministers at the Brisbane Ministerial Forum in December 2005 the full Aid Strategy has been developed jointly based on the agreed framework. The objective of the new aid strategy is:

“In line with the PNG Government's Medium Term Development Strategy (MTDS), to assist Papua New Guinea to reduce poverty and promote sustainable development, with a specific focus on four core areas:

- improved governance and nation building
- sustainable broad-based economic growth and productivity
- improved service delivery and stability, and
- strengthened, coordinated and effective response to the HIV/AIDS epidemic.”

The Strategy Framework Paper describes the areas for AusAID's support of the NSP in the following terms.

“International experience shows that countries with the best track record of combating the epidemic share the following characteristics: leadership from all strata of society; an AIDS action plan with a budget and has an evidence-based implementation and monitoring and evaluation framework; a nationally-led coordination mechanism which supports effective prioritisation and utilisation of government and donor resources; strong partnerships between government, community, private sector and development agencies; the absence of stigma and discrimination against people living with HIV; and access to quality health and education services and to means of prevention including condoms.

HIV/AIDS demands a change in the way that organisations work. HIV Mainstreaming means that all sectors and agencies understand how they might be affecting the HIV epidemic, how HIV might be affecting their own development outcomes and how to adapt their programs accordingly.

Australia is committed to working closely with PNG to prevent the

expansion of the epidemic and to support those individuals and communities already affected.

AusAID PNG HIV/AIDS Strategy

Australia has made an explicit commitment to the NSP by using it as the foundation document for *Australia's Strategy to Support Papua New Guinea's Response to HIV/AIDS 2006-2010* (**Annex A**). It also demonstrates Australia's support of the Three Ones principle of 'one agreed HIV/AIDS Action Framework that drives the alignment of all partners', as articulated by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

In the face of a worsening, generalised epidemic, AusAID's HIV/AIDS Strategy for PNG aims to extend Australian support widely across PNG's diverse communities in order to mobilise and support them in reducing the spread of HIV and to broaden the reach of treatment and care. The strategy therefore addresses underlying institutional, social and cultural factors that are intensifying the spread of HIV/AIDS in PNG and are hampering response efforts.

The goal of Australia's Strategy to Support Papua New Guinea's Response to HIV/AIDS is to work with the Government of PNG and other development partners to reduce the spread of HIV/AIDS in PNG and to mitigate the effects of the disease on Papua New Guineans living with HIV/AIDS and their families, and on PNG society. The Strategy objectives support each of the seven key focus areas of the National Strategic Plan.

Australia will give highest priority to enhancing prevention efforts to reduce the spread of the epidemic. The next five years will be a crucial period for developing effective prevention interventions to slow the expansion of the epidemic. Australian support will therefore focus on initiatives such as improving access to treatment services for sexually transmitted infections – the presence of which greatly increases the risk of HIV infection for people exposed to it – and improving rates of condom availability and use. These efforts will be evidence-based in order to ensure they are effective, culturally appropriate and well-targeted.

Australia is supporting the NSP focus areas as its priorities. Within this Framework of support and based upon consultations and analysis of current needs to scale up the response the following areas are likely to have emphasis in this Program:

- Strengthening leadership and coordination within National, Provincial and local level governments, and within the non-Government sector including churches.
- Mobilising communities on HIV prevention, to develop informed, culturally appropriate, rights-based strategies to address behaviours and social issues driving the epidemic.
- Promoting gender equality and reducing sexual violence in order

to address the greater risk posed to women and girls, and supporting equitable access to HIV/AIDS prevention and treatment services.

- Expanding the health sector response, through improving the capacity of primary health services to prevent HIV and other sexually transmitted infections; and to support treatment, care and improved access to HIV/AIDS treatment, including antiretroviral therapy.
- Mainstreaming HIV in development initiatives, in order to promote a multi-sectoral response to the factors driving the epidemic and arising out of it.
- Building the evidence base for action, to ensure interventions are effective, culturally appropriate and well-targeted.

A priority will be to support PNG to work towards achieving universal treatment targets. Though it is a relatively expensive intervention, antiretroviral therapy has prevention benefits in addition to saving lives.

Australian efforts will extend across PNG's diverse communities in order to mobilise and support them in reducing the spread of HIV and to broaden the reach of treatment and care. The Strategy therefore addresses underlying institutional, social and cultural factors that are intensifying the spread of HIV/AIDS in PNG and are inhibiting response efforts. Strengthening leadership and coordination, mobilising communities on HIV prevention and promoting gender equality and reducing sexual violence are priorities.

The implementation of Australia's assistance will therefore encompass a combination of interventions focused on rapidly responding to critical gaps in the present response while supporting the development of longer-term, sustainable interventions that build the capacity of public institutions, policy makers, service providers, the private sector, research bodies, communities and civil society to deliver the HIV and AIDS response.

Australia's Current Activities

Australia's NHASP response is described in Section 7.

AusAID has also been mainstreaming HIV into their sectoral projects and programs for some time. The progress of this is variable with some sectors moving to support initiatives for structural change while others are looking at human resource issues and workplace policy development. Operational guidelines have been developed to assist AusAID officers to approach mainstreaming in the PNG program. These have been distributed to all AusAID projects and program in PNG.

Initiatives are underway in various sectors.

- Education sector: development of HIV/AIDS policy; draft program strategy to include HIV into operating procedures for

ECBP; mainstreaming HIV into Curriculum Reform Implementation Project and into National Apprenticeship Trade and Testing Board; code of conduct for staff of Basic Education Development Project and distribution of IEC materials and condoms to communities; awareness programs among teachers, students and staff through Manus School Upgrade Project.

- Infrastructure and Rural Development: Department of Works and other AusAID funded road projects included requirement for contractors to address HIV as a workplace issue.
- Public Sector Management: HIV policy has been developed for Department of Treasury, Forestry Authority with support from ASF; HIV and AIDS Workplace Policy being developed for Public Sector through the Department of Personnel Management, Workplace Policy for NDOH.
- Agriculture: HIV and gender are included in design of Agriculture Research and Development Support Facility; National Agricultural Research Institute proposing to conduct surveillance on impact of HIV on agricultural production in rural communities; funding support to Oil Palm industry for communication tools on impact of HIV on families working in oil palm plantations.
- There are also various initiatives and activities are being undertaken within Law and Justice Program and the Civil Society program. These include:
 - support through Correctional Services to implement HIV strategy in prison
 - HIV awareness into annual corporate planning for all law and justice agencies
 - workshops on gender, sexual offences and HIV/AIDS integrated into new PNG Constabulary training programs. Review of police operational procedures to identify areas of risk for HIV
 - advocacy workshops with judges, magistrates and prosecutors on HIV and family and sexual violence
 - mainstreaming HIV and gender into Village Court systems, and
 - HIV and gender included in materials and procedural manuals for Community Development Scheme.

AusAID has a number of other new activities in design preparation including the *Integrated STI Management and Prevention Program* which is aimed at supplementing the NDOH's response to the prevention and treatment of STIs.

Through the AusAID HIV/AIDS Taskforce, a number of projects have been funded in PNG through the Australian HIV/AIDS Partnership

	<p>Initiatives (AHAPI) program.</p> <ul style="list-style-type: none"> • National Association of People Living with HIV/AIDS and Iगत Hope – build capacity and visibility of People Living with HIV/AIDS organisations to improve people living with HIV/AIDS representation and involvement in the response. • Scarlet Alliance – build capacity building among sex workers to develop and implement an effective community response. • National Centre in HIV Social Research and Institute of Medical Research – develop training program to build capacity for social research among PNG institutions <p>Also funded through the Taskforce is support for UNAIDS Operations in PNG.</p>
<p>15. Current Donor and Stakeholder Programs</p>	<p>Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)</p> <p>GoPNG has received funding from GFATM for US\$30 million over a five-year period. By 2009 it aims to:</p> <ul style="list-style-type: none"> • reduce HIV transmission among young people and create a supportive environment for PLWHA • VCT services in 20 provinces, and • scale up ART and monitoring capacity through 30 public, private and FBO clinics. <p>The GFATM will support: IEC programs including school curricula and teacher training; programs for out-of-school youth, including youth peer education programs; training of health staff for HIV case management and treatment programs (Prevention of Mother to Child Transmission, ART and Post-exposure Prophylaxis); VCT counselling training and expansion of the number of VCT sites; procurement of drugs and supplies; upgrading of regional laboratories; development of a home care network, day care centres and training of volunteers; community leadership and PLWHA training; capacity building in NACS and support for strengthening CSO coordination and advocacy.</p> <p>United Nations Agencies</p> <p>UNAIDS mandate is to strengthen the national response. In line with this UNAIDS is providing technical support to NACS for the development and implementation of a national M&E system. UNAIDS is also providing support for a number of leadership activities – Asia Pacific Leadership Forum on HIV/AIDS and Development and Parliamentary Special Committee on HIV/AIDS. It has a small amount of grant funding to target NGO capacity to support delivery of ART programs and the involvement of PNG leaders in advocacy activities. Initiatives such as “<i>Scaling up towards Universal Access</i>” and advocacy towards achieving the “Three Ones” have recently refocused some of this agency’s work.</p> <p>The UN has developed a Joint Work Plan for its response to HIV and</p>

AIDS to guide the implementation of activities across its agencies. This Plan identifies five key result areas for its work.

- Community mobilization to strengthen community capacity to respond to HIV and AIDS.
- Prevention and treatment- increasing access to treatment, including prevention of mother to children transmission, building community capacity for prevention, advocacy on gender, stigma and discrimination.
- Leadership - working with political leaders, people living with HIV/AIDS, youth and religious leaders.
- Monitoring and evaluation.
- Partnership building and donor coordination.

The UN has a number of activities in PNG.

- In preparation for the roll out of ART under the GFATM, the WHO is currently providing technical support to strengthen the diagnostic capacity of laboratories, developing policy guidelines and protocols for ART and a pilot treatment program on ART. WHO will continue to provide technical support for treatment as this Program is rolled out with GFATM funding. Additional funds from Japan through the UN Human Security Fund will support WHO in the scale up of treatment programs through strengthening infrastructure and community interventions.
- In line with its mandate UNICEF's program will maintain a focus on women and children, targeting pregnant HIV positive women to prevent mother to child transmission and supporting a Special Youth Project targeting prevention activities for out of school youth. UNICEF will use findings from knowledge, attitude and practice studies to develop training for community leaders through a community mobilization strategy. UNICEF has also completed an analysis of the social and policy environment affecting children orphaned by AIDS. Its recent Global Campaign for Children plans to increase the focus on treatment, human rights and protection for children.
- UNDP has funded a leadership development program, which has provided training for leaders from all levels of government and civil society. It has also supported development of the International Labour Organization Toolkit and the gender audit of the NSP. UNDP is funding technical assistance to further meet GFATM requirements.
- UNFPA is funding a number of activities targeting adolescent reproductive and sexual health - through Family Life Education, curricula development with Department of Education which incorporates HIV and AIDS, peer education training with university students at University of Papua New Guinea. They are

also funding gender programs with girls and women through Leadership Empowerment Project, and provide support for Family and Sexual Violence Action Committee.

- Joint UN funding to support NACS in developing the M&E systems.

Asian Development Bank

Asian Development Bank is proposing to implement a project within rural enclave developments. This project has three components: building public-private partnerships with rural economic operators to strengthen health infrastructure in rural areas and strengthen leadership advocacy; capacity development with civil society organisations for community behaviour change and a national social marketing of condoms program; and, strengthening and expanding the surveillance system. The project is funded through a grant from Asian Development Bank for USD15 million. The remainder of the project is intended to be co-financed by Australian, New Zealand and PNG governments. Australian and New Zealand governments have committed USD3.5 million for social marketing project. GoPNG in the recent budget has committed K11 million.

Other International Donors

World Bank has proposed a number of small projects implementing HIV activities within broader development activities, however these are currently on hold awaiting approval to proceed. World Bank, Asian Development Bank and AusAID have also committed to support a Human Development Strategy for PNG which includes a strategy for HIV and AIDS. This strategy calls for increased attention to prevention, surveillance and monitoring and evaluation.

The British High Commission is supporting HIV/AIDS leadership initiatives, activities targeting violence against women and deploying volunteers to support HIV activities in the provinces.

The European Union has had a five-year program across 13 provinces to target vulnerable groups through peer education. This Program has aimed at strengthening the capacity of CSO groups to deliver prevention and care activities, ends in December 2006. The European Union is looking to integrate its activities into CSOs through funding from other sources.

USAID is funding Family Health International to establish targeted interventions with sex workers and men who have sex with men. Recently USAID funded StopAIDS for some of its prevention work.

Civil Society Organisations

A number of FBOs, international and national NGOs and CBOs as well as some Trusts established by the mining industry, are implementing a range of projects that focus on preventing transmission, and provision of community care and counselling services. AusAID, the churches and

international NGOs fund the majority of these programs.

Much of the work undertaken by churches has been funded by NHASP grants and the Church Partnership Program. The Catholic Church has developed a network of coordinators in each diocese to support its work in a number of provinces. Care and counselling centres, VCT and day care facilities have been established and will need ongoing funding to maintain the level and quality of these services at the district level. Anglican, Adventist Development and Relief Agency and Uniting Church are also providing counselling and care programs.

The mining sector is currently playing a key role in developing an industry code and is encouraging and coordinating the response of the private sector through a coordinator position based in Chamber of Mining and Petroleum. This position is funded through NHASP. The Trade Union Congress and the Public Employees Association are also involved in a range of awareness, policy development and advocacy activities with key trade union groups. Some private clinics are providing treatment and clinical services for PLWHA but this is currently limited to the National Capital District.

The Institute of Medical Research, the University of PNG and the National Research Institute are engaged in a number of research studies. These include behavioural surveillance surveys and Knowledge, Attitudes Practice studies, research on molecular epidemiology and prevalence of HIV-1, and STI research. These research studies are funded through NHASP.

PART D – THIS PROGRAM’S RESPONSE

16. Overview of Program Management

Program Outcomes

HIV and AIDS are the most serious development issue in Papua New Guinea. This Framework proposes that AusAID uses a broad programmatic approach to support its interventions managed under the direct supervision of an AusAID team lead by the Minister Counsellor and a specially appointed Senior Program Coordinator.

The Framework recognises that while HIV/AIDS is not a sector as such the HIV/AIDS Strategy suggests that AusAID adopts a thematic and cross aid program approach to support PNG addressing the epidemic under NSP.

The three Program Outcomes support the NSP as illustrated in **Figure 9**. These are broad and based around supporting HIV and AIDS activities; building capacity and effective program management.

Program Management

This Framework proposes a collaborative approach to implementation and management of the Program based on over-arching PNG HIV/AIDS coordination, led by the Government of Papua New Guinea and consisting of HIV/AIDS stakeholders and development partners. This is illustrated in **Figure 10** which shows the Program’s engagement and communications arrangements designed to PNG’s comprehensive support of the NSP.

AusAID’s HIV/AIDS program strategic management team, headed by an AusAID contracted Senior Program Coordinator, will liaise closely with the coordination group to manage the implementation of the Strategy across the Aid Program and this Program.

- The MTDS and the NSP set the scene in Papua New Guinea for Australia’s engagement.
- The Aid Strategy and the Strategy set the engagement strategies for all AusAID activities relating to HIV and AIDS in a comprehensive response from Australia.
- At the broadest level AusAID’s support has a strong focus on prevention and capacity building.
- Australia is taking a lead role in scaling up prevention along with accelerated efforts to support the achievement of universal treatment access, while achieving balance between prevention and treatment responses in the context of a rapidly escalating epidemic.
- The Program will have an explicit focus on building national capacity through working in and resourcing priority.

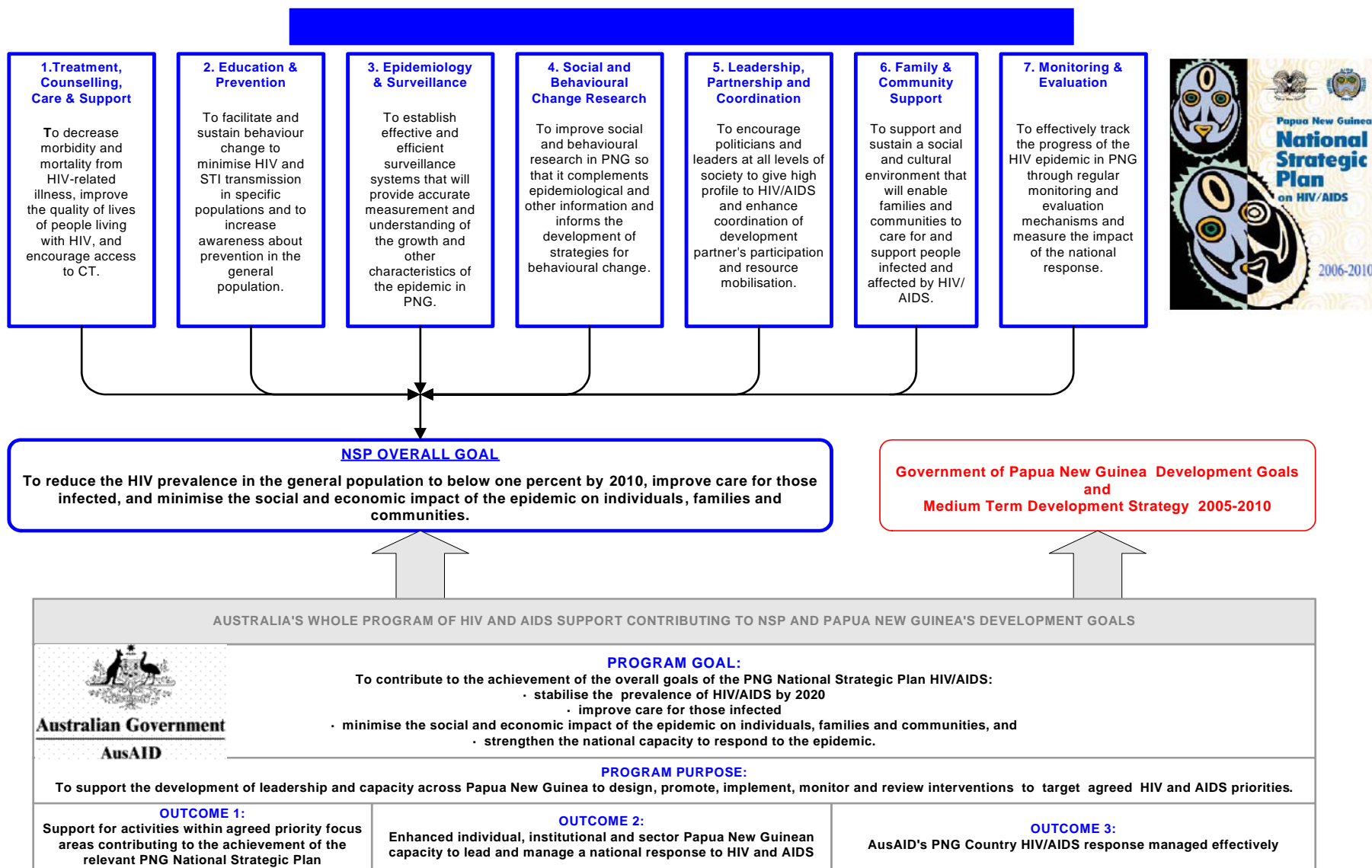


Figure 9 – PNG National Strategic Plan Supported by the Program

PNG-Australia HIV & AIDS Program Relationships

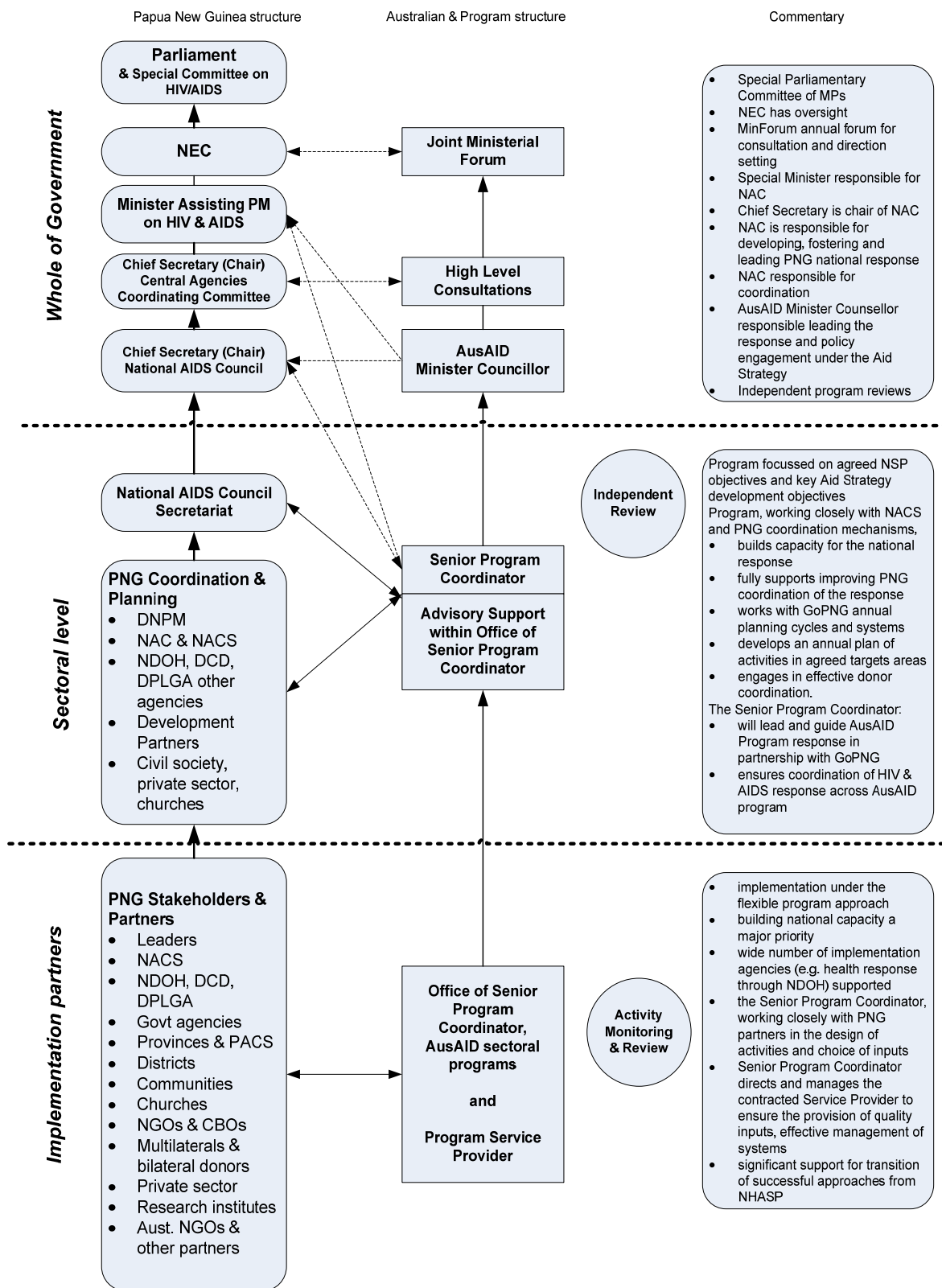


Figure 10 – PNG – Australia HIV and AIDS Program Relationships

- interventions, building the capacity of key individuals, organisations, institutions and networks and quality Program management. Strengthening PNG coordination will have a high priority.
- Australia will support rapid responses to emerging and critical issues along with a longer term response to address development needs.
- Joint prioritisation of interventions and resource allocations will occur to support the PNG NSP, in coordination with other donors.

The Framework supports a flexible modular approach for implementation recognising strengths and weakness, roles and responsibilities:

- Some AusAID activities will be resourced and managed through this Program.
- All AusAID sectoral programs will have HIV and AIDS mainstreaming and activities that support the Strategy and NSP.
- HIV and AIDS reporting will be coordinated across the Aid Strategy under this Framework, and supportive of the NSP MEF.
- NAC, NACS and NDOH will be the prime strategic counterparts for the Program, however, they are not the sole Program implementation counterparts or partners. Other organisation, mechanisms will be supported such as the NDOH through the health sector SWAP, civil society and private sector partners.
- Building NAC, NACS and provincial capacity to support a strong national response to managing the epidemic.
- AusAID, as the major donor, through consultation and agreement with key development partners, will take the lead in developing NACS capacity in building national capacity, improving its financial systems, mobilising resources, ensuring donor coordination, leading research and reporting on performance. A coordinated response could ultimately lead to greater donor coordination to support NACS – perhaps a Malawi type “mini SWAP”, plus support for the Three Ones.

AusAID Strategic Management of the Program

This Framework proposes a collaborative approach to implementation and management of the Program based on an over-arching PNG HIV/AIDS coordination mechanism, led by the Government of PNG and consisting of HIV/AIDS stakeholders and development partners. This Program’s management and advisory team, headed by an AusAID contracted Senior Program Coordinator, will liaise closely with the coordination group to manage implementation under this Framework across the Country Program.

These collaborative arrangements are depicted in **Figure 11**.

This Framework proposes that AusAID:

- uses a flexible programmatic approach to support its interventions
- contributes to Papua New Guinea achieving its goals with an explicit focus on building national capacity through working in and resourcing priority interventions, building the capacity of key individuals, organisations, institutions and networks and quality Program management
- through the PNG Minister Counsellor will lead the response and policy engagement with the GoPNG and key stakeholders
- through the Senior Program Coordinator and the Program Advisory Office (PAO) lead and guide the Program supported by advisory and management teams who will also provide advice to Post and Desk
- an initial team of three advisers is established within the PAO to support the SPC: HIV, Social Development and Gender, and Information Communications and Reporting. Each adviser should be supported by a highly qualified national associate. PAO staff and Post HIV team members will advise other AusAID sectoral programs and manage AusAID contracts,
- Post HIV sector team members, who hold financial delegations, may be seconded to the PAO to facilitate implementation, and
- activity managers will support the implementation of the Strategy and this Framework in their sectoral programs, including the coordination of reporting.

Implementation will be supported by:

- a contracted Implementing Service Provider (ISP) which will, at the request of the Senior Program Coordinator, and in accordance with the approved Annual Program Plan, contract and manage technical advisory services and other procurements and manage funds all in support of activity design and implementation.
- other organisations, PNG and Australian, contracted to provide implementation services, e.g. Australian NGOs will play a prominent role in implementing the *Integrated STI Management and Prevention Program*, and
- an Independent Review Panel of Australian, international and Papua New Guinean advisers who will provide advice to AusAID as required and who will undertake annual performance reviews of the Program and the ISP. This could evolve into a joint PNG-donor monitoring mechanism.
- resourcing and managing some AusAID HIV and AIDS

	<p>activities through this Program, while other sectoral programs will support their activities</p> <ul style="list-style-type: none"> • all AusAID sectoral programs having HIV and AIDS mainstreaming and activities that support the Strategy and NSP • HIV and AIDS reporting being coordinated across the Country Program under this Framework, and supportive of NSP MEF. • planning and implementation taking place within the context of GoPNG systems and processes, especially the annual corporate planning and budget cycle. • NAC, NACS and NDOH being the prime strategic counterparts for the Program, however, they will not be the sole Program implementation counterparts or partners. Other mechanisms will be used such as the health sector SWAp, civil society and private sector partners. • AusAID, as the major donor, taking the lead in developing NACS's capacity to support the national response, improve its financial systems, mobilise resources, ensure donor coordination, lead research and report on performance.
<p>17. Guiding Principles</p>	<p>The NSP Principles, adopted by this Program, are:</p> <ul style="list-style-type: none"> • The rights of all PNG citizens, as enshrined in the national Constitution, must be the basis for the delivery of all services relating to HIV and AIDS. • Decisions on all aspects of the national response must be based on evidence. • Transparency and accountability must be the basis for all aspects of the national response to HIV and AIDS. • Respect must be given to the culture of PNG in the implementation of HIV/AIDS related projects and programmes. <p>The following principles from the Strategy will also guide AusAID's response in support of PNG:</p> <ul style="list-style-type: none"> • promote local ownership and leadership and support local expertise and institutions in responding to the epidemic • promote coordination and partnership which is based on an understanding of each stakeholder's comparative advantages; • acknowledge the complexity and scale of the epidemic and the need for well resourced, targeted and locally-adapted responses; • place people at the centre of the response and engage those communities most likely to be affected by the epidemic in the development and implementation of policy and programming

	<ul style="list-style-type: none"> • support a continuum of responses which, while focusing on preventing an expansion of the epidemic, will provide care and support for people living with HIV/AIDS and access to quality and affordable treatment, and • seek to address the underlying causes of vulnerability including human rights, stigma, discrimination and gender inequalities.
18. Program Goal	<p>Goal</p> <p>The proposed Program Goal is complementary to the three parts of the NSP overall goal with the addition of a fourth element that recognises the need to strengthen PNG's ability to respond to the epidemic.</p> <p>Relating the Program Goal to the NSP is critical to ensuing PNG 'buy-in' and visibly demonstrating support for the Three Ones.</p> <p>To contribute to the achievement of the overall goals of the <i>National Strategic Plan HIV/AIDS</i>:</p> <ul style="list-style-type: none"> • stabilise the prevalence of HIV/AIDS by 2020 • improve care for those infected • minimize the social and economic impact of the epidemic on individuals, families and communities, and • strengthen the national capacity to respond to the epidemic. <p>The Goal takes a longer view on controlling the HIV and AIDS epidemic in PNG than the NSP which seeks to reduce the general prevalence of HIV in the general population to below one per cent by 2010.</p>
19. Program Purpose & Outcomes	<p>Purpose</p> <p>To support the development of leadership and capacity across Papua New Guinea to promote, design, implement, monitor and review interventions to target agreed HIV and AIDS priorities.</p> <p>The words used to describe an activities' purpose should be a powerful communication tool to focus the Program and to facilitate communication within and between donors, program and activity partners and stakeholders and what Australian support is trying to achieve.</p> <p>The proposed Program Purpose:</p> <ul style="list-style-type: none"> • focuses on building leadership and capacity development across PNG – two main themes of the NSP and the Strategy • supports a national response involving many actors, including the government agencies, thereby supporting the MTDS and the NSP in their whole of community approach to the required national responses • supports an on-going dialogue between AusAID and GoPNG in

	<p>planning the annual program of Australian assistance</p> <ul style="list-style-type: none"> • targets agreed priority areas within the seven NSP strategies. This Program will not support them all. Other donors and GoPNG will be active in supporting NSP. AusAID and GoPNG will agree, through high level dialogue and the annual planning process where Australian support is best directed, and • makes it clear that the Program is not simply about the provision of resources by focusing on the process elements of promoting designing and monitoring effective interventions. <p>Outcome Structure</p> <p>To address the Program Goal and Purpose this Framework organises the Program activities under three Outcomes.</p> <ul style="list-style-type: none"> • Outcome 1 – successful activities within jointly agreed select priority areas, strongly but not exclusively linked to the NSP and prevention. • Outcome 2 – capacity being developed within key agencies to respond to the epidemic (NAC, NACS, PACS, NDOH in particular), and improved donor coordination. • Outcome 3 – effective program management of the whole AusAID Aid Strategy approach to implementing the PNG HIV/AIDS Strategy.
<p>20. Outcome 1 – HIV and AIDS Activities</p>	<p>Outcome 1: Support for activities within agreed priority focus areas contributing to the achievement of the relevant PNG National Strategic Plan.</p> <p>Program focus</p> <p>The proposed areas of Program support have been developed after a significant period of research and design activity jointly coordinated by GoPNG and AusAID. Within this Framework they are a ‘given’ in the sense that this Design Team did not develop the responses. PNG and AusAID have developed the NSP and the Strategy with inputs from many experts and advisers. The purpose of this Framework is to capture this earlier work within a feasible management and implementation framework.</p> <p>Scaling up prevention will remain a priority for the Program along with accelerated efforts to support the achievement of universal treatment access. The Program recognises the need to achieve balance between prevention, care and impact mitigation in the context of a rapidly escalating epidemic. It will also provide the means for rapid response to emerging and critical issues along with a longer term response to address development needs.</p> <p>The key areas of likely Program support for the NSP are:</p> <p><u>Focus Area 1: Treatment, Counselling, Care And Support</u></p> <ul style="list-style-type: none"> • <i>Integrated STI Management and Prevention Program for STI</i>

	<p>reduction</p> <ul style="list-style-type: none"> • Support implementation of NDoH's HIV Strategic Plan • Technical assistance through Capacity Building Service Centre • Improving access to primary health care through health sector program • Support and training for scaling up treatment and care programs • Clinical and operation research <p><u><i>Focus Area 2: Education and Prevention</i></u></p> <ul style="list-style-type: none"> • Community mobilization approaches • Supporting district level initiatives • Supporting activities focusing on youth • Procurement and distribution of condoms • IEC materials and resources • Targeting vulnerable communities and settings • Sexual and reproductive health programs • Sport and recreation programs <p><u><i>Focus Area 3: Epidemiology and Surveillance</i></u></p> <ul style="list-style-type: none"> • Strengthen surveillance systems and capacity • Support for national behavioural surveys • Funding for surveillance workshops • Expansion of behavioural surveillance activities <p><u><i>Focus Area 4: Social and Behavioural research</i></u></p> <ul style="list-style-type: none"> • Strengthening program of social research • Build capacity of local social research, including community based research • Build partnerships between PNG and Australian institutions for research • Strengthening of NACS Resource Centre for dissemination of research <p><u><i>Focus Area 5: Leadership, Partnership and Coordination</i></u></p> <ul style="list-style-type: none"> • Initiatives with churches, traditional leaders, private sector, media • Coordination of leadership activities • Leadership Support Initiatives with politicians and bureaucrats • Specific advocacy tools and materials • Strengthen leadership capacity among PLWA <p><u><i>Focus Area 6: Family and Community Support</i></u></p> <ul style="list-style-type: none"> • Strengthening PLWA networks • Initiatives targeting stigma and discrimination • Community based care centres and home care kits • Community based protection and care programs with children • Community activities to promote sustainable livelihoods
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	<ul style="list-style-type: none"> • Support for local PMTCT initiatives <p><i>Focus Area 7: Monitoring and Evaluation</i></p> <ul style="list-style-type: none"> • Support for building national M&E systems • Capacity building for M&E within NACS • Building capacity for monitoring and evaluation across Program <p>Critical cross-cutting activities will include:</p> <p><i>Gender</i></p> <ul style="list-style-type: none"> • Support for implementation of NSP Gender Strategy • Leadership, business and sporting links to raise awareness • Initiatives to reduce sexual violence • Research on gender relations and HIV • Improving gender analysis in planning and data collection <p><i>Mainstreaming</i></p> <ul style="list-style-type: none"> • Implementation of mainstreaming through AusAID sectoral programs • Government agencies supported to mainstream HIV into key sectoral development programs • Integration of HIV and AIDS into district planning. <p>Annex D shows the likely Program priorities in an easy reference table derived from the NSP. Annex E provides broader and more detailed guidance on the scope of each proposed intervention. The specific activities will be confirmed during the Program’s annual planning phase. This formulation recognises the roles, responsibilities, projects and programs of GoPNG and its other development partners. AusAID does not intend to dominate the sector or dictate to others areas of responsibility or focus.</p> <p>The Program will, starting in mid-2006, provide support for the relevant stakeholders to be assisted in:</p> <ul style="list-style-type: none"> • developing comprehensive designs and management mechanisms for the proposed activities • developing processes, including the setting of criteria and filters, prioritise proposed activities against government and Program strategic and priority frameworks, taking into account capacity and resourcing • incorporating the activities into their annual and corporate plans, and • designing and completing appropriate monitoring, evaluation and reporting on the activities.
<p>21. Outcome 2 – capacity development</p>	<p>Outcome 2: Enhanced individual, institutional and sector Papua New Guinean capacity to lead and manage a national</p>

response to HIV and AIDS

Overall approach

Responses to HIV and AIDS require a high degree of technical and strategic capability. Responsibility is invested in NAC and its Secretariat to drive the response through a coordinated process with key stakeholders at the national level and with Provincial AIDS Councils at the provincial level. However these institutions have limited capacity and will need substantial support to build the skills and capabilities necessary to perform their role effectively. At the stakeholder level, organisations and individuals vary in their capacity to implement activities to the level required. Many local NGOs have weak organisational capacity and are unable to sustain their viability through lack of funds. An emphasis on capacity building in this Program is needed to strengthen the institutional base for program management and implementation.

Accordingly, Outcome 2 specifically focuses on capacity development. A suggested strategy and specified targets and outcomes are developed in **Annex F**. This approach of separating capacity development into its own outcome is not intended to imply that capacity development has no place within the other two outcome areas. Quite the contrary, capacity development is critical across the whole Program and must guide the design of all activities. Strengthening NAC, NACS and provincial capacity is critical to enhancing national activity design and implementation capacities.

AusAID defines capacity development as: *The process of developing competencies and capabilities in individuals, groups, organisations, sectors or countries which can lead to sustained and self-generating performance improvement.* (AusAID internal document 22 Nov 2004).

The main approaches that this Program will use are:

- capacity building with individuals – training approaches to build competencies and abilities for improved performance
- capacity building within organisations – organisational development processes and technical assistance with program implementation, and
- capacity building within the government and civil society sectors – processes to build viable networks, partnerships and strong civil society.

These activities will build on the skills development and training undertaken through NHASP and are based on lessons learned in capacity development in the Aid program

Capacity mapping will provide the basis for the capacity development program. It is recommended that the capacity mapping activity is undertaken with NACS in early 2006 under the direction of the Senior Program Coordinator so that its approach can feed into the Program's

2007 Annual Program Plan. Emphasis in 2006 will be on assessing capacity of NAC and NACS and developing a plan of action to strengthen these bodies.

Incentives

People and organisations can be encouraged to change behaviours and learn new skills with the use of incentives and sanctions. Within most developing countries there are many disincentives to change not the least of which are poor working conditions, lack of management and political support, lack of adequate housing, minimal funding for the purchase of goods and services. Incentives provided through Program's such as this foster and encourage commitment.

This Program has the resources and the opportunity to develop creative responses to support capacity development activities by individuals, organisations and networks. Incentives come in various forms.

- Official recognition of personal achievements.
- Access to additional personal development or networking opportunities for managers and specialists who have performed above expectation through participation in seminars and workshops in Australia and elsewhere.
- Improved office conditions and technology, e.g. where an organisation has been successful in implementing within GoPNG systems and processes significant changes.
- Provision of funding for minor maintenance to government owned housing for key staff who are willing to transfer to a location of need.
- Visibly supporting human resource management practices that are based upon merit and performance.
- Providing increased grant funding to organisations with proven increased capacity in areas such as community engagement, better systems of accountability etc.

Equally the Program should not be backward or slow in the use of sanctions for non-compliance. AusAID has strict policies on transparency and accountability for funding. Poor organisational performance related to managerial ineptitude, or neglect should result in resourcing allocation decisions being reviewed.

NAC and NACS

Building the capacity of NAC, NACS and provincial mechanisms must have a high priority within this Program. Today, NACS is small and has limited capacity. Given these factors a carefully designed support effort is likely to have huge pay-off if targets are chosen carefully.

NAC and NACS, together with NDOH, are the GoPNG's primary bodies responsible for addressing the epidemic. They are also under pressure to perform and to respond to a significant increase of resources.

	<p>It would be unfortunate if individual donor administrative, planning and financial demands were to pull NAC hither and yon in an uncoordinated non sustainable way. In PNG there are early signs that the donors are committed to working together.</p> <p>The Design Team recommends that AusAID, with the agreement of GoPNG and the other donors, takes the lead role in building NACS capacity. Ideally, NACS should have a single financial accountability system, a single procurement system, a well resourced donor coordination unit, and a single progress reporting system, all within GoPNG processes that should be used to satisfy all donors. It is recognised that some donors may have rigid corporate requirements for accountability and reporting, but these should be overlays, not the NACS primary systems.</p> <p>It would be good to be able to report in early 2008 that:</p> <ul style="list-style-type: none"> • NAC and NACS were becoming the acknowledged effective coordinator on HIV/AIDS • NACS has in place good strategic and planning documents • Program outputs are being established and delivered • monitoring and reporting is improving • most donors involved in HIV/AIDS in Papua New Guinea are supporting and using NACS financial systems, and • donor coordination is very good and getting better with a clear delineation of donor support for the NSP and prioritisation of effort. <p>This approach ensures that the Three Ones approach is implemented in PNG.</p>
<p>22. Outcome 3 – Effective AusAID Response</p>	<p>Outcome 3: AusAID’s PNG Country HIV/AIDS response managed effectively.</p> <p>AusAID is seeking a coherent coordinated approach to the management of HIV and AIDS intervention support by this Program and the Aid Strategy as a whole. In this sense this Program can be thought of as adopting a ‘sector based approach’.</p> <p>The concept for the management arrangement is discussed in Sections 16, 23 to 34 and Figures 10, 11 and 12. The roles and responsibilities of the Senior Program Coordinator and Implementing Service Provider are developed in detail.</p> <p>This outcome is supported by two major thematic areas which define the responsibilities of those managing the Program.</p> <ul style="list-style-type: none"> • Effective management of the strategic direction of the Program within Australia’s overall HIV and AIDS strategies as agreed with GoPNG. This is measured by asking are the inputs and activities contributing to the goal and purpose? What

benefits were evident from the support provided? and

- **Effective and efficient project management of the Program.** This is measured by asking are the inputs and activities delivered according to the design and the contract to the quality required, within the time and resources prescribed

Core Strategy Management

The Program through the Senior Program Coordinator will:

- provide AusAID and NAC with timely and accurate contextual analysis and policy advice
- provide AusAID with the rationale and justification for Program position and mix of inputs
- develop and maintain effective relationships with AusAID, NAC, NACS, NDOH, other donors and other key stakeholders
- maintain clearly defined accountabilities and responsibilities to support Program processes
- participate in and encourage effective donor coordination
- ensure the Framework Guiding Principles are reflected in Program activities,
- maintain processes that promote learning and encourage the sharing of experiences and dissemination of innovation, and
- ensure that measurement of performance enables the Program to be responsive to poor performance, changes in the Program's working environment or changes of government policy.

Under the Program approach the Annual Program Plan, as described in Section 31, is where this Program comes alive. It is the key to activating the Strategy. Each year it is a major design exercise and should be under the control and direction of the Senior Program Coordinator. It is also the major method for engaging with counterparts. With the new Program it will be a major opportunity for building relationships and establishing the new Program's way of working with PNG stakeholders.

Core Program Management

The Senior Program Coordinator is responsible for:

- maintaining open and effective communications with key PNG stakeholders, AusAID, other AusAID programs, other donors and the review and monitoring mechanisms
- ensuring provision of quality inputs focussed on delivering outputs and outcomes that contribute to the achievement of the Program Purpose
- managing the ISP which in turn is responsible for the contracting of technical assistance, the design of activities, the management of the grants scheme, procurement etc

	<ul style="list-style-type: none"> • maintaining financial management systems, with support from the ISP, to provide AusAID with routine and ad hoc requests for financial information • providing timely and quality Program reports • effective coordination with other activities in this Program and other Country activities, and • performance assessment of advisers. <p>Strategic oversight of other Aid Strategy activities</p> <p>This Program through the Senior Program Coordinator will:</p> <ul style="list-style-type: none"> • support AusAID’s HIV and AIDS response by raising awareness and providing technical advice and guidance to other AusAID activities on ensuring consistent and effective responses to HIV and AIDS in PNG • coordinate of reporting HIV and AIDS activities across the Aid Program • ensure other AusAID activities support the NSP MEF, and • fund HIV and AIDS activities in other AusAID activities on an as required basis, however funding for Aid Strategy activities (except health) will usually come via each of AusAID’s sectoral programs.
<p>23. The Program’s Way of Working</p>	<p>The Papua New Guinea social context is very important if this Program is to be successful. The NSP and the Strategy are adopting an evidence based approach. For this Program to succeed the most important evidence is not only epidemiological, but also social and cultural. The Program has to be able to design and implement its activities confident that it brings with it on each occasion an understanding of Papua New Guinea society and its diverse communities, how messages are transmitted, how people communicate, why people behave in a particular manner and why the proposed response methodology is the best available at the time.</p> <p>AusAID asked the International Reference Group to comment on the draft Strategy. This set of insights and observations highlight aspects that must be taken into account by working under this Framework if it is to succeed.</p> <ul style="list-style-type: none"> • Big picture elements that need to be considered are: heritage, multi-levelled inaction and structural inability to respond. • Diverse traditional beliefs, expectations and social relations need to be utilised in the response. • Cultural diversity needs to be understood before plans and strategies are developed. • Factors contributing to the epidemic need to be addressed: literacy, gender, religion, political leadership, health services.

- A re-think of resources available and required is needed to reflect the rural nature of the epidemic.
- Needs to reflect the real circumstances in PNG, e.g. structural issues driving female poverty.
- ‘Holistic’, long term approach needs ‘the people involved’: a firmer evidence base is needed, and holistic planning in specific locations.
- Document does not reflect social scientific explanations of the relationship between awareness and behaviour change.
- Strategies must respond to diversity, in terms of knowledge, attitudes and behaviour.
- A flexible, people centred approach should include participation - consultation, but not on a preconceived idea – consistent with creating ownership (at local level) and respecting local ways.
- Analysis of vulnerability and risk for women should be balanced with analysis of capacity and resilience.
- Factors underpinning successful prevention: social solidarity; sense of injustice (human rights); sense of generalised reciprocity; presence of dense networks of communication; community trust; presence of cultural templates for success – empowerment through participation and community mobilisation.
- Prevention programs should be based on human rights, locally adapted, evidence informed, comprehensive, long term and sustained, of a critical scale and intensity.
- Research is important: including population based, integrated bio-behavioural surveillance and socio-cultural determinants of HIV transmission, including regional comparisons.
- Religious, traditional and community leaders are central to behaviour change – leadership activities need to focus on community change agents.
- Gender issues should be interwoven into the leadership activities and focus on: reduced sexual predation, coercion and violence; and, increased economic opportunities for women.

The Design Team recognises that there may be a danger that the Program managerial structures will be dominated by expatriates and/or overseas based advisers. Often these technically well-qualified professionals have little or no PNG context. There needs to be positive, visible and pro-active approaches to addressing the Guiding Principles and in particular improving sustainability by ensuring local context is a major driver within the Program’s ‘way of working’.

- Activity design needs significant meaningful consultation of and participation by Papua New Guineans, especially those living with HIV and AIDS, and people outside of urban areas. In the context of this Program ‘participation’ concerns informing, consulting, listening, sharing experiences and involving key

Program stakeholders in the design and implementation process. Section 25 discusses what participation means and recommends that the Program should develop and implement a Participation Strategy.

- Program planning needs to recognise that participative design takes time, and design activities need significant work in their planning phases to ensure an appropriate pace and engagement approach is adopted.
- The research elements of the Program need to be aggressively developed, in particular social research, and feed into the whole HIV and AIDS approach. Particular care is needed as to how messages are presented, hence the focus of the proposed information and communications adviser. Within PNG there are significant weaknesses in how data is turned into information, and then how it is presented.
- The results of research and performance need to be widely shared and discussed.
- The Social Development and Gender adviser to the Senior Program Coordinator should have responsibility for ensuring these elements are included in activity designs, implementation and the Program's whole way of working.
- Advisers should be selected for their ability to work within this Program's approach and processes. They should receive a comprehensive induction, in PNG, on the social context of the epidemic and the Program's way of working.
- Each of the advisers in the PAO should have at least one locally engaged experienced national person as an associate adviser, others as support personnel. People living with HIV and AIDS should be considered for these positions. This would be an important visible and effective capacity development strategy. Treatment and other support should be included in remuneration arrangements.
- As suggested elsewhere in this Framework some of the international members of the International Reference Group should be retained. A Program Independent Review Group should also be established to support this aspect of the Program and include Papua New Guineans as members.
- Every major activity design should be submitted to a small set of members from the Review Group to undertake a peer review. One of the assessment criteria should be to comment on the strength of the analysis and approach to how the activity proposes to engage with target audience of Papua New Guinean stakeholders.

This Program must encourage the exploration of solutions at all levels of PNG society, with trial and error, have ways of getting feedback on

	<p>the ones that work, expand them, especially those that are shown to have a link with stabilising the epidemic. The search is for what works in the field under the varied circumstances of PNG and of each time and place.</p>
<p>24. Lessons Learned from Similar Programs</p>	<p>This section summarises a number of lessons learned that are relevant to this Program. They are sourced from various AusAID reference documents, NHASP reviews and other PNG HIV and health evaluations.</p> <p>Program funding and sustainability</p> <ul style="list-style-type: none"> • Funding provided to government agencies can stimulate the development of workplace initiatives. • Grants to community organisations can stimulate local activities, however without adequate organisational support and infrastructure, these activities are one-off and have little sustainability. • The quality of grant proposals can be enhanced through assistance provided for the development of proposals. • Grants program needs to be expanded and streamlined to take account of different levels of funding and increased support at provincial level. • Research program and quality of studies can be enhanced with more focus on developing capacity and greater academic collaboration. <p>Capacity building</p> <ul style="list-style-type: none"> • Few non-government agencies have the organisational and technical capacity to deliver comprehensive programs and many are struggling to sustain their programs. • Effective capacity building requires time and the use of approaches that are supportive and which match the needs of individuals and organisations. • Lack of adequate counterparts staff can compromise project outcomes and affect working relationships with GoPNG agencies. <p>Program and intervention development</p> <ul style="list-style-type: none"> • Gender roles and low status of women in PNG strongly influences sexual practices, condom use and domestic violence, and response efforts need to take greater account of gender determinants of behaviour in program planning and delivery. • Baseline research is essential for effective planning and programming and provides a useful starting point for monitoring and evaluation of activities. • Understanding the environmental and contextual factors and the

	<p>way these shape people’s behaviour are critical to developing behaviour change strategies. The focus on “high risk settings” recognises the importance of social contexts on influencing behaviour change.</p> <ul style="list-style-type: none"> • Clinical care programs are underdeveloped and need much greater focus on development of standards, improved diagnosis, training and research. <p>Program Location and ‘Footprint’</p> <ul style="list-style-type: none"> • Care is needed to ensure that the Program and its elements adopt a ‘light-foot print’ in terms of how they position themselves both physically and in their interactions with PNG counterparts. • The size and the level of resourcing of this Program could dominate and overshadow the Papua New Guinea leadership of the response. Relationships with NAC, NACS, NDOH etc will need to be defined and nurtured. <p>Community engagement and involvement</p> <ul style="list-style-type: none"> • Greater support is needed to foster the involvement of people with HIV on decision making bodies. • The engagement of political, religious and community leaders has resulted in more commitment and support for a response at national and provincial levels. • Leaders have an important role to play in conveying messages about HIV-related stigma, condoms, positive living and gender violence. • Community initiated programs have a greater chance of reaching target populations and engaging people in the response. <p>Developing processes to build and maintain relationships with local communities can strengthen agencies’ abilities to engage and involve these communities in program development and implementation.</p>
<p>25. Participation Strategy</p>	<p>The purpose of this section is to reinforce the need for the Program to have a documented and monitored participation strategy. Section 23 of the Framework has already discussed the need for the Program’s way of working to be guided by research and analysis of local circumstances. Using words like ‘participation’ or ‘partnerships’ is not enough to ensure that Program interventions will be effective. Programs such as this need explicit and enforced strategies to ensure that the capacities of the poor and other beneficiaries are increased so that they can participate effectively in development.</p> <p>Poor results from lack of beneficiary participation</p> <p>Reviews of development projects by donors, international agencies and recipient governments show that project approaches yielded mixed results over the last decade. Poor results have been attributed to:</p>

- Inappropriate design due to an inadequate understanding of, and a lack of respect for, proven local systems.
- Insufficient and inappropriate research that did not consider the social systems, norms and values of stakeholders, or their interest in or their capability to respond to new technologies.
- Insufficient investigation, understanding or awareness of societal linkages and weaknesses.
- Insufficient, inappropriate or outdated means of informing or mobilising stakeholders or developing capacity.

These analyses also show that activity designs had often suffered from:

- Top-down, donor or central government driven approaches - often conducted too quickly.
- Lack of proper analysis of stakeholder needs.
- Uncritical acceptance of technology and practices familiar to the designers, but not to the proposed beneficiaries.
- Ignorance of or ignoring the impacts of language and literacy.
- Underestimation of adverse effects or ignoring problems.
- A poor assessment of the capabilities (positive and negative) of the people, institutions and their processes as well as the resources available to them.
- A lack of understanding about, or an underestimation of, the beliefs and constraints (physical, social and financial) affecting the intended beneficiaries.
- Unrealistic targets, timeframes for implementation, or for benefits to be achieved.

Beneficiary participation

This continuing analysis has led donors to seek new approaches for development activities, or in some cases to step out of difficult situations altogether. Donors, governments, NGOs and other development bodies now seek, with varying levels of success, to involve the primary (beneficiaries) and secondary stakeholders in project design and implementation. There is now a shared view that an absence of beneficiary participation has been a large part of the problem with project implementation in the past. As identified by the International Reference Panel this is more important in making this Program effective than any other strategy.

It is equally important that a Program such as this builds local stakeholder capacity to involve other stakeholders and to build local partnerships. While the Program itself can adopt an appropriately participative way of working, lasting and long term benefits will only come once the GoPNG agencies have the capacity to work in a similar

manner.

Learning informed by research

A number of methodologies and systems to enable this to happen have now been developed. They all have their usefulness and application, but there is no “magic tool” that is a complete process in itself. Different tools should be used, based upon local research and evidence, to bring the intended beneficiary communities and all other stakeholders (government and non-government) together into the development process of activity design and implementation. There are a number of factors implicit in this intention which are significant and which need to be explored. The most important is that all stakeholders should be engaged together in a process of learning - if development planning is to bring about change that is both beneficial and sustainable. Improved linkages between activity identification, planning, implementation and activity monitoring and evaluation are also required.

If it is accepted that learning is more effectively when done with others, rather than on our own, then on what basis and how best stakeholders participate with each other deserves closer consideration. In fact the concept of participation continually needs to be re-examined within each activity to be sure that all stakeholders share a similar view of what is meant by the word participation and what is intended by our actions.

What does participation mean?

The following set of beliefs or principles which, it is suggested, could be used to underpin the development of a Participatory Strategy for the Program which facilitates the Program’s support of the Guiding Principles set out in Section 17 of the Framework:

- Participation is a partnership of contribution and sharing amongst all stakeholders in the Program. It is not something that only Program beneficiaries should do. Each stakeholder should demonstrate active participation themselves, - by his or her actions. The Program will provide the setting for effective participation. Active participation means, exploring, analysing, planning, implementing, monitoring and evaluating performance together.
- Participation has a range of values or levels, ranging from relatively passive to active. The values or levels, for some stakeholders may be quite static during the design period and high during implementation. For others they may vary considerably, and often, depending on the stage of the Program.
- Sustainable development occurs when the primary stakeholders (the beneficiaries) are convinced that what they are doing, or thinking of doing, is important to them in some way - improved incomes, better food security, less risk to their farming system, improved diet and health etc. Sustainable development will occur when a critical mass of participants in a community are

	<p>acting or thinking in a concerted positive way.</p> <ul style="list-style-type: none"> • Empowerment is a condition arising from active participation in situations, where the beneficiary is in control of their own decision-making and actions, and this ability is recognised, respected and supported by other stakeholders. It is this recognition by others, and the confidence with which beneficiaries are able to act, which enables them to claim to be empowered. Empowerment cannot be wished upon stakeholders or donated to them as is often implied in development documents. [The extent to which national government and/or donors assist stakeholders to be empowered through controlling access and timing to Program inputs is a major issue to be explored in the design process for each activity]. <p>In bringing much of this thinking on values and principles of participation together Robert Chambers (<i>The Origins and Practice of Participatory Rural Appraisal</i>, World Development, Vol. 22, No 7, 1994) suggests that the values and contributions listed above must be recognised, respected and supported if participatory processes are to be successful in designing better development activities.</p> <p>Program Participation Strategy</p> <p>It is recommended that the Senior Program Coordinator prepares, with key counterparts, a Program Participation Strategy that can be used to guide the design and implementation of Program activities. This Strategy must link the Program to other AusAID initiatives in Papua New Guinea including:</p> <ul style="list-style-type: none"> • other sectoral HIV and AIDS mainstreaming and other activities • the Churches Partnership Program • the health sector • civil society capacity development • media development. <p>The Participation Strategy should be a crucial part of the induction briefing for all advisors and contractors. Its philosophy should become a mantra for the Program – an easily expressed, widely understood and accepted behaviour.</p>
<p>26. Mini SWAp and Donor Coordination</p>	<p>This Framework does not recommend that Papua New Guinea consider a full sector-wide approach, or SWAp, to support HIV and AIDS interventions, at least not immediately. It may be too risky to consider building a SWAp at the same time as building basic capacity to manage it. However, there is no reason why the GoPNG, supported by the Program and other donors, should not build upon the foundations already in place to create the conditions for a SWAp to emerge in the medium term:</p>

	<ul style="list-style-type: none"> • NAC and NACS are in place but need significant capacity development in basic systems before a SWAp could be considered feasible • NSP and a draft NSP MEF are in place, together with health policies – but a massive amount of work is needed to make these policies operational • other donors, together with GoPNG, are contributing to the sector. Improved donor coordination will support enhanced NSP implementation. Eventually some donors may support funding NACS to implement the NSP either through an intermingled ‘basket fund’ for uncommitted funds or funds earmarked by the donor for discrete activities. As an initial step donors have established their own coordination mechanism. <p>This Program is not a SWAp as such, however within the proposed aid delivery mechanism, there are some key features of a SWAp including: adopting GoPNG sectoral goals and objectives; supporting annual work plans of GoPNG agencies; providing technical assistance, resources and capacity building support to improve existing services; having a longer term vision and focus; working within existing absorptive capacities; being responsive to changing circumstances and policies; coordinating with other donors; working with a range of stakeholders and agencies.</p> <p>A key lesson internationally is that donors and projects have tended to duplicate and create parallel systems which prove to be unsustainable. To the extent possible and recognising the limited capacities within NACS the Program will support and build capacity in GoPNG systems and processes and will seek to obtain donor concurrence in this approach.</p> <p>Throughout this Program it is important to remember an important lesson. This Program, whether using a program approach or a SWAp, will benefit at all times from ensuring that there is a wide understanding of what a program or a SWAp is and what mutual expectations are, especially around roles and responsibilities, and the minimum accountability requirements.</p> <p>The Malawi HIV/AIDS “Mini-SWAp” has been going for a number of years and the documented lessons learned are a most valuable reference resource on the lessons associated with developing a SWAp.</p>
<p>27. Senior Program Coordinator</p>	<p>Section 16 describes the overall management structure and in particular AusAID’s integrated approach to managing its HIV and AIDS response in Papua New Guinea. Figures 10 and 11 illustrate the concept and relationships. This collaborative approach has the Senior Program Coordinator, and his/her team of advisers, in the lead role of managing the Program but working closely with the HIV, Health and other sectoral teams in the AusAID Post (all under the direction of the Minister Counsellor) and the Canberra based PNG Branch and the</p>

	<p>AusAID HIV/AIDS Task Force.</p> <p>The Senior Program Coordinator will be responsible for the overall development, management and performance assessment of AusAID's PNG HIV/AIDS Program. The duties of the position are comprehensive.</p> <ul style="list-style-type: none">• Provide advice and strategic direction over all policy, design, planning, performance assessment and reporting aspects of the Program.• Provide high-level advice to stakeholders on the strategic direction of Australia's HIV/AIDS response in PNG in order to meet ongoing and emerging needs.• In close consultation with AusAID Port Moresby, undertake high-level liaison and advocacy with PNG ministers, senior bureaucrats and civil society leaders about Program policy issues and direction, and participate in program coordination meetings with senior PNG Government and other stakeholder representatives.• Engage with development partners, PNG Government, PNG and Australian civil society groups and Australian government
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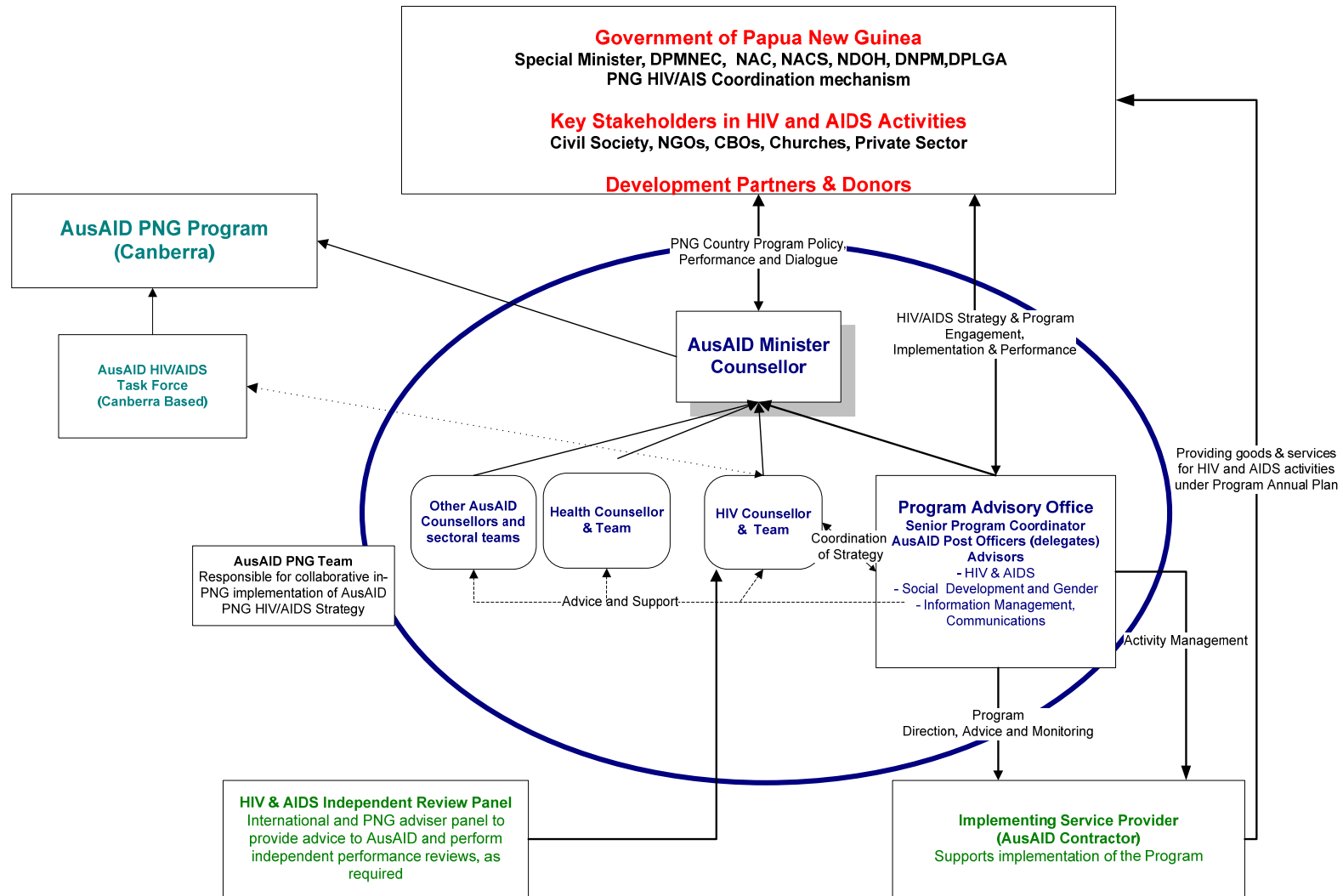


Figure 11 - AusAID and Program Organisation

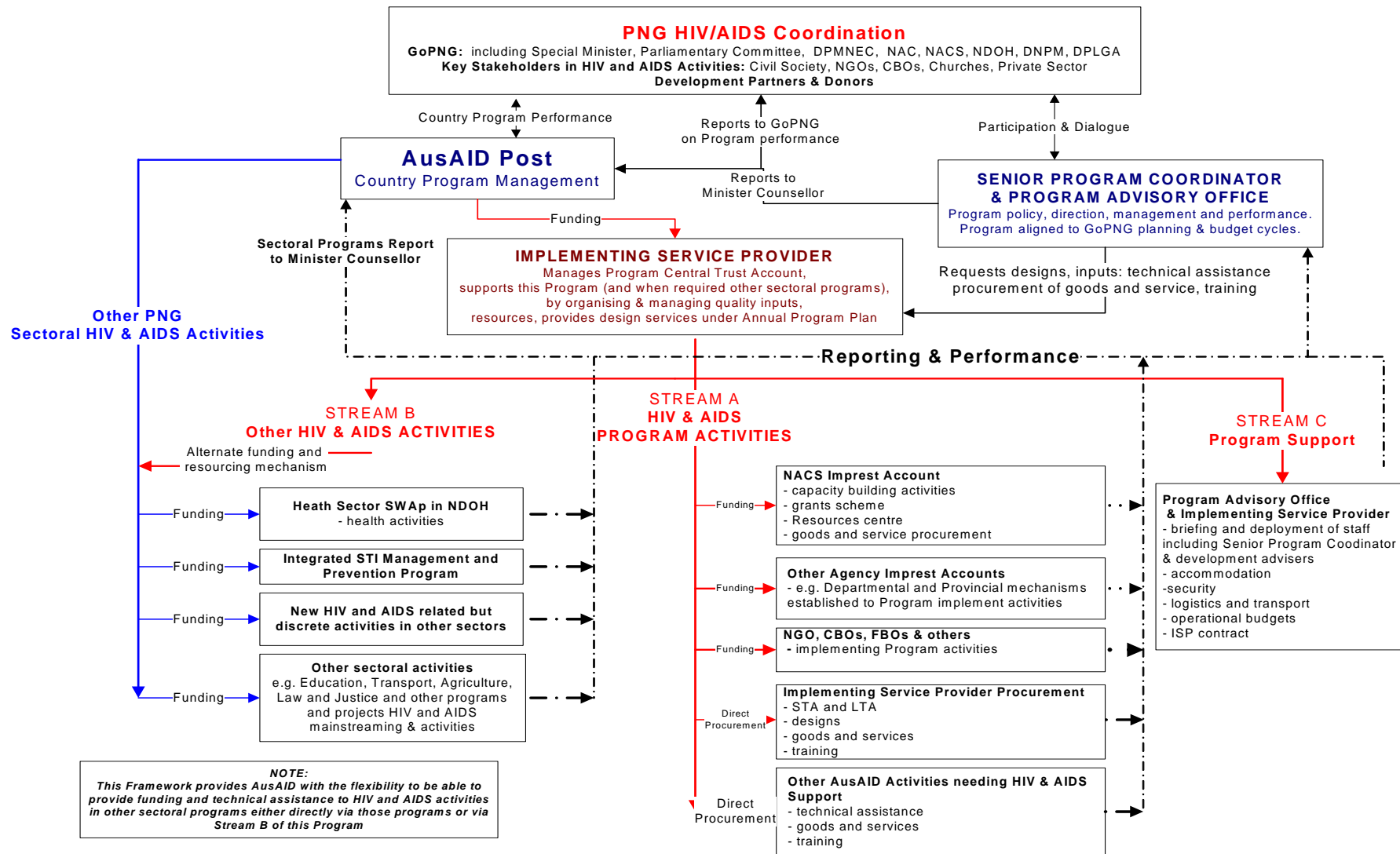


Figure 12 – Program Funding and Reporting Arrangements

agencies to facilitate strong partnerships and coordination of the response.

- Analyse and monitor key strategic issues relevant to the HIV/AIDS program, including government policy, HIV/AIDS and development issues, and other Australian and donor activities.
- Manage the Program ensuring the provision of quality and timely inputs and the completion of activities in terms of the annual program plan.
- Ensure that the HIV work undertaken by all sectoral areas of AusAID's development program in PNG is in accordance with the Strategy and Framework.

The full Position description is at **Annex G**. The position will report to the Minister-Counsellor and will work closely with the ADG PNG, the HIV/AIDS Taskforce and Australia's Special Representative on HIV/AIDS.

The Port Moresby based Minister-Counsellor (Development Assistance) will have overall responsibility for policy dialogue on the AusAID PNG Aid Strategy with the Senior Program Coordinator being responsible for Program policy, direction and implementation.

The Senior Program Coordinator will also be responsible for reporting on Program implementation to the National AIDS Council.

Given the organisational positioning of the Senior Program Coordinator (i.e. just below the Minister-Counsellor) care will be needed to ensure that the Senior Program Coordinator and his/her advisory support operate at the appropriate levels of government. GoPNG officers pointed out that, while recognising the sincerity of Australia's approach in providing such a high level person, day-to-day dealings by the Senior Program Coordinator with lower level officers of GoPNG raised potential 'protocol' issues. At an early stage these need to be discussed. The Minister Assisting the PM on HIV clearly saw the Senior Program Coordinator engaging with Ministers, the Chief Secretary and department heads on a day-to-day basis within a partnership context.

Advisory Support

The Senior Program Coordinator will be supported by a full-time team of professional advisers. There will be two main focus areas for their work.

- Advisory support for the Senior Program Coordinator and AusAID to develop and implement the Strategy. This will include supporting the Post and Desk sectoral teams.
- Advisory support for implementing the Program, which will involve close engagement with counterparts. The main activities will be:

- Developing appropriate strategies for the Program
- Providing inputs into the design of Program activities, and
- Monitoring the quality of contracted inputs and outputs and contributing to the evaluation of Program progress.

The initial core team of Specified Personnel inputs should consist of:

- **HIV Adviser** – responsible for HIV and AIDS technical inputs, introduction of recent developments. The specific duties and skills sets required in this position will need to be reconsidered once the Senior Program Coordinator is appointed to ensure that the skills and capacities are complementary.
- **Social Development and Gender Adviser** - with general social anthropology or social policy skills and gender skills. The position is firmly focussed promoting social change and on how communities absorb messages and the implications of change and the role of governments and civil society in promoting change.
- **Information Management and Communications Adviser** - who will manage the Program M&E framework, be an advocate for evidence based policy, promote lesson learning and knowledge management while NACS gets up to speed. This position will involve operational and in-line elements to help build NACS capacity with communications and reporting. Lesson learning and communication skills are the most important set of skills for this position.

The Design Team is recommending that each adviser is supported by a senior national person as an associate adviser to contribute to ensuring the infusion of PNG content and context into the work outputs of the office of the Senior Program Coordinator.

Position descriptions for the advisers are contained in [Annex G](#).

PAO - Office and Administrative Support

The PAO office and administrative support which may consist of:

- **Office and Logistics Manager** – who will be responsible for day-to-day activity management in close liaison with the AusAID Post activity manager; managing the contract with the Service Provider; managing the annual planning process; managing locally engaged staff in the office; participating in the induction of Program advisers. This position is likely to be filled by a person with senior administrative or managerial experience in a project team environment.
- **Financial administrator** – depending upon the support provided by the ISP the Senior Program Coordinator will need financial assistance to meet AusAID’s reporting and cash flow planning requirements. This is likely to be a locally engaged

	<p>position.</p> <ul style="list-style-type: none"> • Clerical and administrative support. <p>The Program should consider engaging people living with HIV and AIDS in some of these advisory and administrative positions. Remuneration arrangements for the employees of the Program (both with the PAO and the ISP) should include incentives based around the provision of treatment as now provided by the UN agencies.</p>
<p>28. Service Provider</p>	<p>The Implementing Service Provider will be working under the direction of the Program's Senior Program Coordinator and the Program Advisory Office. The ISP will be contracted by AusAID to managing the resourcing of the Program and its activities.</p> <p>A draft scope of services for the Program was provided in early drafts of this Framework but not included in the final version as AusAID had commenced drafting the actual tender documentation.</p> <p>The ISP will support three Streams of support:</p> <ul style="list-style-type: none"> • Stream A – HIV/AIDS Program Stream – this stream encompasses support for activities implemented directly by this Program. This will usually include support for activities directed, controlled or administered by the National AIDS Council (NAC), the National AIDS Council Secretariat (NACS) the National Department of Health, other government agencies, provinces, non-governmental organisations, community based organisations and faith-based organisations. • Stream B – Other HIV and AIDS Activities Stream – under the broad framework of this Program AusAID proposes to coordinate all its responses to the Papua New Guinea HIV and AIDS epidemic. This Stream will give AusAID the flexibility of having the option of supporting related activities through this Program's funding mechanism or other sectoral funding streams. These activities may be implemented by other agencies and managed by other AusAID sectoral programs with the support including: <ul style="list-style-type: none"> ○ the design and implementation of related but separate activities and projects such as the proposed new <i>Integrated STI Management and Prevention Program</i>; or ○ the design and implementation of HIV and AIDS responses in other PNG-Australia Aid Strategy sectoral activities if funding is not provided through those activities. <p>These activities will be managed by the appropriate activity managers in other AusAID PNG sectoral programs, i.e. outside of this Program's management arrangements, but resourced and coordinated by the Senior Program Coordinator. This Stream provides the flexibility for the ISP to be required to provide design and implementation support for those activities, if</p>

required.

AusAID also has the option of directly supporting such activities through other sectoral program funding schemes, however, those activities will still be required to report on HIV and AIDS activities under this Framework.

- **Stream C – Program Support** – under this stream the Program will support the Senior Program Coordinator, the Adviser, and the ISP.

The essential elements of the ISP's role are:

Design & scoping activities

- provide within its in-country team small-scale design capacity
- source design expertise and manage the scoping of agreed activities according to terms of reference
- review the design/scope to ensure that it meets key stakeholder needs and quality standards for submission to the NAC via the Senior Program Coordinator and the NACS Secretariat, and
- develop an annual work program in line with the approved strategic plan.

Procurement

- following approval of the activity by the NAC the ISP may be required to procure the required services or goods or assist AusAID and GOPNG with the procurement depending on its nature and size,
- building GoPNG capacity to manage procurement is an objective, however, it is recognised NACS capacity is weak and some contractor procurement may be inevitable in the medium term, and
- the ISP may be required to procure a complete implementation package from another contractor for a discrete activity, i.e. similar to a project contract.

Implementation

- implement Program activities in accordance with the approved work plan including recruiting and managing technical advisers. the ISP may not be responsible for implementing each and every activity.
- while the majority of activities will be implemented through this arrangement AusAID should reserve the right to select another implementing agent for discrete activities in niche areas. These could be put out to tender and contracted separately depending upon the methodology agreed by NAC with the Senior Program Coordinator

- support NACS to administer the grants arrangements established under the Program
- manage facility funds, if required
- undertake the management of sub-contracts
- provide accommodation, induction, logistic support and security services for individuals deployed under the Program, including other organisations contracted to implement parts of the Program, e.g. Australian NGOs managing parts of the *Integrated STI Management and Prevention Program*.
- report to AusAID and NAC (through the Senior Program Coordinator and the NACS) on progress of key activities against planned outcomes.

For each assignment the Senior Program Coordinator and the ISP will agree on the risk profile for the activity and who carries the design and implementation risks such as responsibility for the delivery of quality outputs. In the normal case the Service provider will provide all services and will assume all risks.

There may be occasions where the Program Advisory Office will choose to control the services or the procurement closely, and assume decision-making responsibility, in which case it will carry all risks. This is likely to arise where the services or procurement is internal to AusAID.

The scope of services and the remuneration arrangements accommodate situations where the Senior Program Coordinator carries the risk and alternatively where the ISP carries the risk.

Staffing, Resources and Office

Based upon the Design Team's experience with NHASP, the health sector programs, the PNG Law and Justice Sector Program, the PNG Education Capacity Building Program and a review of the scope of services for the Solomon Islands Machinery of Government Program the following is recommended as the core minimum staffing requirement for the ISP to be directly funded by the Program within the contract modality selected by AusAID:

- a fulltime **in PNG HIV AIDS Program Facilitator** – this person's primary skill set will be based around proven experience in activity and project management with a knowledge of and/or background in HIV and AIDS response management highly desirable.
- a full time locally engaged **national Assistant Program Facilitator** – this person should have a strong understanding of social development, HIV and AIDS in Papua New Guinea.
- a full time **in PNG Program Audit Advisor** – responsible for building NACS audit capacity and ensuring the regular and

	<p>timely audits of imprest accounts, any Program facilities and grants arrangements. This position has operational responsibility for the oversight of the trust accounts and grants scheme and will be supported by external audit assistance.</p> <ul style="list-style-type: none"> • a full time in PNG Financial Administrator – responsible for Program financial management and reporting. • a full time in PNG Logistics and Procurement Manager – responsible for logistical, security and operational support for Program advisers and procurement services. • up to three fulltime locally engaged financial and administrative support clerks. • a fulltime in Australia Recruitment and Deployment Coordinator based at the ISP’s corporate or operational base. <p>The ISP will work out of an appropriately furnished office in Port Moresby (in close proximity to NACS and the office of the Senior Program Coordinator). The ISP will not be co-located with NACS. It will also provide appropriate business systems, additional locally engaged staff and work-related transport solutions to enable Port Moresby based staff to effectively and efficiently undertake their functions.</p>
<p>29. Assessment of Viability and Options</p>	<p>The Design Team considered a number of possible contracting options within the terms of its brief. These were fully explored in the drafts of this Framework but this discussion has been omitted from the final version on the recommendation of the Peer Review. The options considered included:</p> <p>Option 1: Traditional Australian Managing Contractor (AMC) approach.</p> <p>Option 2: Facility arrangement.</p> <p>Option 3: Managing Contractor (MC) approach.</p> <p>Option 4: Partnership or charter approach.</p> <p>Option 5: Contracted Service Provider with contracted Senior Program Coordinator</p> <p>Option 5 is the recommended model for a number of reasons. Given this Program’s strategic importance AusAID had made a decision that the Program will be supported by a senior employee with public sector experience who will lead the policy and strategic engagement with the GoPNG and civil society, and manage the Program.</p> <p>The Design Team does not recommend that AusAID engages two or more ISPs as was raised in briefings. This is unnecessary and would add unneeded complexity.</p> <p>The most significant risk to emerge from an analysis of the model is lack of clarity on roles and responsibilities. There is potential for a</p>

	<p>disconnection between the Senior Program Coordinator and the ISP which requires clearly articulated roles from the outset.</p> <p>However, there should be no doubt on who is in control - Senior Program Coordinator has the final say on Program quality and management.</p> <p>Finally, another question is who evaluates the performance of the Senior Program Coordinator. Under the contractor model AusAID deliberately sets itself up in a position to be able to use the ultimate sanction for poor performance – termination of the contract, or at a lesser level seeking the contractor to replace personnel and provide better or more appropriate persons. This structure has a potential weakness unless the performance of both the PAO and the ISP are evaluated.</p> <p>To ensure independence and contribute to Program performance the Design Team recommends that the performance of the PAO be evaluated annually by an independent team appointed by AusAID. The same team should also review the performance of the ISP.</p> <p>The performance of individual employees of AusAID will be evaluated using AusAID internal processes. The independent assessment of the performance of the Program may contribute to those performance reviews. The independent reviewers will not undertake performance assessments of AusAID staff.</p>
<p>30. Imprest Account Mechanism</p>	<p>The Senior Program Coordinator will prepare, as part of the Inception Activities, an options paper for the Program’s funding mechanism. This will need to include an assessment of NACS capacity, the strengths and weaknesses of the NACS systems, the requirements for provincial and district engagement and the systems being adopted by other donors, including the GFATM. (This task may be deferred until the Service provider is engaged in which case the ISP will prepare the options paper.)</p> <p>After discussion with NACS, AusAID and other donors the ISP will prepare the funding mechanism’s operations manual based upon the preferred option, with the assistance of the ISP.</p> <p>Other AusAID activities including, LJSP, ECBP, CRIP and the health sector have valuable experience that should be utilised in preparing the options paper and then documenting procedures.</p> <p>This seems likely that the Program will be funded through four streams of assistance:</p> <ul style="list-style-type: none"> • The PAO will be funded by AusAID through the ISP; • A head or ‘feed’ trust or imprest account operated at a sector level to support the overall Program. This account will fund: <ul style="list-style-type: none"> ○ a NACS imprest account for NACS supervised activities based on agreed annual work plans which are monitored and reported against

- any transfer of funding to other mechanisms such as the DOH SWAP to support health focus area activities or to other key agencies for their HIV and AIDS activities, and
- transfers for funding for other semi-discrete activities such as the *Integrated STI Management and Prevention Program*.
- A NACS imprest account to receive AusAID and GoPNG contributions to the Program. This imprest account will fund:
 - the grants schemes
 - locally engaged staff funded by the Program, including those in support of provincial activities
 - capacity development activities
 - procurement of goods and services.
- The ISP will contract all technical assistance and logistical support for advisers. This will be a contract reimbursable. The ISP contract should ensure that there is flexibility for the ISP to contract the provision of goods and services in special circumstances, however, the Program preference will be to use GoPNG systems for Program procurement.
- HIV and AIDS activities funded within other AusAID programs and projects.

AusAID will fund the NACS imprest account based on projected cash flow requirements matched to the approved budget. NACS will be assisted by the ISP in managing the account. The Program will fund any additional accounting, audit and administrative support for the mechanism. The NACS mechanism will in turn fund trust accounts based in an implementing agency such as DOH, subject to agreed cash flow requirements and satisfactory acquittals.

Key documents needed to regulate the mechanism are the Subsidiary Arrangement agreement between the GoA and GoPNG, the Imprest Account Procedures Manual and the individual imprest trust deeds prepared under GoPNG procedures. The trust deeds should require that interest income and GST refunds are returned to the imprest account.

Benefits of this mechanism include:

- GoPNG supports this approach
- having imprest accounts established within the NACS and other agencies as required will foster ownership and therefore sustainability, and
- the high degree of financial management technical support and audit presence that the Program will provide can be used to build financial capacity in the NACS and other agencies.

Weaknesses associated with this option include:

	<ul style="list-style-type: none"> • Some financial risk. A high degree of Program technical support and capacity building is required. Given the recent experience of other AusAID programs in the health, education and law and justice sectors, and NHASP, this Framework strongly recommends that the ISP engages a qualified accountant to provide specific support to ensure that the funding mechanisms operate with transparency, accountability and without fraud. This is not strictly an advisory position, although it can be structured to support building capacity. The accountant will be responsible for ensuring that counterparts are trained and systems are in place. Under AusAID's usual contracting arrangements the ISP will also be required to conduct an annual external audit of systems and processes. The external auditor should be available for 'spot' audits as required. • Higher imprest account mechanism set up and recurrent costs, due to high level of implementing agency financial management technical support and audit presence. The present GoPNG PGAS accounting system does not provide a high enough level of activity expenditure detail to produce meaningful management reports. Other AusAID programs have had to overlay a semi- manual system that 'behind the scenes' creates useful activity based financial reports by adding activity details to the PGAS raw data. The government's new financial system, due for roll-out in 2007, will be able to provide activity based management reports.
<p>31. Annual Planning</p>	<p>Based on GoPNG Annual Planning Cycle</p> <p>The proposed program planning process is based upon the GoPNG's annual budget and planning process. Given the size of the total donor resources, and this Program in particular, care is needed to ensure that the Program does not totally dominate the landscape. This Program has the potential to unintentionally and inadvertently 'crowd-out' GoPNG processes and other donors. By linking planning to the GoPNG cycle government linkages can be strengthened.</p> <p>Each GoPNG department and agency is meant to have a three-year Corporate Plan, supported by an Annual Plan. All agencies are required to submit annual plans and draft Budget requests to Treasury and DNPM by mid July. The agency annual planning process is linked to the GoPNG budget cycle, with agencies seeking funding for their annual plan from the GoPNG recurrent and development budget.</p> <p>The agency corporate plans should be for a current 'rolling' three year period, and the more detailed annual plans seeking support for HIV and AIDS responses should reflect the NSP strategies and the agreed priorities. The introduction of the NSP provides the government sector framework and is designed to 'drive' the infusion of the government priorities across the whole of government, including the provinces and districts.</p>

Provincial and Districts through GoPNG

Provincial and district planning should be through GoPNG mechanisms using NACS, DPLGA and DNPM, rather than directly with the provinces by the Program. These may take time to develop given the direct relationships that were established under NHASP.

The departmental and agency corporate and annual plans should:

- Support key elements of the NSP;
- Describe how the agency intends to meet its responsibilities;
- Describe how the agency intends to support the priorities focus areas and strategies;
- Consider all sources of funding;
- Provide a three year forward estimate of funding requirements
- Be realistic as to what can be achieved;
- Clearly define how resources can be used and what results are expected; and
- Be endorsed at the highest political level.

Planning Capacity Development a Priority

The Program should be responsible for providing ongoing support to NACS, NDOH, provinces and other agencies, to develop their annual and corporate plans. In particular they will:

- Assist in aligning corporate and annual plans to the NSP
- Build activity design capacity, including budgeting and implementation
- Build monitoring and evaluation capacity, including data collection, information management and reporting
- Encourage and support NACS, NDOH and other agencies to engage with other stakeholders to review the plans and budgets and provide commentary on how they propose to address the NSP and other development priorities, and
- Work with NACS and other donors to consider further strengthening of corporate planning;

Program Annual Plan

In parallel with the preparation of the corporate and annual plans NACS and AusAID will work together, through the Program Advisory Office, and with other donors, to identify those activities that will be supported by AusAID. The results of research, monitoring and evaluation, and performance assessments will have an impact on forward budget allocation decisions.

The Annual Program Plan will be derivative of the individual agency and stakeholder annual plans, i.e. that part of those plans that GoPNG

and AusAID agree will be supported by AusAID within the terms of the NSP and this Framework.

The draft APP should be ready in late September for review by AusAID and then submission for approval to the GoPNG (NAC acting as coordinator for GoPNG and key agencies being DPMNEC, NDOH and DNPM). The APP will have been developed in close cooperation with GoPNG, key stakeholders and the other donors.

Activity Approval

The approval of the APP by GoPNG and AusAID establishes the authority for the implementation of the activities funded under the plan. However, the Senior Program Coordinator will have to establish with NAC and NACS a process, within GoPNG systems, by which the designs of planned and funded activities are approved. This does not need to be, and should not be, an overly bureaucratic practice. The activity 'packages' as contained in the APP should be at a higher rather than a lower level encumbered by massive detail. Ideally, NAC should perform the function of approving and monitoring activities, acting on the advice of NACS and the relevant NAC subcommittee and when relevant NDOH and other departments.

Strengthened coordination within the PNG response should enable Program planning to benefit from inputs from all key stakeholders.

What needs to be avoided is creating a situation in which the Senior Program Coordinator and the Program Advisory Office becoming the activity and funding 'gatekeepers.' Given the significant funding available under this Program it is almost inevitable that they will be perceived as the decision-making and funding authority and all roads will lead to them. This cannot be allowed to happen for two main reasons:

- If the Program gives access to stakeholders and directly or indirectly seems to act as a controlling authority it immediately undermines the authority and motivation of GoPNG agencies such as NAC, NACS and NDOH. This is a significant lesson to be learned from NHASP. Program personnel at all levels need to be vigilant in the way they work, in the language they use and the documents they write to ensure that their way of working builds GoPNG capacity.
- International experience shows that if the donor mechanism does become the 'gatekeeper' then over a period of time animosities, both personal and organisational, can build up to the point where program performance is inhibited.

These issues need to be addressed within the proposed Partnership Strategy. AusAID and other donors need to resist the temptation to promote new systems and processes, especially if the sole reason is that they may be "quicker and more efficient" than using what is available

	<p>and taking more time to build capacity. This Program has the flexibility to use both technical advisory and ‘in-line’ support to build capacity or to provide temporary capacity increases within GoPNG organisations.</p>
<p>32. Resourcing</p>	<p>The 2004 estimates put the total resources available to tackle HIV and AIDS in excess of A\$16 million annually. Estimates for 2007 indicate that this will double including all donors and GoPNG. GoPNG’s 2006 budget allocation is K4.1 million, a substantial and welcome increase from the 2005 budget. Additional funding is provided in the Development Budget to support PACS and their transition from NHASP.</p> <p>To date, 96% of HIV/AIDS funding has come from donors with AusAID funding through NHASP playing a critical role in supporting the national program and initiating many of the treatment, care and prevention activities throughout PNG. GoPNG recently committed K11 million toward co-financing of the Asian Development Bank project which represents a significant shift in its commitment to providing funding for the HIV response.</p> <p>Overall donor support for HIV is expected to rise by a further \$6 million per year once the GFATM to fight AIDS, TB and Malaria (GFATM) grant is released. The new Asian Development Bank project will also add a further \$10 million per year to the donor pool of funding for the response.</p> <p>This Program is a central component of Australia’s support for Papua New Guinea. The two governments have agreed to a ‘partnership’ approach to strengthen the response to the HIV epidemic. The regular annual meetings of Ministers and senior officials will provide mutual strategic support and guidance in seeking positive outcomes in these areas.</p> <p>GoPNG</p> <p>The MTDS and government leaders have made reducing HIV and AIDS one of the government’s highest priorities. The GoPNG financial contribution to date has been relatively small with the major funding commitment coming from donors. Given the size of the problem being addressed and its long term nature it is imperative that the government supports its sound policy performance with increasing resources for NAC, NDOH and other government and provincial agencies. The core operational response in priority areas should be funded by the GoPNG national budget as part of the on-going everyday business of each agency.</p> <p>When designing activities that contribute to what should be the core work of any department or agency the Program and GoPNG counterparts will need to carefully consider the recurrent budget implications, especially the medium and long-term affordability of the proposed action. For example, it is recognised that additional locally engaged staff are required in some areas. While in the short term such</p>

positions could be funded through the Program the activity design should include a strategy to assist the department or province or agency to secure Department of Personnel Management approval for these to be funded government positions within the medium term. In other words if the position is essential to creating an effective response then it should be within the government structures and funded by government in the medium term. To do otherwise is to create parallel and non-sustainable structures. Donor support should then be targeted at building capacity at all levels of government and civil society.

This Framework proposes that the GoPNG will provide the following resources (subject to annual GoPNG budget approval):

- budget commitment and appropriations for the effective operations of NAC and NACS
- increasing commitment for HIV and AIDS mainstreaming and HIV and AIDS work across the whole of government
- ongoing advice and assistance on all aspects of Program implementation, including planning, management, monitoring and coordination activities
- departmental, provincial and other staff to actively participate in Program funded activities
- senior GoPNG executives to participate in the work of NAC and other leadership forums, and to liaise with the NACS
- staff to support implementing monitoring, evaluation and reporting of performance
- office space in agencies and organisations for the Program and its implementers.

AusAID

The GoA will provide resources for the following Program inputs (subject to annual GoA budget approval):

- Program strategic direction and management through the Senior Program Coordinator with appropriate advisory support (in the first instance HIV, social development and information, communications and reporting) and office support staff
- funding for the ISP
- short and long term technical advisory support as identified and agreed through the annual planning process
- direct in-line support for NACS and NDOH should be considered, especially in the short to medium term while capacity is being developed.
- funding for a facility/grants scheme, especially for support for

	<p>civil society, church and private sector based initiatives</p> <ul style="list-style-type: none"> • funding for locally engaged staff positions as identified in the APP. Such staff should be engaged on GoPNG contracts at salaries comparable to equivalent positions with the public service and not individual contracts administered by the ISP that create disparities and which are discriminatory. Locally engaged staff funded by the Program should be managed by agency managers. • administration and auditing of any imprest account funding mechanisms; • capacity development activities including skills development and training • procurement of materials and equipment • incentives and performance-based grant funds • infrastructure – repairs and maintenance, and • other inputs as specifically identified in the agreed APP, or from time to time as special needs arise. <p>The list is not exclusive. Under the sector or program approach the structuring of inputs by both the GoPNG and GoA can and should be flexible. A careful analysis of the problem may show that a number of inter-related inputs will be needed to address the issue. If a number of favourable conditions exist (e.g. an area of great need, an agency with a proven record of activity delivery, sound management and financial systems and strong leadership) the Program may be able to provide assistance beyond the traditional inputs listed above.</p> <p>AusAID is keen to work with GoPNG to further develop an incentives based approach to funding. I</p> <p>It is helpful if there is a list of inputs that donor funding will not support. This is not because AusAID wishes to impose its will on the sector, but primarily because such inputs are unlikely to fit within the GoPNG and GoA development priorities and criteria, especially affordability and sustainability. AusAID's only formal restriction is on the funding of weapons and armaments. GoA donor support is unlikely to be available for:</p> <ul style="list-style-type: none"> • significant new infrastructure • housing or the acquisition of land • payment of compensation • welfare and religious activities • capital acquisitions unrelated to GoPNG NSP priorities • international travel for conferences unrelated to a specific identified training need, and
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	<ul style="list-style-type: none"> • recurrent budget funding for established services.
33. Measuring Performance	<p>M&E based on NSP MEF</p> <p>AusAID supports the UNAIDS principle of a single agreed monitoring and evaluation framework for HIV/AIDS responses. The Program will therefore take the NSP MEF as the central element of its own monitoring. Each activity within the Program should have its own M&E framework containing intervention logic that links it firmly to the NSP goals. At the Program level AusAID will set up systems to measure program performance in terms of the effectiveness of co-ordination and key relationships and will track the effectiveness of capacity building across the Program building on lessons from NHASP. However, the general principle should be that any investment in in-depth analysis of impact on HIV/AIDS will be better directed over the life of the Program to bolstering NACS in its monitoring responsibility than developing sophisticated systems within AusAID's own program management.</p> <p>The monitoring and evaluation framework for the NSP has been developed by the NACS M&E technical working group with support from AusAID and UNAIDS and based on consultation with government and non-government stakeholders. It contains 17 indicators aligned to the seven goals of the NSP. The indicators have been chosen for the practicality of data collection and therefore concentrate on service provision and use, though there is also provision for survey data to be used. There is systematic coverage of sources and responsibilities for collecting data, and provision for disaggregation by age and sex. There is a strong emphasis on activity reporting, which is understandable given the inability of NACS so far to build up a picture of activity across the country. The intention is that provincial and district authorities and donors should be responsible for monitoring and reporting on the progress of activities in a common format. This will enable data to be collected on the direction of resources towards the goals of the NSP and coverage of activities disaggregated by age and sex. Data on outcomes will be collected through national information systems and surveys.</p> <p>Because of the limited availability of data the M&E framework does not cover all the aspirations of the NSP (for example, there is no indicator for the prevalence of STIs despite the intention to reduce it to stated rates over the period of the strategy). The framework will need to be revised at regular intervals to take account of emerging sources of information; this is the stated intention. As well as basic epidemiological tracking of HIV/AIDS and STIs, the priorities for development are indicators of greater leadership engagement and the capacity of NACS. The information on coverage of beneficiaries which is to be collected from implementing agencies will need refining to capture considerations of equity. There will also be opportunities to set indicators for key outcomes through the M&E systems of individual activities (it will be essential to do this for a gender component within the AusAID program, since the framework, although, focussed on</p>

differential outcomes for men and women, does not stretch to monitoring wider changes in the roles of women in society).

The NSP itself contains ambitious plans for regular reporting of data and its use in policy formulation. While this is commendable it represents a menu to work up to. It will be important not to overburden the M&E unit in NACS, and early prioritisation will be needed.

NACS M&E Capacity

The M&E unit in NACS is intended to have four local and two international M&E positions. The reporting relationships of this unit within NACS, and its precise remit, will be important to its success. It is not proposed that AusAID offer technical assistance for the unit, as this is being provided by GFATM and the UN system. However, AusAID should retain its membership of the M&E technical working group in the short term and in the longer term the office of the Senior Program Coordinator should monitor recruitment of posts in the unit and its work plans as well as being a customer for its outputs.

Semi-annual donor review

The NAC will set its own requirements for regular reporting against the framework. AusAID and other donors will institute with NACS an arrangement for external partners to participate in semi-annual review and planning meetings along the lines now adopted for the health sector at which reports from the M&E unit against the framework will be tabled.

Data availability and baselines

A certain amount of baseline data will be available from NHASP when the new Program comes on stream. This will be housed in NACS according to the agreement for the transition. However, the key baseline data required for policy making is improved sentinel surveillance, which will have been transferred to NDOH by the start of the new Program, and for which AusAID support is being given; and the expected results from the Demographic and Health Survey to be held in 2006.

Monitoring the preparation of this survey is already a high priority for AusAID, and AusAID is prepared to fund alternative data collection if the full survey does not take place as planned.

Senior Program Coordinator responsibilities

Responsibility for monitoring the effectiveness of AusAID's support for the NSP under this Program (and for reporting on other AusAID HIV and AIDS activities) will rest with the Senior Program Coordinator, who will need capacity to analyse, or commission analysis of, the following groups of issues:

- The likely (at design stage) or actual (at implementation through M&E) impact of individual interventions financed under the Program on the aspects of the response they are designed to support (e.g. behaviour change or surveillance);

- The volume, composition and direction of overall Australian expenditure and its consistency with NSP and Australian global priorities;
- The capacity of the Program to respond flexibly to changing needs;
- The quality of communications and relationships developed by the Program (as demonstrated by meeting records, the functioning of harmonisation mechanisms, increases in expenditure by other donors, the frequency and quality of involvement by Australian whole of government partners and the views of key informants);
- The effectiveness of capacity building across the Program, using self assessment and independent verification across the target institutions;
- The contribution within AusAID programs across the board to effective mainstreaming.

One of the lessons from the NHASP evaluation is that monitoring and evaluation of the project could have been more systematic and started at the beginning of the Program. Evidence from elsewhere is that at the inception of complex programs the pressure to get things moving squeezes M&E considerations. An early priority for the Senior Program Coordinator will therefore be to develop an M&E work program incorporating the formal reporting and review which NACS agrees with its external partners, monitoring the institutional capacity of NACS to carry out M&E, the handling of reporting from the components of the AusAID funded program, and the cross cutting issues referred to above. The main elements of the plan are at [Annex H](#). This work plan should be in place within three months of the Senior Program Coordinator's appointment.

Independent Advice and Review

The Design Team strongly recommends that AusAID establishes under a period offer type arrangement a panel of about ten Australian, international and local professionals who can provide independent advice to it on the Program. Specific activities that are likely to see members of the Independent Review Panel include:

- peer review and technical advice on program activity designs and proposed policies
- peer review of the Annual Program Plan
- annual independent performance assessments of the Program Advisory Office and the ISP – these and other activities may include AusAID personnel. (As noted early in this document this performance assessment would not include assessments of individual AusAID employees.)
- conducting the proposed three yearly reviews of the Program.

	<p>All members of the panel do not have to be used on every occasion. The Post activity manager can choose experts as appropriate to the assignment. From time to time AusAID officers and internal advisers can be added for specific assignments.</p> <p>This arrangement is recommended because:</p> <ul style="list-style-type: none"> • it provides flexibility and is easily managed – panel members can be given a three year service order with an estimate of likely total inputs. Each assignment can be activated with a simple tasking note. • the Program does not need a permanent PNG based entity as exists in other programs. During Design Team briefings the law and justice sector’s Justice Advisory Group (JAG) was mentioned as a possible model. The JAG has in Australia a part-time director and in PNG a program manager, and two fulltime advisers responsible for sector performance and sector data collection, together with locally engaged staff. When that program was established the JAG was given two tasks that justified intensive support: (a) the provision of policy advice to the whole sector; and (b) the development and support of the sector’s performance measurement approaches. Neither of those roles is appropriate for an independent group in this area of intervention. Also in the law and justice sector AusAID is the only significant donor. Policy advice under this Program is the Senior Program Coordinator’s responsibility. A similar position now exists in the law and justice sector after the JAG Mid Term Review which concluded that policy development should be more closely related to Program development and implementation. • it could be transformed at a later date into a multi-donor reference or review group if that is what GoPNG and the donors agreed. <p>Contribution Analysis</p> <p>The Design Team believes that the links between this significant Program and the outcomes of the national effort, taken together with the intervention logic of the outcome elements, provide a reasonable basis for accounting for AusAID's contribution to national outcomes, and that separate contribution analysis should not therefore be necessary.</p> <p>Reporting</p> <p>See the next section of this Framework.</p>
<p>34. Reporting</p>	<p>Program reporting will be linked to the Program MEF and NACS reporting on the NSP. This Framework suggests an integrated stream of reporting by NACS and the Program. Reporting responsibility will rest with the Senior Program Coordinator with the ISP providing supporting reports, data and analysis as directed.</p>

The Program MEF will primarily work within and depend upon GoPNG systems and structures, except for needed Program specific requirements maintained by the Senior Program Coordinator and the ISP. A key lesson internationally is that donors and activities tend to duplicate and create parallel systems which prove to be unsustainable. NAC, NACS, NDOH and other agencies already have data collection and reporting systems in place. Supporting the implementation of the NSP M&E will be a major Program activity.

Working within existing systems requires a realisation that data availability and quality may initially be poor and unreliable, and will require considerable strengthening and support, within each of the Program's activities. An important lesson is for donors to encourage the 'use' of existing information (albeit poor and incomplete) as this promotes better collection and systems development in the medium to longer term. Close co-ordination will be required with the GFATM which is also supporting NACS data and information management capacity development.

Program reporting could be built around the following annual cycle:

NACS Six Monthly Performance Report (late February):

- NSP MEF report, supported by the Program
- will help to contextualise Program performance information gathered through the MEF against overall performance,
- be discussed with donors at a six monthly coordination forum.

Program Annual Report (late February):

- one of two Program six monthly reports (refer below for SMR proposed content) but with content for whole year
- included a review of the period July to December, plus an annual report to AusAID and NAC covering the strategic context, the themes above, the management of risk, and the implications for the following year's APP
- contribution analysis will form one annex of the report
- contains a detailed analysis of activity implementation, in line with the MEF, against outputs and key indicators
- contains a detailed analysis, in line with the MEF, against strategic management indicators
- include commentary and analysis of the capacity building strategies
- include appropriate material from other AusAID activities and their HIV and AIDS initiatives so as to account for and demonstrate the total contribution and impact of Australia's support for HIV and AIDS reduction in PNG.
- designed to feed into the GoPNG annual planning process for

the subsequent year by providing information on what types of Program support is or is not leading to strong results,

- the report may be modular so that information relevant to wider audiences can be circulated and contractor commercial-in-confidence information can remain separate, and
- contains required financial information/updates (refer to SMR below).

AusAID Simplified Monitoring Tool (February):

- completed by Senior Program Coordinator.

NACS/NDOH Quarterly Report (February)

- a currently prepared document

Program Advisory Office and Implementation Service Provider Annual Performance Assessment (March):

- conducted by AusAID, with support from independent persons, and
- informed strongly by the SMR (Annual Report).

Annual NSP Performance Report (mid May):

- NSP report prepared by NACS, supported by the Program, and
- associated stakeholder forums to report performance and annual consultations as part of the planning cycle.

Program Six Monthly Report (end July):

- a short evaluation on progress against the MEF (on both management and program activity implementation/outcomes),
- focus on key issues arising, and
- contain financial information, as required.

The SMR should comprise four main sections: Introduction; Analysis of Progress and Achievements; Management; and Financial Analysis. The main text will be a summary of key progress at the Program Outcome and NSP focus area level, during the reporting period. This will include analysis of issues, context and future directions.

An accompanying annex will report the detailed, specific data relating to the implementation and management of Program inputs and outputs. Activity information will be organised and reported in line with the MEF and specifically against the NSP goals, strategies and sub-strategies. This will include, as appropriate, strategic overview, progress and achievements (against MEF outputs), direction and influences (eg contextual information, emerging issues, lessons learned) and

	<p>anticipated actions for the next reporting period.</p> <p>The SMR's will also include appropriate material from other AusAID activities and their HIV and AIDS initiatives to account for and demonstrate the total contribution and impact of Australia's support for HIV and AIDS reduction in PNG.</p> <p>The SMR will also include a report on operational management issues and a financial analysis.</p> <p><u>NSP/NDOH Six Monthly Performance Report (end July):</u></p> <ul style="list-style-type: none"> • NSP report prepared by NACS, supported by the Program, and • to be discussed with donors at a six monthly coordination forum. <p><u>NACS/NDOH Quarterly Report (end October)</u></p> <ul style="list-style-type: none"> • a currently prepared document <p><u>Annual Program Plan (end October):</u></p> <ul style="list-style-type: none"> • developed within from the government's annual budgeting and planning process, as coordinated by NACS, the APP, covers the year from 1 January. Its purpose is to set out the Program's implementation strategy and work program. Based upon an analysis of the previous year, and the approved Framework, it is intended to provide justification for the planned program of work, the input strategies and an explanation of the intended outputs and development benefits.
<p>35. Risks and their management</p>	<p>Risk Assessment</p> <p>This is a high risk activity. The management structure designed to reduce risks through close involvement of senior AusAID in-country personnel in management and strategy implementation.</p> <p>Political Risks</p> <ul style="list-style-type: none"> • Political decisions or loss of confidence undermine direction of the response. • Program not perceived as meeting PNG's needs, especially in face of escalating numbers of HIV and or AIDS. • Strong, positive political leadership lacking. • HIV ministerial support lacking. • Loss of parliamentary bipartisan support. • Australian political environment changes the direction of the Program. • HIV becoming election issue and resources are diverted. <p>Institutional Risks</p> <ul style="list-style-type: none"> • Failure of key institutions (central agencies) to collaborate.

- Failure of GoPNG to provide financial resources.
- Failure of resources at provincial and district level to sustain the NSP outputs.
- Failure of NDOH and NAC to cooperate, i.e. ongoing conflict.
- Poor NAC and NACS leadership.
- NACS unable to establish appropriate institutional structures.

Donor Coordination Risks

- Untidy donor coordination and failure to agree on prioritisation of effort.
- Donor imposed systems and processes undermining NACS capacity building.
- Other donors do not provide support for NSP as planned, or withdraw support.
- Inconsistency of donor approaches causes PNG confusion and loss of morale.

NAC, NACS & NDOH Risks

- Poor or uneven government funding.
- Lack of counterpart personnel and inappropriate organisational structures.
- Lack of capacity in public administration including financial management, data collection, monitoring and reporting.
- Overwhelmed by Program and GFATM and current workloads.
- Failure to retain key staff.
- Capacity development does not result in improved systems and individual capacity.

Human Resources & Capacity Risks

- Poorly designed or supported skills development and training activities.
- Lack of repetition and follow-up professional support for people trained.
- Lack of civil society actors to implement activities.
- Lack of support and TA for province based initiatives.
- Insufficient M&E and data collection capacity.

Program management risks

- Failure of Senior Program Coordinator to manage the Program within NSP framework and in cooperation with PNG.

	<ul style="list-style-type: none"> • Program conflict with AusAID Post and Desk. • Poor coordination with other AusAID program activities. • Program implementation, and implementers, do not have due regard for Guiding Principles. • Under estimation of time needed for design and implementation. • Output and outcome targets too ambitious. • Failure to obtain inputs of people living with HIV. • Financial administration and transparency poor. <p>A Risk Management Matrix is contained in Annex I. This should be updated annually as part of the annual planning process.</p>
<p>36. Feasibility</p>	<p>The Program proposes an appropriate approach to the provision of assistance in what is the most critical development area for the two governments. It provides for a strong high level engagement through the Minister Counselor and the AusAID Post, supported by Senior Program Coordinator as implementation manager, together with multifaceted, flexible and responsive aid delivery mechanisms.</p> <p>It promotes Papua New Guinea ownership and support through a number of strategies. In particular it is closely aligned to the GoPNG's NSP and key development priorities. It is selective in the areas Australia proposes to support. Careful identification of priorities, phasing of implementation and coordination of multiple activities and stakeholders, will be critical to the manageability of the Program.</p> <p>Technical Feasibility</p> <p>The technical approach to the Program is straightforward. It will use a mixture of inputs including funding for the health sector SWAp; the provision of technical assistance, the use of grants facilities, funding for specific HIV and AIDS activities. The Program will coordinate AusAID whole PNG response, with some assistance being provided under other activities.</p> <p>Program planning and reporting will support the NSP. The Program is designed to work with and strengthen existing institutions, systems and networks to expand and strengthen the response to the HIV and AIDS epidemic at national, provincial and district level throughout the nation. All outcomes and activities will place an emphasis on capacity development at individual, institutional and network levels.</p> <p>The Program will be largely in the hands of the key PNG agencies, civil society and churches in partnership with AusAID, to design, develop and deliver - with significant advisory support and resourcing.</p> <p>Transition of some NHASP activities will require careful design given that NHASP has operated in many areas as a project with PNG ownership not as strong as is desirable. It will be important to develop</p>

at an early stage, and then implement, a sustainable provincial engagement strategy that delivers activities at local level on an ongoing basis.

Significant support will be needed for NACS in the areas of budgeting, finance, planning and reporting.

Early implementation of the Program MEF should enable risks to be monitored and responded to.

Financial Feasibility

The Program is financially feasible. AusAID is proposing a significant increase its contribution to the response. Additional donor funds are also becoming available from the GFATM and Asian Development Bank.

While acknowledging that the cost of the required response is beyond the present financial resources of the GoPNG, given other priorities, the Program aims to build GoPNG capacity to respond to the epidemic, including ensuring that GoPNG supports NACS, NDOH and provinces with increasing government funds to support recurrent expenditure. It will do this through its focus on leadership at the most senior levels and raising awareness within the central agencies of the dire social and economic costs of a failed response.

Economic Feasibility

The economic impacts of the HIV and AIDS epidemic are well known and noted in Section 9.

Institutional and Program Governance

Focusing the Program around NAC, NACS and NDOH builds on government structures and the support that they have received under previous programs and projects. The Program targets building GoPNG capacity to support their NSP as a major focus. It is supportive of GoPNG systems and processes.

In the current context, assistance that focuses on improving public administration, strengthening institutions, establishing generic skills, and promoting better-informed management and policy formulation processes, is the basis of improved governance. The present Program emphasises the quality and inclusiveness of processes.

In terms of promoting good governance within the agencies responsible for HIV responses the Program will:

- strengthen the capacity for and quality of analysis and policy research
- promote wider dissemination of information and greater public awareness
- promote expanded participation in planning and policy making by key stakeholders to improve transparency and to support better policy and implementation outcomes; and

	<ul style="list-style-type: none"> • seek to increase levels of competence, compliance, accountability and service orientation. <p>In terms of ensuring the institutional and governance feasibility of the Program, activities developed under this Program will adhere to the Guiding Principles. They should</p> <ul style="list-style-type: none"> • support of the NSP and PNG ownership at all levels • respond to the economic and social environment, and research • build on experience and existing relationships at national, provincial and district levels • concentrate on areas where Australia is well-placed to provide practical assistance • intersect with and reinforce AusAID and Australia's HIV strategies and priorities, and • avoid duplication with other donors. <p>The Senior Program Coordinator, supported by the ISP, will report to both AusAID and NAC. This, together with the Program package that seeks to improve PNG leadership of the response will build improved institutional support for the Program. The risks associated with building a constructive working relationship between the Senior Program Coordinator and ISP are recognised.</p>
<p>37. Sustainability</p>	<p>Sustainability is defined in AusAID's guide Promoting Practical Sustainability as 'the continuation of benefits after major assistance from a donor has been completed'. This can be conceptualised in terms of the sustainability of processes, activities, institutions and funding. The focus of this approach is on sustaining the flow of benefits from the Program into the future.</p> <p>Sustainability Issues</p> <p><i>Institutional framework and political environment</i></p> <p>Government policies set out the priorities for the response and have established frameworks for implementation, however there are severe constraints in their capacity to fund programs at national and provincial levels and engage and mobilize local communities. The weak institutional and governance systems further limit the capacity of these agencies to support Program delivery.</p> <p><i>Technical and organisational capacity</i></p> <p>As stated the response to HIV and AIDS requires a high degree of technical and strategic capability and strong institutional frameworks to support a coordinated effort. Both government and civil society organisations have limited capacity and need substantial ongoing support to build the skills and capabilities necessary to be able to deliver effective programs.</p>

Despite capacity building efforts through NHASP, the NAC and its secretariat have very limited capacity to coordinate the response. The NACS require stronger managerial, organisational, technical and strategic capacity to manage its increased responsibilities for coordination. The lack of funding from the government to this agency has limited its ability to function effectively and it is dependent on donor funding to carry out many of its operations.

Among stakeholders, there is variable capacity to implement programs to the level required. Many local NGOs have weak organisational capacity and are unable to sustain their viability through lack of funds. Also the changes in funding arrangements from donors and government sources have affected the way that these organisations can sustain their activities.

Scale and impact

The scale and nature of the epidemic is now being experienced in many areas. The impact of the epidemic (illness and death) on the human resources, institutional capacity and resource base of government and civil society organisations is becoming evident. This will result in further reduction in the capacity to manage and deliver programs.

Participation and ownership

The extent and quality of stakeholder participation and ownership is critical to an effective response. Processes have been developed to mobilise broad cross sections of the population and mechanisms for accountability and coordination are still underdeveloped. Partnerships between government and civil society are not strong, except with churches.

Sustainability Strategies

Mounting an effective response to HIV requires long term support and commitment from government and donor agencies. Experience from countries with severe epidemics show that partnerships and greater ownership can build capacity and sustainability over the long term. However change will not happen within the short time frame that most programs provide funding for and it must be recognised that the processes established need to work towards achieving some level of sustainability. In this Program the focus to improve sustainability will be on improving partnerships and building capacity.

The need for the national and provincial governments to demonstrate their commitment through funding programs and monitoring its policies is paramount to sustaining the effort to address HIV and AIDS. Some of the ways to support this is through: strengthening partnerships between donors and government; increased dialogue and joint funding arrangements; incentives and accountability mechanisms.

A coherent and coordinated approach among donors will also be necessary for building a strong working relationship with government.

An emphasis on capacity building in this Program is needed to

strengthen the institutional base for Program coordination, management and implementation. Strengthening stakeholder capacity and development of infrastructure will be needed over the long term. This will need to occur in several ways:

- Strengthening networks and partnerships between implementing organisations
- Strengthening partnerships between government and civil society organisations
- Strengthening capacity for advocacy and engagement with government policy
- Support existing civil society and government structures and systems to improve capacity to manage and implement policy and funding initiatives
- Strengthening technical ability of implementing organisations to design and deliver programs

Mainstreaming of HIV across sectors and programs aims to reduce vulnerabilities to HIV, to contribute to prevention, care and support initiatives and to mitigate against the impact of the epidemic. Identifying likely impacts and developing approaches to address these not only increases understanding and awareness about HIV but promotes ways for the organisation and sectors to make the efforts more sustainable.

Supporting agencies such as churches and the private sector to deliver programs to the community increases the level of engagement through established networks. Also fostering public-private partnerships can achieve a greater level of commitment from private sector and civil society partners and support the government to deliver much needed programs.

Part E – Transition Strategies for Specific Activities

38. 2006 Transition Activities

Seamless Transition

A smooth transition from NHASP to this Program is critical if those supporting the response in PNG are to be able to continue their work uninterrupted. Hence the Design Team focussed on developing this transition strategy. This approach was requested by and will be widely appreciated by PNG implementing stakeholders.

It is also recognised by stakeholders that a high degree of flexibility and practicality will be needed for the transition to be smooth and seamless. For example, some of the following activities have been contracted and managed by the NHASP contractor with staff engaged on contractual terms more favourable than available in government. While it is important that these activities transition to NACS management, it may not be important in the short term that all staff become government employees on government salaries. What is important is that the grants scheme and the provincial responses continue while medium and longer term sustainable options are worked out.

Transition risk can be managed by ensuring that current activities that are working are continued with the absolute minimum of change in the short term, given the massive workload associated with new activities and establishing the new Program within GoPNG process and systems.

Transition Manager

The AusAID in-country HIV Adviser finished her assignment in PNG at end January 2006. On the current AusAID timetable the Senior Program Coordinator should be in-country by June 2006. In these circumstances this Design Team strongly recommended that AusAID engage a suitably qualified person as Program Transition Manager under a fixed term contract of six months (renewable) to support Program inception and transition activities. This position was filled early in 2006 so that Program activities can be integrated into the 2007 GoPNG Budget and planning processes. A Terms of Reference for this position is contained in **Annex G**.

Key activities

During 2006 the Program Transition Manager, and subsequently the Senior Program Coordinator, will be responsible for:

1. Working with NAC, NACS, NDOH, GoPNG agencies and other development partners to ensure a full understanding of the Strategy and this Program.
2. Working with NAC, NACS, NDOH, Treasury and DNPM, with support from NHASP as required, supporting government agencies prepare recurrent and development

	<p>budget submissions in support of NSP for GoPNG funded HIV and AIDS interventions. The Manager will work with other AusAID activities to ensure planning and submissions have policy and Program coherence. This has to be done within the GoPNG budget cycle. The closing date for the recurrent and development budget submissions will be around 22 July 2006. Assist with presentations to the Budget Screening Committee may be required.</p> <ol style="list-style-type: none"> 3. Commissioning a Capacity Mapping Exercise. The mapping should be completed by end August to feed into draft 2007 Annual Program Plan (APP) and Program MEF. A lesson learned from a number of AusAID activities and reinforced by the recent AusAID Quality at Entry Review is that capacity mapping and the preparation of M&E frameworks should be a very high priority at the beginning of activities. In this Program a unique opportunity exists to prepare these in advance of the formal Program start date. 4. With NHASP cooperation, designing the transitional arrangements for on-going NHASP activities – see Part E. 5. Completing the provincial engagement review recommended under Section 42, in association with the Department of Provincial and Local Government Affairs 6. Completing the establishment of the grants schemes within NACS – Section 40. (This includes assisting NACS to engage suitable staff currently employed under NHASP.) 7. Preparing the Program funding options paper, to be used by the ISP to establish the Program financial systems and the operations manuals – Section 30. 8. Completing the First Program MEF for submission with the Draft 2007 Annual Program Plan. The MEF should be updated each year in the APP – Section 33 and Annex G 9. Drafting the 2007 APP to be submitted to AusAID and NACS for preliminary review by 30 September (assuming extensive consultation with stakeholders including donors) with final due with AusAID and NAC by 31 October 2006 10. Conducting a joint AusAID/NAC peer review of the APP in November.
<p>39. NHASP support in the transition period</p>	<p>NHASP will continue through towards the end of 2006. There are a number of areas on which that Project will focus in order to facilitate a transition to the new Program. These are expected to be, but not limited to:</p> <ul style="list-style-type: none"> • Building capacity of NACS, NDOH to take a greater role in coordination of the response, supporting the implementation of NACS Corporate Plan

	<ul style="list-style-type: none"> • Working more closely with other donors, particularly new Asian Development Bank project, GFATM, UN and EU to coordinate leadership initiatives, peer education programs, sexual health and surveillance programs and social marketing • Development of training strategy to bring together elements across components, build training capacity of NACS, other GoPNG and donor agencies, strengthening networks for training • Continued work with faith based organisations, media groups • Accreditation and training for counselling and VCT - identifying agency to take responsibility for facilitation and coordination of counselling training • Increasing gender focus of project activities • Continue to roll out HRSS and increased use of research to guide interventions. Implementing HRSS through condom access, VCT, STI services and involvement of PLWHA • Developing communication strategy with NACS – web site, resource centre • Facilitation of activities in health sector to strengthen surveillance, STI program, testing and treatment, in conjunction with GFATM • Capacity building of staff for new STI/HIV unit in Disease Control Branch in NDOH and development of National Centre for Sexual Health • Focus on provincial response – review of provincial response and ways to strengthen and differentiate provincial support and address constraints. • Strengthened emphasis on social research, and • Coordinating and funding key HIV and AIDS update seminars.
<p>40. Activity and Research Grants Transition</p>	<p>Activity and Research Grants</p> <p>The flexible activity and research grants mechanism established within NACS under NHASP has funded a wide range of organisations which would otherwise have no source of funding. The 2005 AusAID Evaluation describes the grants scheme as underpinning ‘the national response and is the principal mechanism to support HIV/AIDS activities at the provincial and grassroots level. . The Evaluation Team considers this to be a very significant element of the project.’</p> <p>Given the importance of the grants scheme to the national response the Design Team recommends that every effort be made to continue the existing scheme under the arrangement suggested below. AusAID was considering designing a new contracting mechanism. This seems</p>

unnecessary. The opportunity exists to build on the current scheme with the following advantages.

- Given the workload in 2006 associated with establishing this Program, designing another significant new interventions and winding down NHASP, it seems that this is one task that could be deferred
- Designing and launching a new scheme as opposed to a transition for the current scheme will confuse stakeholders, especially those in provinces and districts.
- Current staff and systems can be retained.
- A new scheme could have high establishment costs.

The grants scheme is currently perceived as a NACS/NHASP scheme with AusAID funding. It is physically located in NACS and could remain there. The following steps should ensure a seamless transition.

- Explicitly move by mid-2006 to ‘rebadge’ the grants scheme as solely NACS, with AusAID support, i.e. eliminate the NHASP profile.
- Transfer the administration of the scheme to NACS in early 2006 including the current staff that is competent and familiar with the systems. The grants schemes need a team of four to five people: Senior Grants Manager, a Grants Administrator, administration support and a Financial Systems Adviser – for acquittal review. NACS will need support to put the appropriate human resource systems in place.
- Undertake some minor ‘fine-tuning’ of systems and processes if urgent. This may include approval processes to bring in other agencies and emphasise the shift from NHASP. Some other changes are required, especially if the scheme is to handle larger volumes of funding. These changes may include structuring the funding to accommodate different types of activities, including research grants. These should be deferred until after this Program commences and the new ISP can support this work under the direction of the Senior Program Coordinator.
- NHASP continues to provide technical support to NACS and the scheme until the end of October 2006. After that AusAID contracted, via the newly appointed ISP, interim short term technical advisory support, say three visits over eight months, to assist with application processing and activity performance monitoring in the period November 2006 to June 2007.
- The approval body mechanism will need refining – the body that has the final say on grants needs to be established and a clear delineation between this body and the inputs of technical advice in assessing grants. Approval committee could be

	<p>AusAID, NAC nominees and one or two external donors and/or GoPNG.</p> <ul style="list-style-type: none"> • The scheme's funding criteria is changed to exclude NACS from applying as NACS will be supported extensively under other elements of the new Program. • In the first quarter of 2007 the schemes processes and systems will be reviewed, amended procedures agreed with AusAID and NACS and staff trained. • Additional support for the grants scheme will come from the Program's proposed capacity development activities to strengthen NACS financial and auditing systems. In addition, there is will be Program funded auditing associated with Program imprest accounts which should also oversee the grants schemes.
<p>41. Transition of Resource Centre to NACS</p>	<p>The NHASP funded Research Centre is providing the majority of IEC material and resources, condoms and merchandise to PACs, other organisations and PNG stakeholders. It is managed by NHASP although identified by stakeholders as NACS Resource Centre. NHASP plans to transfer responsibility for the management of the Centre to NACS during the transition period, however there are some reservations about the capacity and lack of appropriate management positions to oversee the Centre. NHASP also has plans for distribution of condom dispensers and ongoing distribution of materials and resources, and requires a continued level of efficiency from this Centre.</p> <p>Although there are current constraints with NACS capacity, it is proposed that the current Resource Centre Manager position be transferred to NACS early in 2006 in order to effect a seamless transition and to continue to disseminate resources and information to PNG stakeholders. This person is very capable and with ongoing guidance and support from NHASP can continue to manage the Centre. It is understood that NACS will be appointing management staff at beginning of 2006 and it is proposed that NACS take over management of the Centre and staff during the second half of 2006. NHASP will however need to continue to work with NACS to make this possible and to support the transfer of systems for the efficient operation of this Centre.</p> <p>The Program proposes that this Centre evolve into a Knowledge Management centre over time to have a greater role in archiving and disseminating a broader range of information relevant for the response. Processes for making these changes will be developed within the next 18 months in line with other organisational priorities relating to NACS capacity development program. Whether this Centre stays within NACS management responsibility or is outsourced to another agency will be determined by NACS as part of an assessment of NACS role and capacity.</p>

42. Provincial Engagement Transition

Under NHASP there were a significant number of positions established to resource the provincial response. The majority of these positions are now contracted to NACS for their management. Up to two positions were funded in each province and act as the secretariat to the Provincial AIDS Committees (PACs). There have been difficulties in NACS and the provinces adequately resourcing these offices and providing necessary supervision from Port Moresby. Attempts to link the positions with existing provincial structures for day to day management have been problematic.

During 2004 NACS began to negotiate Memoranda of Understanding with provinces to transfer the responsibility for these positions to Provincial Administrator's office. To date eight Memoranda of Understanding have been signed. These agreements broadly outline the roles and responsibilities of NACS and Provincial government and are an attempt to get more clarity around management of provincial response and a commitment for support from provincial government. PACs operate differently in each province and the Memoranda of Understanding do not currently address management of these structures.

These provincial positions are supported by four Provincial Liaison Coordinators, soon to be expanded to six, who are based at the national level. These positions are also funded by NHASP and work through NACS. An additional responsibility for this Program has been the implementation of High Risk Settings Strategy and District Strategic Planning. This is being rolled out in several provinces and additional positions for HRSS are being placed in provinces to support these activities.

NHASP has planned a review of the provincial program during its final year. A review was also proposed by Role of Government study. This review needs to occur early in 2006 and be undertaken with NACS and include DPLGA.

It should explore the capacity and level of resources required to coordinate the provincial response, including staffing levels, functions and operations of PAC and their secretariat, management arrangements, mechanisms for coordination, capacity and commitment of provincial administration to provide these resources and mechanisms for performance management. Importantly the review should determine the shape of these structures for each province, how these are determined and what is appropriate for the province.

This review also needs to identify which provinces are to take over the management and funding of the secretariat positions and how the remaining provincial positions will be funded and managed, including the PLC positions. This review need to take account of current staffing levels approved by DPM for provincial positions and identify ways that these positions can be transferred to provincial staffing

	<p>establishments. It should also take account of recent budget commitments for NACS.</p> <p>To effect a transition of this Program from NHASP the following steps need to be taken.</p> <ul style="list-style-type: none"> • Undertake the review and develop plan of action based around support for key priority provinces. • Devise a process to transfer all provincial positions and funding for these to NACS along with systems that have been set up to manage secretariats. • Devise structures and processes to support provinces to manage and monitor activity grants. • Identify how the PLCs will continue to work with provinces, their role within current structure of NACS and best location for these positions.
<p>43. Counselling Training Programs</p>	<p>NHASP has been responsible for a large number of the training programs that have been undertaken in relation to HIV-related activities in PNG. Through the Project a training database has been established and a number of training packages have been developed. Training courses include basic HIV information, counselling, home-based care, syndromic management of HIV and STI, peer education. The evaluation of NHASP found that while a large amount of basic training had been undertaken, future training needed to pay greater attention to involving people with HIV, people associated with high-risk settings, and to following-up and providing ongoing support for trainees. With counselling training the NHASP Evaluation found limitations in two areas – “further training, advanced courses, professional development and skills accreditation; and, ongoing supervision, debriefing and professional support”. The Evaluation report recommends that future strategies needed to place more emphasis on maintaining and developing counselling skills and to supporting trained counsellors.</p> <p>The accreditation of counselling courses and certification of advanced counselling training have also been investigated by NHASP. The Project has provided support for the development of minimum standards and guidelines for counselling.</p> <p>NHASP proposes that a training unit is established in NACS during 2006 to manage a program of ongoing training in three core areas: introduction to HIV counselling; advanced counselling training; and home based care training. While this is a useful approach in the short term there is a risk that it would compromise NACS role as a coordinating agency if this becomes institutionalised within NACS.</p> <p>NACS has a role to support a National Advisory Group for Counselling and Care that would be responsible for monitoring counselling guidelines, and training programs, however the</p>

	<p>management of these programs ought to be located elsewhere. Further, follow-up to training is crucial to its effectiveness and this unit would not necessarily have the resources to do this. This will require a greater level of support by provincial staff and a focus on building their skills to provide supervision and support locally. There is also a National Field Trainer position being established within NDOH (funded by GFATM and supported by WHO) to support training for HIV programs in relation to GFATM. This position will play an important role in developing training programs within the health sector and establishing systems for support of VCT sites, including counselling.</p> <p>There are a number of options to support counselling training.</p> <ul style="list-style-type: none"> • Package of funding to support an agency such as StopAIDS to provide basic training for HIV counselling. • Support to NDOH to develop training for VCT sites, supervision and monitoring of these sites under guidance of National Field Trainer. • Funds for a training package for advanced HIV counselling training to develop course within PNG, through partnerships between PNG and international institutions. • Package of funding to support a competent NGO/ church based organisation to undertake home based care training program. • Funding support through grant program for opportunities for training attachments within PNG to existing home care programs and VCT sites. <p>Although these training activities have been managed by NHASP to date under one program, they do not need to be located together, provided that the National Advisory Group is functioning as a coordinating and oversight group under NACS. NACS would be supported to facilitate meetings of this Committee and strengthen its policy role in relation to this area.</p> <p>Other training programs are envisaged to be funded through the grants program, as one off activities or as part of an ongoing program of activities based on proposals or needs identified through NSP planning process.</p>
<p>44. High Risk Settings Strategy</p>	<p>NHASP has supported a High Risk Settings Strategy (HRSS) since 2004. This strategy focuses on “high-risk” sites in a number of provinces and targets people, behaviour and contexts in which there is a high level of risk of HIV transmission. The NHASP Evaluation found that this was an important prevention initiative and that it was “likely to be much more influential than more generic or individualistic approaches”.</p> <p>HRSS will continue to be rolled out during 2006 and NHASP</p>

proposes that a HRS Coordination Unit is established in NACS to continue to manage this Program of activities. This Unit is proposed to monitor and support the sites, provide training and capacity building, commission management partners, report to stakeholders and facilitate surveillance activities. This unit would need to have a substantial responsibility for implementation of this Program and may compromise NACS role as a coordinating body.

Options for ongoing support of the HRSS are:

- Fund an international non-governmental organisation or other agency with experience in managing similar programs to manage the implementation of this Program. This could be contracted and transferred from NHASP during 2006.
- A national steering committee under NACS would be supported to oversee the strategy and monitor its effectiveness. The agency contracted to manage this Program would report to this Committee. This group would include representatives from other donor agencies and GoPNG agencies. This group could be set up early in 2006.
- HRSS activities would be funded through grants program and the implementation of these would be managed by the contracted agency.
- Research activities in relation to HRSS would be funded through grants program and managed by the contracted agency.

Many of the activities are currently funded through the grants program and would continue to be funded this way. However to ensure Program coherence and it would need to be managed by an organisation, in the way that this Program to date has been managed by NHASP. To bring a level of national ownership the strategy would be guided by a national steering committee.

ANNEX A: Australia’s strategy to support PNG’s response to HIV/AIDS 2006-2010

- 1. Executive Summary**
- 2. Introduction**
- 3. Goals, Principles and Priorities**
- 4. Focus Areas for the *Papua New Guinea National Strategic Plan on HIV/AIDS 2006-2010***
 - 4.1 Treatment, counselling, care and support**
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 - 4.3 Epidemiology and surveillance**
 - 4.4 Social and behavioural change research**
 - 4.5 Leadership, partnership and coordination**
 - 4.6 Family and community support**
 - 4.7 Monitoring and evaluation**
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 - 5.1 Gender: A Cross-Cutting Theme**
 - 5.2 Capacity Building**
 - 5.3 Lessons Learnt**
 - 5.4 Risk Management**
 - 5.5 Integrated Approach**

1. EXECUTIVE SUMMARY

After wide consultation within the Government of PNG and the community, the National AIDS Council developed the *Papua New Guinea National Strategic Plan on HIV/AIDS 2006-2010* which sets out the basis for a national coordinated multi-sectoral response to the HIV/AIDS epidemic for the next five years. In his endorsement of the *National Strategic Plan*, the Prime Minister of PNG Sir Michael Somare urged all development partners to support the implementation of the *Plan*. Australia has made an explicit commitment to *the National Strategic Plan* by using it as the foundation document for *Australia's Strategy to Support Papua New Guinea's Response to HIV/AIDS 2006-2010*. It also demonstrates Australia's support of the Three Ones principle of 'one agreed HIV/AIDS Action Framework that drives the alignment of all partners', as articulated by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The escalating HIV/AIDS epidemic in Papua New Guinea (PNG) has reached a critical stage. It is the fourth epidemic in the Asia Pacific region to have passed the threshold of 1% prevalence across the adult population and therefore to be classified as generalised. The potential human, social and economic impacts of HIV/AIDS pose a significant development challenge for PNG.

In PNG, HIV is spread through sexual transmission. Key determinants of the epidemic include high rates of sexually transmitted infections, pervasive multiple partnering, widespread engagement in transactional sex and extensive sexual violence against women. Underlying social and institutional factors that are hampering the national response include insufficient leadership, a lack of coordination and surveillance capacity, gender inequality and deteriorating health services.

The goal of *Australia's Strategy to Support Papua New Guinea's Response to HIV/AIDS* is to work with the Government of PNG and other development partners to reduce the spread of HIV/AIDS in PNG and to mitigate the effects of the disease on Papua New Guineans living with HIV/AIDS and their families, and on PNG society. The Strategy objectives support each of the seven key focus areas of the *National Strategic Plan*.

Australia will give highest priority to enhancing prevention efforts to reduce the spread of the epidemic. The next five years will be a crucial period for developing effective prevention interventions to slow the expansion of the epidemic. Australian support will therefore focus on initiatives such as improving access to treatment services for sexually transmitted infections – the presence of which greatly increases the risk of HIV infection for people exposed to it – and improving rates of condom availability and use. These efforts will be evidence-based in order to ensure they are effective, culturally appropriate and well-targeted.

A further priority will be to support PNG to work towards achieving universal treatment targets. Though it is a relatively expensive intervention, antiretroviral therapy has prevention benefits – in addition to saving lives.

Australian efforts will extend across PNG's diverse communities in order to mobilise and support them in reducing the spread of HIV and to broaden the reach of treatment and care. The Strategy therefore addresses underlying institutional, social and cultural factors that are intensifying the spread of HIV/AIDS in PNG and are inhibiting response efforts.

The implementation of Australia's assistance will therefore encompass a combination of interventions focused on rapidly responding to critical gaps in the present response while supporting the development of longer-term, sustainable interventions that build the capacity of public institutions, policy makers, service providers, the private sector, research bodies, communities and civil society to deliver the HIV and AIDS response.

2. INTRODUCTION

HIV was first reported in PNG in 1987. In 2002, PNG became the fourth country in the Asia Pacific region to be classified as having a generalised epidemic, as the prevalence in the general adult population rose above 1%. Although there is a paucity of epidemiological data available on HIV/AIDS in PNG, it was agreed at the National Consensus Workshop at the end of 2004 that adult prevalence is between 0.9% and 2.5%, with a median of 1.7%.

PNG has the poorest social indicators in the Asia Pacific region. Papua New Guineans face low life expectancies, high rates of maternal and child mortality, low levels of literacy, a lack of economic opportunities, declining standards of service delivery, high rates of violence and a lack of law and order. Papua New Guineans are now also facing the challenge of a generalised HIV/AIDS epidemic.

A 2005 modelling study projected that there were 64,000 Papua New Guineans living with HIV/AIDS in 2005. If prevalence continues to increase at the present rate, and interventions do not expand, it is estimated that there will be over half a million (537,000) Papua New Guineans living with HIV/AIDS in 2025. In this scenario, prevalence amongst 15-49 year olds is projected to reach 10.9% nationally by 2025, with urban adult prevalence rising to 20.4% and rural adult prevalence rising to 8.6%.

HIV transmission in PNG is primarily driven by unsafe sexual practices. Transmission has been accelerated by high rates of sexually transmitted infections, multiple sexual partnering, early sexual debut, high levels of sexual violence and coercion, gender inequality, widespread transactional sex and population mobility, in a context of deteriorating health services, low levels of condom availability and use and high levels of unemployment, particularly for young people and women.

Australia recognises the threat posed by the HIV epidemic to PNG's development and economic growth prospects. The Government of PNG has placed HIV/AIDS as one of five priorities in its *Medium Term Development Strategy 2005-2010*. Its response to the HIV/AIDS epidemic is outlined in the *National Strategic Plan on HIV/AIDS 2006-2010* and the *National HIV/AIDS Strategic Framework 2004-2008*. Implementation of the response is supported and coordinated primarily by the National AIDS Council and its Secretariat (part of the Department of the Prime Minister and the National Executive Council), and by the National Department of Health.

Supporting PNG's HIV/AIDS response is one of the four pillars of the PNG-Australia Country Aid Strategy, reflecting both countries' recognition that combating the HIV epidemic is central to successful development outcomes in PNG.

From 2000 to 2006, Australia's support for the PNG Government and community response to the HIV epidemic has been primarily through the \$60 million National HIV/AIDS Support Project. This Project has made a positive contribution to the HIV/AIDS response, in terms of awareness-raising, social marketing of condoms,

comprehensive training for counsellors and health workers, law reform, expanding access to voluntary counselling and testing, fostering Church leadership, supporting Provincial AIDS Committees and providing grants for research and community projects. However HIV/AIDS prevalence has continued to rise over this period.

In the face of a worsening, generalised epidemic, *Australia's Strategy to Support Papua New Guinea's Response to HIV/AIDS* aims to extend support widely across PNG's diverse communities in order to mobilise and support them in reducing the spread of HIV and to broaden the reach of treatment and care. Australia will support PNG to address underlying institutional, social and cultural factors that are intensifying the spread of HIV in PNG and are hampering response efforts.

Australia's Strategy to Support Papua New Guinea's Response to HIV/AIDS outlines the goals, principles and priorities that will guide Australia's development of a new program of activities to support the *PNG National Strategic Plan*. Guided by these goals, principles and priorities, Australia has also developed a detailed Implementation Framework. The Implementation Framework defines how Australian support will be delivered through a consultative process involving close cooperation with the Government of PNG and active engagement with other development partners.

Australia's Strategy to Support Papua New Guinea's Response to HIV/AIDS is based upon the *PNG National Strategic Plan 2006-2010*, which offers a comprehensive framework for responding to HIV/AIDS in PNG over the next five years. In his endorsement of the *National Strategic Plan*, the Prime Minister of PNG Sir Michael Somare urged all development partners to support the implementation of the *Plan*. Australia's use of the *National Strategic Plan* as the foundation document is an explicit commitment to supporting the Government of PNG in its response to HIV/AIDS. It also demonstrates Australia's support of the Three Ones principle of '*one agreed HIV/AIDS Action Framework that drives the alignment of all partners*', as articulated by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

3. GOALS, PRINCIPLES AND PRIORITIES

Responding to the HIV/AIDS epidemic is one of four pillars that have been agreed by the Governments of Australia and PNG under the framework for the new Australia PNG Country Aid Strategy 2005-2010.

The *PNG National Strategic Plan on HIV/AIDS 2006-2010* was produced through the collaborative effort of many individuals and organisations. It promotes an integrated response to the HIV epidemic and is flexible enough to provide policy makers, administrators, business managers, donor organisations, church leaders, non-government organisations and other partner agencies with a framework to guide their specific responses within their own settings.

Australia's Strategy to Support Papua New Guinea's Response to HIV/AIDS outlines how Australia will assist the continued implementation of the *PNG National Strategic Plan*.

Goal

Australia will work with the Government of PNG and other development partners to reduce the spread of HIV/AIDS in PNG; and to mitigate the effects of the disease on Papua New Guineans living with HIV/AIDS and their families, and on PNG society.

Australia's primary focus will be on enhancing prevention efforts to reduce the spread of the epidemic. Australia will also support PNG to work towards achieving universal treatment targets.

Principles

Australian engagement on HIV/AIDS in PNG is based on the understanding that HIV/AIDS is a development crisis, which requires a range of immediate, medium and longer-term responses. The success of Australia's program of support will be determined by how effective Australia is in engaging constructively with Papua New Guineans and their institutions.

The principles which will underpin Australia's engagement on HIV/AIDS in PNG are:

- Promote local ownership and leadership and support local expertise and institutions in responding to the epidemic;
- Build capacity in PNG Government agencies, systems and individuals to effectively implement and monitor the *PNG National Strategic Plan on HIV/AIDS 2006-2010*;
- Promote coordination and partnership based on an understanding of each stakeholder's comparative advantages;
- Acknowledge the complexity and scale of the epidemic and the need for responses that are evidence-based, well resourced, targeted and locally-adapted;
- Place people and human rights at the centre of the response and promote the involvement and visibility of people living with HIV and AIDS;
- Engage those communities most likely to be affected by the epidemic in the development and implementation of policy and programming;
- Support a continuum of responses which, while focusing primarily on preventing HIV transmission, will also provide care and support for people living with HIV/AIDS and access to quality and affordable treatment; and
- Seek to address the underlying causes of vulnerability, including stigma, discrimination and gender inequalities.

Through its engagement on HIV/AIDS in PNG, Australia will support the Guiding Principles of the *PNG National Strategic Plan* and the UNAIDS 'Three Ones' principle.

Priorities

The *National Strategic Plan* places emphasis on seven focus areas which provide the broad strategic framework for an integrated national response for the next five years.

1. Treatment, counselling, care and support;
2. Education & prevention;
3. Epidemiology & surveillance;
4. Social and behavioural change research;
5. Leadership, partnership and coordination;
6. Family & community; and
7. Monitoring and evaluation.

Drawing on lessons learned from our history of cooperation on HIV/AIDS in PNG, consultations with the Government of PNG, and with advice from a PNG-

based Steering Committee and an international advisory reference group, we assessed a need for Australian support to specifically address the following key areas:

- Strengthening leadership and coordination within National, Provincial and local level governments, and within the non-Government sector including Churches.
- Mobilising communities on HIV prevention, to develop informed, culturally appropriate, rights-based strategies to address behaviours and social issues driving the epidemic.
- Promoting gender equality and reducing sexual violence in order to address the greater risk posed to women and girls, and supporting equitable access to HIV/AIDS prevention and treatment services.
- Expanding the health sector response, through improving the capacity of primary health services to prevent HIV and other sexually transmitted infections; and to support treatment, care and improved access to HIV/AIDS treatment, including antiretroviral therapy.
- Mainstreaming HIV in development initiatives, in order to promote a multi-sectoral response to the factors driving the epidemic and arising out of it.
- Building the evidence base for action, to ensure interventions are effective, culturally appropriate and well-targeted.

These areas reflect the understanding that a generalised, sexually-driven epidemic requires fundamental social, cultural and institutional factors in PNG to be addressed, in order to effectively and sustainably reduce the spread of HIV/AIDS and mitigate its impact. From these areas a series of objectives were selected, based on an assessment of Australia's comparative advantage and the kind of resources we can provide. *Australia's Strategy* aligns those objectives with the *PNG National Strategic Plan* focus areas.

Gender inequality is a major driver of the HIV epidemic in PNG. Gendered approaches are recognised internationally as crucial for all responses to HIV. The significance of gender is already recognised within the *National Strategic Plan* and gender issues cut across all of the *National Strategic Plan* focus areas. Our support to the *National Strategic Plan* will especially highlight the significance of gender and seek to ensure that there is a very strong focus on gender across all areas.

4. FOCUS AREAS OF THE PNG NATIONAL STRATEGIC PLAN ON HIV/AIDS 2006-2010

4.1 Treatment, Counselling, Care and Support

Goal: To decrease morbidity and mortality from AIDS and related causes, to improve the quality of lives of people living with HIV, and encourage access to voluntary counselling and testing

Situation Analysis

The impact of the growing HIV/AIDS epidemic will create a crisis for already weak health systems, with an excessive burden falling on tertiary health services due to the poor state of primary health services. The PNG National Health Plan 2000-2010 has

predicted that for every 5% increase in HIV prevalence in PNG, the total national spending on health will need to increase by 40%. Demand for health care services will increase at the same time as the epidemic causes workforce attrition. Counsellors and care givers will need greater support, as they face difficult and isolating conditions.

The health sector's response to HIV/AIDS in PNG has been hampered by inadequate planning and coordination between national government agencies and the deteriorating state of primary health services. Major issues include poor coordination between different parts of the system, poor management and supervision of staff, inadequate financial and human resources, closure of aid posts and low levels of outreach to remote areas.

The roll-out of antiretroviral therapy is likely to be constrained by insufficient numbers of appropriately trained health workers. Medical supply logistics will require much greater integrity to supply sexually transmitted infection treatment and antiretroviral drugs and other HIV-related items. Real expenditure by Government on health care fell by 13.4% between 2001 and 2004.

Studies have determined that sexually transmitted infections are widespread amongst the PNG population. Given the epidemiological synergy between HIV and other sexually transmitted infections, expanding access to treatment for sexually transmitted infections is particularly important at this early stage of PNG's generalised epidemic. The attitudes of some health workers need to be changed in the context of the HIV/AIDS epidemic and high rates of sexually transmitted infections, so as to be more supportive of condom distribution and sexual and reproductive health programs. HIV/AIDS can also exacerbate and compromise the control of tuberculosis and efforts to strengthen and integrate tuberculosis programs are needed.

Treatment, Counselling, Care and Support under the *National Strategic Plan*

PNG's Medium Term Development Strategy ranks primary and preventative health care as a top expenditure priority, and emphasises the need to strengthen rural health services, particularly health centres and aid posts. 'Effective supervision, regular community outreach and mobile clinics or patrols, and supplies of drugs and materials' are the priority activities identified in the Medium Term Development Strategy. Key health sector plans rank HIV/AIDS as one of the top expenditure priorities. Health sector responsibilities within the HIV/AIDS response include sexually transmitted infection treatment and prevention, voluntary counselling and testing, antiretroviral therapy delivery, condom distribution and surveillance.

The *National Strategic Plan* specifically targets the need to improve treatment and care of people living with HIV/AIDS. It plans to make antiretroviral treatment and voluntary counselling and testing services available and accessible and reduce bed occupancy rates of AIDS related patients. In addition, the *National Strategic Plan* commits to minimising exposure to HIV infection by promoting healthy workplaces, ensuring the safety of blood supplies and reducing the incidence of sexually transmitted infections in risk populations.

Australian support for Treatment, Counselling, Care and Support

Strengthening and expanding the broader health sector response in PNG is crucial. There is growing recognition internationally of the need to strengthen primary health services in the context of the HIV/AIDS epidemic. Primary health services underpin voluntary counselling and testing programs and access to key cost-effective prevention

interventions, including reducing sexually transmitted infections and preventing mother-to-child transmission. The health sector also bears primary responsibility for the delivery of treatment and care to people living with HIV/AIDS, including antiretroviral therapy and treatment for opportunistic infections such as tuberculosis. Clinical need rather than gender should determine access to health care and Australia strongly supports efforts to ensure gender equity in access to HIV/AIDS treatment. It is also important to ensure that infants and children living with HIV have access to treatment and care, including suitable antiretrovirals.

Australian objectives in support of this *National Strategic Plan Focus Area for 2006-2010* are:

1. Improve men's and women's access to quality primary health services that incorporate HIV and sexually transmitted infection treatment and care

- Provide greater support to primary health service delivery in areas such as staff supervision and management, hygiene and infection control, outreach and coordination.
- Develop skills and educate health workers on gender sensitive prevention of HIV and other sexually transmitted infections, tuberculosis control, treatment and care services and support for home-based care.
- Strengthen coordination between health services to integrate HIV/AIDS and sexually transmitted infection services into sexual, reproductive and maternal health services, and support alternative service providers where current services are failing.
- Encourage non-Government, particularly Church health services, participation in the Health Sector Improvement Program and widen access to donor support.
- Support procurement and distribution of medical supplies, in order to safeguard delivery of drugs for treating sexually transmitted infections, opportunistic infections and antiretroviral therapy, infection control supplies and condoms.
- Strengthen HIV and sexually transmitted infection voluntary testing and surveillance systems.

2. Support for the scaling up of HIV/AIDS treatment services, including antiretroviral therapy and treatment of opportunistic infections

- Support the Government of PNG to implement programs aimed at achieving universal access targets for antiretroviral therapy.
- Strengthen the capacity of laboratories to provide HIV testing and diagnostic services, to monitor HIV disease progression and to identify drug resistance.
- Support expanded access to voluntary counselling and testing across PNG and enhance the links between testing and treatment and care services.
- Support the equal access of both men and women to testing and treatment, including treatment for sexually transmitted and opportunistic infections and antiretroviral therapy.
- Support community-based initiatives to provide treatment education and to encourage adherence to antiretroviral therapy.

4.2 Education and Prevention

Goal: To facilitate and sustain behaviour change to minimise HIV and sexually transmitted infection transmission in specific populations and increase awareness about prevention in the general population

Situation analysis

Education and prevention are the first line of defence in the fight against HIV/AIDS in PNG. Effective education campaigns provide clear and accurate information about how HIV is transmitted and prevented. Campaigns also promote change to the behaviours that drive the epidemic within the community. Campaigns must stimulate an open dialogue around HIV/AIDS and generate a genuine community response to prevention. International experience shows that building social inclusion and community empowerment through participation is essential for an effective response to HIV/AIDS.

While prevention campaigns across PNG have successfully increased awareness of HIV/AIDS, they have not managed to bring about the behaviour changes necessary to slow the spread of the epidemic. Recent research suggests that if the epidemic continues along its present trajectory, over half a million people, or 10.9% of the adult population, will be living with HIV by 2025.

Although the government of PNG has enshrined the rights of people living with HIV/AIDS under the *HIV/AIDS Management and Prevention Act (2003)*, stigma and discrimination remain significant barriers to effective prevention efforts within PNG. There have been reports of gross human rights violations against people living with HIV/AIDS, including killings associated with accusations of sorcery. Such extreme stigma inhibits essential discussion of HIV/AIDS and discourages people from accessing testing and treatment facilities.

A number of subpopulations in PNG society are likely to have much higher prevalence of sexually transmitted infections and HIV than is average in the surrounding population. These subpopulations include sex workers and their clients including mobile men working away from their families, people who exchange sex for money or other resources and men who have sex with men. Targeted peer education, treatment for sexually transmitted infections and condom promotion services should be developed for these subpopulations. Populations living in high risk settings also include those with limited access to health services, education, land (which can be a source of food insecurity) and those living near enclave industries (which are often correlated with higher rates of transactional sex).

Women in the general population, including married women, also have specific HIV prevention needs. Women and girls face a combination of low status in PNG society, limited possibilities for education, a lack of economic security and high levels of gender-based violence which aggravate their risk of contracting HIV. The prevention response to women's needs should go beyond information and education and address male social roles and structural factors that contribute to gender inequalities and cause women's vulnerability to HIV.

Education and Prevention under the *National Strategic Plan*

Education and prevention of HIV/AIDS are given high priority under the *National Strategic Plan*. The *Plan* emphasises the need to target interventions towards groups facing heightened risk of HIV, as well as towards the general population. It advocates the provision of relevant, accurate and comprehensive messages about prevention in order to increase safer sexual practices among the sexually active population. In particular, the *Plan* supports the use of peer-to-peer education as an effective mechanism for reaching high risk groups.

Australian support for Education and Prevention

Australia supports a multifaceted approach to education and prevention. The delivery of culturally-appropriate prevention messages is essential to generate necessary behaviour change among the sexually active population, in particular high risk groups and populations living in high risk settings. Australia strongly supports working with both men and women to improve the gender dynamics that place women at a high risk of contracting HIV. It is crucial to improve primary health service delivery to reduce sexually transmitted infections and mother-to-child transmission and provide post-exposure prophylaxis to survivors of sexual assault. Finally, Australia supports the reduction of stigma and discrimination that affect people living with HIV/AIDS as central to effective education and prevention efforts within PNG.

Australian objectives in support of this *National Strategic Plan* Focus Area for 2006-2010 are:

1. Support community, civil society, business and Church groups develop effective, rights-based prevention initiatives

- Provide grants for community-based HIV and sexually transmitted infection prevention activities, and support capacity strengthening of community based networks such as churches, youth and women to provide greater leadership and mobilise on prevention.
- Increase community access and uptake of clinical prevention services, including in the areas of sexually transmitted infection treatment, prevention of mother to child transmission, and post-exposure prophylaxis for survivors of sexual assault.
- Provide holistic support to high risk settings, including peer education, sexually transmitted infection services, voluntary counselling and testing, condoms and treatment and care.
- Partner with sporting bodies to ensure prevention efforts reach and involve unemployed men and women and children not at school.
- Engage young people and men of all ages in specific initiatives to prevent HIV transmission.

2. Reduce stigma associated with HIV/AIDS

- Mobilise community-based peers and mentors, including people living with HIV/AIDS, to deliver prevention initiatives, including efforts to address HIV-related stigma, sexuality, gender inequity and violence against women.
- Expand the reach of information, education and communication materials on HIV transmission and prevention, and on the rights of people living with HIV/AIDS, in a range of languages and also for low literacy and rural settings.

3. Address underlying causes of gender inequality and sexual violence through the HIV/AIDS response

- Support political, traditional and Church leaders, as well as service providers in the law and justice sector, advocate on gender issues and against sexual violence.
- Mobilise men to work with other men address their roles with respect to transactional sex, gender inequity and violence against women.
- Support the provision of services for women who escape from domestic violence
- Mainstream gender sensitivity and gender analysis across Australia's sectoral HIV/AIDS initiatives in PNG.

4. Ensure HIV/AIDS prevention efforts are gender sensitive and address factors such as sexual violence towards women

- Ensure prevention efforts reflect the implications of women's low status within their families and communities and men's relative power over women.
- Support the integration of HIV/AIDS and sexually transmitted infection services with maternal, reproductive and sexual health services.
- Support the provision of post-exposure prophylaxis for women who have been raped, as antiretroviral therapy becomes more widely available.
- Support increased availability of male and female condoms, including through social marketing initiatives.

4.3 Epidemiology and Surveillance

Goal: To establish effective and efficient surveillance systems that will provide accurate measurement and understanding of the growth and other characteristics of the HIV epidemic in PNG

Situation Analysis

Experts on the HIV/AIDS epidemic in PNG are unanimous on the need for greatly improved epidemiological surveillance, to better understand the nature and spread of the epidemic in PNG and to provide the basis for an effective response.

Sentinel surveillance sites are not yet established in all provinces. The capacity to conduct second generation HIV and sexually transmitted infection surveillance is extremely limited, due to the lack of a comprehensive set of indicators, insufficient distribution of rapid test kits to many rural areas; patchy and unreliable health reporting, a lack of sexually transmitted infection services and insufficient laboratory and research capacity.

A working group, under the auspices of the National AIDS Council, has developed a set of indicators to be used for national monitoring of the *National Strategic Plan* implementation based on current surveillance capacities. However, capacity to collect data, including sex-disaggregated data, on a broader range of indicators is urgently needed. A Demographic and Health Survey planned for 2006 will update basic health and HIV/AIDS related data across the country for the first time in ten years.

Australian institutions can help to broaden and diversify PNG's research capacity.

Epidemiology and Surveillance under the *National Strategic Plan*

The *National Strategic Plan* acknowledges that epidemiological data is limited due to under reporting, poor quality reporting, and the lack of good systems of notification of confirmed HIV positive individuals. To respond to this problem, PNG aims to strengthen and maintain the national surveillance system and increase the availability of accurate data about the risk of HIV infection for particular groups. To coordinate and enhance the collection of data, the *National Strategic Plan* also aims to establish an information centre and link this to other information systems.

Australian support for Epidemiology and Surveillance

To enable better targeting of the response to HIV/AIDS, Australia supports the need for improved epidemiological surveillance. Collection of data according to nationally and, if possible, internationally recognised indicators is urgently needed to improve monitoring and evaluation. To facilitate this, there needs to be drastically improved access to

testing equipment and diagnostic services for HIV and sexually transmitted infections. Epidemiological data should be disaggregated by gender and the results of this taken into account when developing further responses.

Surveillance and research needs to be backed up by the capacity for prevention and care interventions to be tailored to respond to the findings. Evaluation of interventions will require baseline data and the measurement of epidemiological trends over time. New information, education and communication methods need to be trialled and evaluated, to develop culturally appropriate, gender sensitive and effective materials. Further research needs to be conducted to determine the appropriateness and cost-effectiveness of all responses.

Australian objectives in support of this *National Strategic Plan Focus Area for 2006-2010* are:

1. Support research and surveillance to better inform prevention, treatment and care interventions

- Support research on HIV/AIDS in PNG by Papua New Guinean, Australian and international academic and research bodies.
- Build the capacity of service deliverers to undertake epidemiological surveillance.
- Expand operational clinical research to support the scaling up of treatment.
- Ensure surveillance, research and monitoring and evaluation provide sex-disaggregated data.

2. Improve the availability and dissemination of research and surveillance findings, locally and internationally

- Support the dissemination of research findings through appropriate channels to reach grassroots and local service providers.
- Encourage the publishing of HIV/AIDS research in PNG in international journals
- Share findings and coordinate research with PNG agencies, donors and other participants in the response.
- Promote and provide resources for mechanisms for knowledge management.

4.4 Social and Behavioural Change Research

Goal: To improve social behaviour research in PNG so that it complements epidemiological and other information and informs the development of strategies for behaviour change

Situation Analysis

Improved behavioural surveillance is urgently required in PNG to better understand the nature and spread of the epidemic. Prevention initiatives, in particular, need to have a stronger basis in social research and behavioural surveillance. The response to date has been mostly informed by one-off studies, often with small population sizes. There is virtually no time series or longitudinal data available for monitoring changing social impacts of the epidemic and the effects of prevention efforts on behaviour change.

As the epidemic worsens, its impact on communities will need to be monitored including household economic impacts, and impacts on community coping mechanisms to absorb increased burdens of care for people living with HIV and orphans and the impact of the epidemic itself on behaviour.

Social and Behavioural Change Research under the *National Strategic Plan*

The *National Strategic Plan* emphasises the need to change behaviour that puts people at risk of HIV infection. It points to the importance of research into the social, cultural, gender and economic factors that shape people's behaviour that can be used as the basis for prevention interventions that are socially and culturally appropriate in the PNG context. The *National Strategic Plan* aims to build capacity to strengthen social behaviour research in PNG and produce the evidence-base for the design of strategies for sustainable change in at risk behaviour.

Australian support for Social and Behavioural Change Research

Australia will support improved behavioural change research which is responsive to emerging issues and builds effective prevention responses.

Australian objectives in support of this *National Strategic Plan* Focus Area for 2006-2010 are:

- 1. Support social and behavioural research and improve the availability and dissemination of findings, locally and internationally**
 - Develop wider HIV/AIDS social research capacity within PNG institutions.
 - Support the implementation of a PNG HIV research strategy which enables key PNG stakeholders to engage in a prioritisation process regarding the social and behavioural research that supports implementation and monitoring of the *National Strategic Plan*.
 - Monitor emerging issues arising from the epidemic, such as the impacts of a generalised epidemic on families and communities, social and behavioural aspects of treatment scale-up including treatment adherence issues, and the potential impact of new prevention approaches.
 - Support the dissemination of research findings through appropriate channels to reach grassroots and local service providers.
 - Encourage the publishing of HIV/AIDS research in PNG in international journals.
 - Share findings and coordinate research with PNG agencies, donors and other participants in the response.
 - Build the capacity of HIV affected communities and service deliverers to participate in social and behavioural research.
 - Promote and resource mechanisms for knowledge management.

4.5 Leadership, Partnership and Coordination

Goal: To encourage politicians and leaders at all levels of society to give a high profile to HIV/AIDS and enhance coordination of development partner's participation and resource mobilisation

Situation Analysis

Reviews of HIV/AIDS programs in PNG have highlighted the need for strong leadership, high-level coordination and well-developed governance capacity. The Government of PNG has recently initiated a number of positive steps towards achieving these needs. The National Executive Council approved the *National Strategic Plan* at the end of 2005. A Minister Assisting the Prime Minister on HIV/AIDS has been appointed. The PNG Parliament established a Special Parliamentary Committee on HIV/AIDS in 2004 which conducted a public inquiry into the state of HIV/AIDS prevention in PNG in 2005. The passage of the *HIV/AIDS Management and Prevention Act (2003)* recognised the rights of people living with HIV/AIDS. Several

Ministers within Parliament are strong advocates on HIV/AIDS. However, much greater political leadership is needed to resource and mobilise action within government, the business sector and civil society.

The relocation of the National AIDS Council and its Secretariat to the Department of the Prime Minister and National Executive Council presents an improved structural arrangement for national level coordination and implementation of the multi-sectoral response outlined in the *National Strategic Plan*.

Capacity to coordinate and implement the response has been slow to develop. Coordination urgently needs to be strengthened as the number of participants in the response increases in order to ensure the effective allocation of resources. The National AIDS Council Secretariat has identified the need for its planning, financial management, coordination and monitoring capacity to be strengthened. At the sub-national level, the majority of Provinces still have weak coordination capacity, although some Provincial AIDS Committees are working effectively.

Coordination of the HIV/AIDS response requires a mainstreamed, multi-sectoral approach. The Medium Term Development Strategy notes that responsibility for responding to the epidemic extends well beyond the health sector and that HIV/AIDS is '*a wider development issue that must be addressed from a multi-sectoral perspective*'. The concept of 'mainstreaming' HIV/AIDS involves agencies examining their core business to determine how they can contribute to the response and also how their business practices may need to change to avoid contributing to the spread of HIV/AIDS.

The high level of stigma attached to HIV/AIDS in PNG has been fuelled by those leaders who depict HIV transmission and, by inference, HIV-positive status as the consequence of immoral behaviour. The Covenant for Churches and HIV/AIDS, signed by the leaders of the major Churches in PNG, has demonstrated high level commitment within the Churches. However, at the grassroots level the impact of Churches is mixed and in some cases is impeding prevention efforts. Much greater support needs to be given to traditional and community leaders, who need access to accurate information about HIV transmission and help in identifying ways to lead their communities in prevention, treatment and care efforts.

Leadership, Partnership and Coordination under the *National Strategic Plan*

The Medium Term Development Strategy identifies HIV/AIDS prevention as a top expenditure priority, in recognition of the epidemic's potential 'to reverse or seriously compromise social and economic development in PNG,' and states that HIV/AIDS should be considered in the assessment of all budgetary requests. Budgetary commitments for implementation of the *National Strategic Plan* need to greatly increase in accordance with the Medium Term Development Strategy.

In the *National Strategic Plan*, PNG aims to ensure an annual increase in financial commitment and political involvement to the national response by fostering political and leadership commitment at all levels of society. Existing partnerships will be strengthened and new partners established on the basis of equality and mutual respect at all levels. A key response to the issue will be to strengthen the capacity of the National AIDS Council and its Secretariat to effectively coordinate the national response to HIV through the implementation of the *National Strategic Plan*, including effective provincial coordination.

Australian support for Leadership, Partnership and Coordination

Australia is keen to build capacity in leadership, partnership and coordination in the response to HIV/AIDS as it will help address stigma, attract resources to fight HIV/AIDS and mobilise community support to address the epidemic. International experience shows that strong leadership is a prerequisite for an effective fight against HIV. In particular, leadership is required to address underlying causes of gender inequity and sexual violence and Australia will encourage the increased participation of PNG women in leadership roles. Australia will also continue to support mainstreaming of HIV/AIDS awareness within sectoral agencies across PNG.

Australian objectives in support of this *National Strategic Plan* Focus Area for 2006-2010 are:

1. Support leaders at National, Provincial and grassroots levels advocate for, and participate in, an expanded response to the epidemic

- Foster and facilitate national political and bureaucratic leadership, by supporting Ministers, Parliamentarians and agency heads with learning opportunities, training, information, education and communication resources and by providing opportunities for them to link with regional and international networks.
- Advocate for increased sectoral expenditure and improved budget reporting on HIV/AIDS prevention and impact mitigation, in line with Medium Term Development Strategy priorities.
- Support leaders within Provincial and local Governments, Churches and communities advocate on HIV prevention, countering stigma, the rights of people living with HIV/AIDS and gender equality.
- Engage with the private sector to encourage advocacy on HIV/AIDS, support their workforce and the communities in which they operate.
- Engage with sporting bodies to encourage advocacy on HIV/AIDS.
- Build the capacity of people living with HIV/AIDS, women and young people to adopt leadership roles on HIV and to participate in decision-making on policy and programs relating to HIV and sexual health.

2. Strengthen coordination of efforts to implement the *National Strategic Plan*

- Strengthen the capacity of the National AIDS Council and the National AIDS Council Secretariat to coordinate implementation of the *National Strategic Plan*.
- Support the development of functional and effective Provincial coordination structures.
- Support donor coordination through National AIDS Council.

3. Support improved mainstreaming of HIV/AIDS across all sectors

- Support the National AIDS Council Secretariat's leadership in mainstreaming initiatives.
- Continue the provision of technical assistance for mainstreaming through Australia's sectoral support programs in PNG, particularly the education and health sectors.
- Expand support for mainstreaming to include other areas of Australian engagement in PNG, the private sector and other development organizations.
- Support PNG's non-health sector agencies to implement the *National Strategic Plan*.

4.6 Family and Community Support

Goal: To support and sustain a social and cultural environment that will enable families and communities to care for and support people infected and affected by HIV/AIDS

Situation Analysis

PNG is one of the most culturally and linguistically diverse countries in the world. Papua New Guineans have a strong sense of local identity and rely on the support structures of the *wantok* (clan) system. However these traditional support mechanisms will be stretched by the impact of HIV/AIDS and communities will need to address the current stigma associated with HIV/AIDS and cope with increased illness and death.

PNG's national health system will be placed under increased stress as the HIV/AIDS epidemic continues and local communities will need to assume a greater role in caring for those living with HIV/AIDS. However, the primary care givers in PNG are women. In addition to caring for sick relatives, women are responsible for growing and collecting food, preparing meals and minding young children. It is imperative to recognise the crucial role that women play in the private response to HIV/AIDS, to adequately support their contribution and to encourage the involvement of men in home-based care.

Family and Community Support under the *National Strategic Plan*

The *National Strategic Plan* underscores the importance of maintaining the integrity of community structures in the country's response to HIV/AIDS. It highlights the need to reduce stigma and discrimination to enable communities to effectively care for each other and identifies the specific discrimination faced by orphan children.

Australian support for Family and Community Support

Australian assistance to this focus area will be concentrated largely on supporting community-based groups to care for those living with HIV/AIDS, on reducing the stigma associated with HIV/AIDS and on improving the gender relations that result in women bearing a disproportionate burden of home-based care.

The Australian objective in support of this *National Strategic Plan* Focus Area for 2006-2010 is:

1. To support community-based groups to care for those living with HIV/AIDS

- Support community-based groups that provide peer support for people living with HIV and their carers.
- Monitor the impact of HIV/AIDS on women's and men's roles within their families and communities.
- Support the increased involvement of men in the provision of home-based care.
- Monitor the impact of the epidemic on orphans and vulnerable children and other community-level impacts, such as food security.

4.7 Monitoring and Evaluation

Goal: To effectively track the progress of the HIV epidemic in PNG through regular monitoring and evaluation mechanisms and measure the impact of the national response.

Situation Analysis

PNG recognises that there is currently insufficient capacity in PNG to monitor and evaluate the effectiveness of the national response to HIV/AIDS. As acknowledged in the *National Strategic Plan*, with the lack of a skill base and the appropriate mechanisms for the collection and analysis of data and the resources required to support this, it is difficult to ascertain whether resources have been used effectively. This weakens the national response and discourages donors from continuing their support.

Monitoring and Evaluation under the *National Strategic Plan*

PNG sees monitoring and evaluation as a tool to improve the effectiveness of the national HIV response and has developed a Monitoring and Evaluation Framework to produce, collate, analyse and disseminate information from all sources including provinces. Relevant indicators have been developed which will also assist in the reporting on international milestones (for example for the Millennium Development Goals). As part of its Monitoring and Evaluation Framework, PNG plans to review the *National Strategic Plan* by 2008.

Australian support for Monitoring and Evaluation

Australia supports the UNAIDS Three Ones principle of a '*single agreed monitoring and evaluation framework for the HIV/AIDS response*' and therefore will use the *National Strategic Plan* Monitoring and Evaluation Framework as the central element of its own monitoring. Each activity within the Australian program will be monitored and evaluated using intervention logic that links it to the *National Strategic Plan* goals. The Monitoring and Evaluation Framework allows for the collection of sex-disaggregated data and Australia will support the broader analysis of this data to monitor gender-specific outcomes.

The Australian objective in support of this *National Strategic Plan* Focus Area for 2006-2010 is:

1. Support implementation and strengthening of the Monitoring and Evaluation Framework established under National AIDS Council for the *National Strategic Plan*.

- Support PNG's proposal to review the Framework to take account of emerging issues and new sources of information.
- Assist the National AIDS Council to oversee implementation of the Framework.
- Strengthen the monitoring of gender-specific outcomes through the Monitoring and Evaluation Framework and support the monitoring of gender-specific outcomes under each activity.

5. DELIVERING AN EFFECTIVE RESPONSE

5.1 Gender: A Cross-Cutting Theme

Gender is a specific theme that cuts across the seven focus areas of the *National Strategic Plan*. Tackling gender issues adequately across the whole HIV response will be critical to its success.

Social, cultural and economic factors place PNG's women and girls at an increased risk of HIV infection, and young women are biologically more vulnerable to HIV infection. Insufficient knowledge of HIV/AIDS is compounded by a culture of silence that prevents women from discussing issues that impact on their sexuality. Women in PNG are

subject to high levels of sexual and gender-based violence. Structural factors such as economic dependence and lack of access to education inhibit negotiation of safer sexual practices.

Women in PNG are disproportionately affected by poverty and poor access to services and the HIV epidemic is making this worse. The PNG Medium Term Development Strategy states that *“reversing the course of the [HIV/AIDS] epidemic will depend, to a significant degree, on the success of policy in reducing poverty and empowering women”*.

‘Men with money’ are widely considered to be drivers of the epidemic in PNG. Many women have no choice but to engage in transactional sex with men who can pay them with money or goods and some women and girls are forced into sex work. Dominant conceptions of masculinity in PNG are often linked to violent and coercive sex, including gang rape. Alcohol and drug use are significant factors that fuel violence. Men also have the potential to help the HIV response through taking responsibility for changing their behaviour.

Australian support for the HIV/AIDS response within PNG is based on the belief that a gender perspective must inform *all* activities undertaken; and that it is essential to work with both men and women to effectively address the gender inequality that sits at the heart of the HIV/AIDS epidemic in PNG.

5.2 Capacity Building

Australia’s support is based on the understanding that HIV/AIDS is a development crisis, which requires a range of immediate, medium and longer-term responses. The success of Australia’s program of support will be determined by how effective Australia is in engaging constructively with Papua New Guineans and their institutions.

Building capacity within PNG to lead, develop, and implement PNG’s *National Strategic Plan* will underpin Australia’s support for the national response. Australia will work with the PNG Government and other stakeholders to jointly assess capacity building needs and implement programs that will underpin reform efforts and ensure the sustainability of gains. Working within and through PNG systems will be a key feature of this support.

5.3 Lessons Learnt

Australia has learnt a number of lessons from its previous work on HIV/AIDS in PNG:

- Donor-supported projects can overwhelm partner agencies, hamper capacity development and “crowd-out” other donors;
- Support for community-based and civil society organisations in PNG needs to extend beyond funding the provision of services and to include capacity building, in order to improve sustainability;
- Materials and resources developed for provincial and local level organizations and communities need to be culturally appropriate, including being delivered in appropriate languages and being tailored for low-literacy settings;
- Underlying development issues such as the low status of women cannot be adequately addressed through sectoral programs alone, and require a cross-sectoral approach;

- Support for service delivery in a context of decentralisation needs to be tailored to local settings, as issues and problems vary widely in different parts of PNG;
- Mainstreaming processes that emphasise coordination and participation within partner agencies are more effective and are perceived as more legitimate than processes centred around donor activities;
- Support is required to build research capacity; *and*
- Findings from nationally conducted research and surveillance need to be disseminated to provinces and other players to inform their activities and reinforce their stake in data collection.

5.4 Risk Management

There are various risks associated with providing a larger program of support to PNG for reducing HIV transmission and addressing the epidemic's impact. However, the risk of an insufficient response at this stage of the epidemic can be measured in the number of Papua New Guinean lives that will be lost and the devastating impact the epidemic will cause on the economy, services, families and communities. As Australia's program of support will need to respond to risks as they emerge, the following list is illustrative rather than exhaustive.

Displacement of PNG Funds

Australian funds will continue to be the largest single source of funding for PNG's HIV/AIDS response. Without greater political and cross-sectoral commitment in PNG, there is a risk that the Government of PNG will under-resource implementation of the *National Strategic Plan*. In negotiations on the new Country Aid Strategy, the principle has been agreed that donor funds should not substitute for the Government of PNG's own increasing investment in Medium Term Development Strategy priority areas. Australia and PNG will jointly monitor for improvements in PNG budget allocations for priority services, while recognising PNG's limited resources and the need to urgently respond to the epidemic.

Duplication or displacement of other donors' engagement

Australia's response will affect the nature of other partners' engagement. Australia will ensure its program mechanisms are aligned to those of the National AIDS Council Secretariat and will support the National AIDS Council develop its coordination capacity. Australia will seek opportunities to harmonise and work closely with other donors, encouraging them to lead where they have a comparative advantage. Australia will also support continued updating of stakeholder mapping.

Additional funding creates a disincentive for local responses

The expansion of resources at the community level has the potential to undermine grassroots ownership of the response by deepening the culture of dependency. Incentives for increased local ownership and resourcing need to be built into the provision of grants and resources at all levels. Australia will support PNG partners in overseeing funding decisions, implementing programs and ensuring accountability.

Response is unsustainable in the long term

Without an effective response now, the epidemic may weaken the capacity of all PNG stakeholders to respond. Hence, the response needs to be urgently scaled-up. However, if the focus is only short term, and not based on sound cost effectiveness analysis, there may be a proliferation of parallel mechanisms and initiatives which

would increase the transaction costs for PNG and undermine long term integration of the response. Australia will support interventions that deliver rapid outcomes while also supporting the longer term goal of building local capacities. Opportunities to harmonise with other donors will be sought, to minimise transaction costs, and structures supported that establish the basis for longer term integration with PNG systems.

Gender objectives are not achieved

The success of Australia's program of support will be largely contingent upon improving gender relations within PNG and reducing sexual violence against women. If these objectives are not achieved, it is unlikely that the HIV/AIDS epidemic in PNG will be slowed.

Social and cultural change objectives are not achieved

Achieving social and cultural change within PNG is central to the success of this Program. There is a significant risk to the Program if cultural change, such as stigma reduction, and sexual behaviour change, such as an increased use of condoms, are not realised.

Lack of Coherence and Technical Oversight

A cross-sectoral program, such as the one outlined, risks fragmentation in the approach to cross cutting and underlying issues. In addition, without sufficient internal technical capacity, Australia's responsiveness to research and evaluation findings and new understandings about delivering effective responses will be compromised. Australia is therefore committed to mobilising an AusAID officer as a Senior Program Coordinator to oversee program coherence and coordination with other stakeholders. This position will be supported by advisers with international technical experience in key areas and PNG experience, to ensure Australia's support is responsive to innovative and appropriate methodologies for addressing HIV/AIDS in PNG.

External Funding for antiretroviral therapy is suspended or not replenished

If the Global Fund to Fight AIDS, Tuberculosis and Malaria grant monies are mismanaged, grants to PNG under the Fund may be suspended. There is also a risk that the international community will not remain committed to replenishing the Fund in the longer term and that there will be fewer external funds available for antiretroviral therapy. In either of these scenarios, PNG could be left with an unsustainable funding burden for antiretroviral therapy. The commitment to antiretroviral therapy needs to be lifelong to maximise health benefits to people living with HIV and the public health benefits of treatment programs. Public health benefits of lifelong treatment include preventing the development of drug-resistant strains of HIV and the reduction in transmission at a population level due to lower levels of virus in people on treatment. Australia is committed to supporting implementation of the Global Fund grant in PNG.

5.5 Integrated Approach

HIV and AIDS demands a change in the way organisations work. All sectors and agencies need to understand how they might be affecting the HIV epidemic, how HIV might be affecting their own development outcomes and how to adapt their programs accordingly. Australia has worked with all sectors towards mainstreaming HIV into their core business.

In line with the principle of promoting coordination and partnership, Australia will continue to work towards improved policy coherence, whole-of-government and multi-

sectoral engagement, and will seek opportunities to work with other development partners.

- Australia will facilitate a whole-of-government approach to the implementation of a HIV/AIDS response in PNG, to ensure that aid interventions by different government departments are consistent with a single development framework.
- Planning and implementation will take place within the context of Government of PNG systems and processes. A range of implementation counterparts or partners will be used, including the health Sector Wide Approach, civil society and private sector partners.
- Australia will work with local and international partners to draw on as wide a range of expertise as possible in the design and implementation of initiatives. Partnerships that facilitate donor harmonisation will help minimise the transaction costs for PNG agencies. Some specific opportunities for partnerships include drawing on: existing strong cultural, business and political links with PNG to support leadership at all levels; Australian non-government organisations long experience with local partners in implementing community-based initiatives; and strong links between Australian and PNG research and academic institutes.

ANNEX B: Terms of Reference

Framework for a PNG-Australia HIV/AIDS Program - Terms of Reference

1. Background

PNG is already experiencing a generalised HIV/AIDS epidemic, with an estimated one to two percent of the population infected. Rapid rises in prevalence over recent years suggest that there is real potential for the epidemic in PNG to reach the proportions seen in many African countries over the last 20 years. This would have devastating consequences for PNG's culture, society and economy. Australia is committed to working with PNG to prevent the expansion of the epidemic and to support those already affected by it.

AusAID recognises that a concerted long-term commitment, from the Government of PNG and from donors, is needed to stem the course of the HIV/AIDS epidemic in PNG. AusAID also recognises that the PNG National AIDS Council (NAC) and its Secretariat (NACS) are mandated to oversee HIV/AIDS policy and coordinate the national response. AusAID's future program of assistance for HIV/AIDS will be delivered through a range of modalities. We are committed to ensuring that our activities support the roles of NAC and NACS, and are harmonised with those of other stakeholders working in relevant sectors.

AusAID's current National HIV/AIDS Support Project (NHASP) is due to finish in October 2006. The design of a new HIV/AIDS program is underway. In February/March 2005, AusAID representatives and design consultants met with a wide range of PNG stakeholders to discuss the current response and existing impediments to an effective response. Based on these consultations and analysis of the HIV/AIDS situation in PNG, AusAID has prepared a draft HIV/AIDS Strategy for PNG (2005-2010), which has been distributed to PNG stakeholders and an International Reference Group for comment.

It is proposed that Australia's response over the next five to ten years will include building PNG capacity, in the areas of health care, civil society, HIV/AIDS governance and research, and on supporting prevention and behaviour change. A functioning primary health care system is essential both to prevention and treatment of HIV/AIDS. A major focus of our approach will be to seek opportunities to work through the existing health Sector-Wide Approach with national and provincial governments, and also with non-government organisations, churches and the private sector, to support the delivery of basic health care at the community level. We will include specific measures to address sexually transmitted infections, which greatly increase the risk of HIV transmission. We will also seek opportunities to harmonise our efforts with those of other donors, for example through providing increased support for the agencies charged with implementation of GFATM grants.

We will also increase our support to government and non-government bodies for activities promoting behaviour change. This will include a strong focus on vulnerable

groups, including the needs of women and youth. Our program will be informed by international best practice and by an enhanced research program, which will support the development of responses to HIV/AIDS appropriate to PNG's unique cultural context. Where possible, it will also include incentives for greater participation in and leadership by Papua New Guineans. We will also continue to mainstream HIV/AIDS across Australia's development assistance program, and to support PNG mainstreaming efforts.

Principles

Based on the design consultations in early 2005, AusAID has developed principles to guide the development of the structures (the strategic and management functions) which will support both the implementation of the new program and our engagement with stakeholders. These principles are:

- supporting an evidence based response;
- promoting each stakeholder's comparative advantage;
- promoting local ownership and leadership;
- promoting coordination and partnership;
- acknowledging the complexity and scale of the situation and the response;
- facilitating a differentiated and locally-adapted response; and
- facilitating responses that reflect the emergency nature of PNG's epidemic as well as the need for longer-term sustainable development of relevant PNG institutions.

The key elements of our approach will be the modes we use for aid delivery, the way we engage with PNG stakeholders and how we coordinate with development partners.

Aid Modalities The evaluation of the National HIV/AIDS Support Project noted that project "outcomes might have been improved by separating certain discrete elements, rather than through a single entity". This accords with AusAID's analysis that a new program will need to be packaged differently to support differentiation in approaches, timing and resource management. However, this approach is not without complications. It is likely that a different approach to AusAID management will be required to ensure coherence and coordination across the Program. This approach will require different ways and means for delivering assistance and structures for managing and monitoring the Program. The costs associated with this modular approach also need to be examined.

Engaging with PNG In assessing design options for the Program, a major consideration must be the role of PNG in the governance of AusAID's program. The Framework will need to consider options for supporting closer PNG engagement. In developing this Framework, closer examination of current AusAID models in other sectors (e.g. Health – CBSC and Law and Justice) as well as existing mechanisms in PNG for engagement in development programs.

Coordinating with other Players There are a range of development partners with current and/or planned HIV and AIDS response programs. AusAID needs to be mindful of

these developments to minimise overlap, maximise program coherence and look for opportunities for joint funding.

Whole of Program Approach The Framework will be for HIV/AIDS assistance for the entire AusAID program to PNG. AusAID funds a range of activities in PNG which can have both positive and negative impact on the HIV epidemic. In addition to mainstreaming, AusAID needs to have a coordinated approach to integration of HIV responses across our sectors and the Framework will need to address this.

2. Purpose / Objective

The purpose of the Framework is to provide the structure and processes to support the implementation of the Strategy.

The objective is to develop a Framework for the new PNG-Australia HIV/AIDS Program which:

- enables the effective and efficient delivery of Australian Government HIV/AIDS assistance to PNG;
- can be shared with and used to seek feedback from key stakeholders on AusAID's approach; and
- provides documentation that enables AusAID to contract-out the implementation of the strategic and management functions, and sets the framework within which design of the specific components can be contracted-out.

3. Scope of Work

The Framework should be consistent with the PNG National Strategic Plan (NSP), AusAID's HIV/AIDS Strategy and the draft AusAID PNG HIV/AIDS Strategy. It should include links to poverty analysis, more flexible outcome-oriented designs, effective use of incentives, and sustainability. In doing so, the Framework should:

- describe:
 - the strategic and management functions (strategic director, management mechanism, engagement and coordination mechanisms, monitoring and evaluation framework);
 - the priorities areas for enhanced engagement (community mobilisation, health, gender, leadership, research);
 - the cross-cutting strategies / approaches (e.g.. Provincial and District level engagement);
 - the relationships with key stakeholders;
 - the logistics of implementation (inc transition from the current project, links to other initiatives, timeframe and sequencing, resources, costs); and
 - the risks and how they might be managed
- provide a broad examination of the context into which the Program will be implemented;
- provide a detailed analysis (including cost analysis) of the options for the strategic and management functions and justification for recommendations;

- describe how recommended functions would work, including objectives; responsibilities; components; resourcing; relationships with AusAID, other contracted entities and stakeholders; a risk assessment; and if appropriate a log frame analysis and implementation schedule;
- include draft Scopes of Services for design/contracting for individual elements (which will be agreed with AusAID during the Framework development process);
- outline a timeframe for progressing the design and implementation including a more detailed description of Year 1 activities;
- clearly identify the roles and contribution of NACS and other PNG agencies;
- outline what initiatives (that are currently funded through NHASP) need to be continued and the options for their continuation (supported by AusAID, other donors or are embedded into PNG government and civil society programs);
- outline links to existing bilateral or regional programs to PNG; and
- provide a Risk Management Plan for the Program in accordance with AusAID guidelines.

4. Outputs

The team will work together to develop a Framework for the new PNG-Australia HIV/AIDS Program, which:

- incorporates (but is not limited to) sections on the: development and country context; situation and needs; goals and guiding principles; priority areas for engagement; the strategic and management functions including key AusAID positions (inc the Senior Program Coordinator), the management mechanism, mechanisms for engaging with PNG stakeholders, and the M&E framework; cross-cutting strategies; relationships with stakeholders; implementation logistics; risk assessment;
- achieve the principles and objectives (as outlined in sections 1 and 2) and reflects the scope of work (Section 3);
- is formatted so that is able to be used and continually updated in the long term as the basis for the PNG-Australia HIV/AIDS Program;
- is no more than 50 pages in length; and
- has an executive summary of no more the 7 pages in length which can be distributed to stakeholders as an outline of the Program.

5. Design Team Composition

Consultants with design, HIV/AIDS and M&E expertise will be engaged to draft, in consultation with AusAID and GoPNG officers, the Framework for a new PNG-Australia HIV/AIDS Program.

The design consultant's role will be to ensure the Framework achieves the principles and objectives (outlined in sections 1 and 2) and reflects the scope of work (Section 3):

- by guiding team discussions on the Framework; and
- by coordinating the drafting of the Framework to final copy.

All consultants will be responsible for:

- contributing to discussions on the Framework;
- providing advice on their areas of expertise, including:
 - describing the context, stakeholders and needs
 - identifying options
 - recommending models;
- at the direction of the team leader, drafting (and revising) related sections in the Framework; and
- participating in the presentation of the Framework to AusAID, PNG and other stakeholders.

6. Relevant Documents

Essential Reading

- (Draft) AusAID HIV/AIDS Strategy 2005-10 (AusAID, Aug-05)
- (Draft) Situation Analysis of HIV/AIDS in PNG (AusAID, Sep-05)
- (Draft) Senior Program Coordinator TORS (AusAID, Sep-05)
- NHASP Exit Strategy (Vol I and II) (AusAID, Dec-04)
- (Draft) NHASP Evaluation (AusAID, Oct-05)
- PNG National Strategic Plan on HIV/AIDS (NACS, Jan-05)
- (Draft) HIV Epidemiological Modelling and Impact (HEMI) Study (including Cost Effectiveness Model) (AusAID, Jul-05)
- Role of Government Study – Executive Summary (AusAID, May-05)
- Mainstreaming Plan of Action (AusAID, Apr-04)
- (Internal Document) Research Strategy 2006-2010 (AusAID, Aug-05)
- Scoping of Options and Issues for Future Australian Support for HIV/AIDS in Papua New Guinea (2005-2010) (AusAID, Apr-05)

Background and Reference Documents

- HIV/AIDS STI Costing Model for the Health Sector (AusAID – not yet submitted)
- Social Mapping Report – Summary (NHASP, Jun-05)
- Review of AusAID HIV Multisectoral Initiatives – Executive Summary (AusAID, May-05)
- (Draft) Mainstreaming HIV into AusAID’s Development Portfolio in PNG - Operational Guidelines for Managers (AusAID, Apr-05)
- HIV Stakeholder Mapping Report (AusAID, Sep-04)
- Meeting the Challenge – AusAID’s International HIV/AIDS Strategy (AusAID, Jul-04)
- Potential Economic Impact of HIV/AIDS Epidemic in PNG (AusAID, Feb-02)
- Churches Partnership Program – Program Framework (AusAID, May-04)
- Community Development Scheme Phase 2 - Integrated Strategy (AusAID, May-05)
- (draft) HIV-AIDS Policy for the National Education System of PNG (NDOE, Dec-05)
- Transport Sector Program - Concept Design - Executive Summary (AusAID, Sep-05)
- (draft) PNG Law and Justice Sector Strategic Framework (AusAID)
- (draft) NDOH Strategic Plan for the PNG Health Sector 2006-2008 (NDOH)

7. (Indicative) Process and Timeframe

Task	Responsibility	Timeframe	Timing
Framework outline and TORS Engage / organise team	AusAID		by 14-Oct
Background Reading	Consultants	3 days	17 Oct – 4 Nov
Discussions (Canberra)	AusAID, Consultants, GoPNG	3 days	9-11 Nov
Draft sections of framework	AusAID, Consultants	10 days	14-25 Nov
Discussions (Canberra) Framework consolidated	AusAID, Consultants, GoPNG	5 days	28 Nov – 2 Dec
Comments	AusAID		5 -23 Dec
Redraft framework	Team Leader / Consultants	up to 5 days	3 -13 Jan
Draft to stakeholders (prior to presentations) and International Reference Group for appraisal	AusAID		on 16 Jan
Presentations to PNG Steering Group, GOPNG, CCM...	AusAID, Consultants	2 days	early Feb
Discussions (Canberra)	AusAID, Consultants, GoPNG	1-2 days	9-10 Feb
Redraft sections of framework	AusAID, Consultants	3-5 days	13-17 Feb
Consolidate framework	Team Leader	1-3 days	due 24 Feb

ANNEX C: Bibliography

This list of documents is provided as an initial point of reference for Program implementers and stakeholders. Some of the publications will be out-of-date and no longer relevant, but they do provide context for the GoPNG and GoA response.

GoPNG Documents

- Draft NACS Corporate Plan* (NACS, Aug-05)
- HIV/AIDS Quarterly Reports* (NACS / NDOH, latest is Jun-04)
- Medium Term Development Strategy 2005-2010* (GoPNG, May-05)
- Draft National Strategic Plan Monitoring & Evaluation Framework* (NACS, Apr-05)
- PNG National Strategic Plan on HIV/AIDS 2006-2010* (NACS, Jan-05)
- PNG National HIV/AIDS Medium Term Plan 1998-2002* (GoPNG, 1998)
- National AIDS Council Act 1997 and HIV/AIDS Management and Prevention Act 2004*: <http://www.paclii.org/databases.html#PG> (search by National AIDS Council)

AusAID Documents

- HIV/AIDS STI Costing Model for the Health Sector (AusAID, not yet submitted)
- HIV Epidemiological Modelling and Impact (HEMI) Study (AusAID, Oct-05) (under embargo)
- Draft PNG Integrated Sexual Health Program – Concept Paper (AusAID, Oct-05)
- Draft NHASP Evaluation (AusAID, Oct-05)
- Draft Situation Analysis of HIV/AIDS in Papua New Guinea (AusAID, Sep-05)
- Draft Senior Program Coordinator TORS (AusAID, Sep-05)
- Draft AusAID HIV/AIDS Strategy 2005-10 (AusAID, Aug-05)
- Research Strategy 2006-2010 (AusAID, Aug-05, internal document)
- Role of Government Study (AusAID, May-05)
- Review of AusAID HIV Multisectoral Initiatives (AusAID, May-05) on AusAID website
- Scoping of Options and Issues for Future Australian Support for HIV/AIDS in Papua New Guinea (2005-2010) (AusAID, Apr-05)
- Draft Mainstreaming HIV into AusAID's Development Portfolio in Papua New Guinea - Operational Guidelines for Managers (AusAID, Apr-05)
- HIV Stakeholder Mapping Report (AusAID, Sep-04)
- Meeting the Challenge – AusAID's International HIV/AIDS Strategy (AusAID, Jul-04)
- Pacific Regional Strategy on HIV-AIDS, 2004-08 (Jul-04)
- Mainstreaming Plan of Action (AusAID, Apr-04)

Review of PNG National HIV/AIDS Support Project (AusAID, Sep-02)

Functional and Expenditure Review of National AIDS Council Secretariat (AusAID, Mar-02)

Potential Economic Impact of HIV/AIDS Epidemic in PNG (AusAID, Feb-02) on AusAID website

PNG National HIV/AIDS Support Project - Project Design Document (AusAID, Apr-00 revision)

Joint and Other Donor Documents

Joint UN Theme Group Work Plan on HIV/AIDS, 2005-10 (UNAIDS, Nov-05)

Rural Development Enclaves Project – Report and MOU (Asian Development Bank, Sep-05)

Draft Control of HIV/AIDS in PNG - Situation Assessment and Proposed Strategy (Joint AusAID, World Bank and Asian Development Bank - Human Development Strategy Mission, Jul-05)

Draft PNG National Strategic Plan on HIV/AIDS, 2004-08 – A Gender Audit Report (UNDP, Jun-05)

Global Fund Program Grant Agreement, and Workplan and Budget (Global Fund, NDOH, Jun-05)

Draft Families and Children Affected by HIV/AIDS and other Vulnerable Children in PNG – A National Situation Analysis (UNICEF, Mar-05)

Harmonisation of GFATM Programs and Donor Coordination - HIV-AIDS Case Studies (GFATM, 2005)

PNG Poverty Assessment (World Bank, Jun-04)

Review of PNG's Medium Term Plan (UNAIDS/USAID, Dec-02)

UN Mission on HIV in PNG (UN, 2002)

Gender Analysis in PNG (World Bank, 1998)

National HIV/AIDS Support Project - Milestone Reports (as at May 2005)

(Note that some of these milestone reports are out of date and/or otherwise not suitable for distribution outside of AusAID. Clearance should be sought from the AusAID NHASP Activity Manager prior to the distribution of any NHASP Milestone Reports if they will be quoted)

1. Pre-mobilisation Briefing
2. Mobilisation Plan
3. Financial Systems Report
4. Trust Account Manual
5. Draft Project Monitoring Matrix
7. Mobilisation In-country

8. Inception Phase Workplan
9. Monitoring and Evaluation Framework
10. Quarter 2 Report
12. Review of Policy and Legislative Reform Conducted
13. Priorities for Clinical Research Identified
14. Monitoring System for the Medium Term Plan developed
15. Progress against Project Monitoring Matrix
17. Annual Plan for Project Year 2
18. Annual Monitoring and Evaluation Report
19. Guidelines for funding awareness, education and advocacy activities developed.
20. Social marketing campaign designed
21. Curricula and manuals for training in HIV counselling produced
22. Needs assessment and institutional capacity analysis for home-based care undertaken
23. Guidelines for referral between regional, provincial and district services and specialist referral developed
24. Quarter 4 Report
26. PAC Administration manual and training strategy
27. Information Technology Report
28. Quarter 5 Report
30. Multisectoral Planning Framework
31. HIV Management Bill Legislation drafted and approved by NAC for presentation at Cabinet
32. Seconded Personnel Capacity Building Systems Report
33. Quarter 6 Report
35. National Assessment of Laboratory Facilities Report
36. Gender Planning Framework
37. Strategy and framework for targeting youth
38. Capacity Building Status Report
39. Annual Monitoring and Evaluation Report for Year 2
40. Quarter 7 Report
42. Surveillance and Monitoring Report
43. Annual Plan Year 3
44. Social Science Research Priorities
45. Counselling Report
46. Second Capacity Building Status Report (not yet submitted)

47. Quarter 8 Report
49. Social Marketing Phase II Campaign Report
50. Review of NHASP Grants Scheme
51. Quarter 9 Report
53. Developing a Provincial Program Strategy based on Lessons Learned
54. Potential Impact of HIV/AIDS on the Health Sector
55. Quarter 10 Report
57. Social Mapping of Morobe Province
58. The Introduction of Anti-retroviral Therapy in Papua New Guinea.
59. Quarter 11 Report
61. Annual Monitoring and Evaluation Report
62. NACS Review - not yet submitted
63. Annual Plan Year 4
64. Quarter 12 Report
66. Central Province Strategic Planning – Handbook and Facilitators Guide
67. Syndromic Management of STI training
68. Quarter 13 Report
70. Social Marketing Campaign Phase 3
71. Home Based Care Program based on Africa Study Tour Report
72. Quarter 14 Report
74. Annual Monitoring and Evaluation report for Year 4
75. Development of curriculum and training materials TOT and roll out of training for VCT
76. Quarter 15 Report
77. NHASP Exit Strategy
78. Training Impact Evaluation Report
79. Annual Plan Year 5
80. Quarter 16 Report
82. HIV Consensus Workshop Report
83. Submission of 20 Social Mapping Reports (one from each province)
84. Quarter 17 Report
87. Social Marketing Campaign Phase 4 – not yet submitted (due April 05)
88. Quarter 18 Report
90. Report on the High Risk Settings Strategy – not yet submitted (due July 05)
91. Grants Scheme Impact Assessment– not yet submitted (due July 05)

92. Annual Monitoring and Evaluation Report for Year 5 – not yet submitted (due July 05)
93. Quarter 19 Report– not yet submitted (due July 05)

National HIV/AIDS Support Project – Other Reports

Research Adviser Report (AusAID, Oct-05)

Other Reports

Making Policy on AIDS in PNG (Ballard, Apr-02)

Other Sectors

National Health Plan 2000-2010 (NDOH, Aug-00)

Draft NDOH Strategic Plan for the PNG Health Sector 2006-2008 (NDOH)

PNG Churches Partnership Program – Program Framework (AusAID, May-04)

PNG Community Development Scheme Phase 2 - Integrated Strategy (AusAID, May-05)

HIV-AIDS Policy for the National Education System of PNG (NDOE, Dec-05)

Transport Sector Support Program - Concept Design - Executive Summary (AusAID, Sep-05)

PNG Law and Justice Sector Strategic Framework (AusAID)

ANNEX D: Program Priorities under NSP

NSP Focus Area 1: Treatment, counselling, care and support		
Goal : To decrease morbidity and mortality from AIDS and related causes, to improve the quality of lives of people living with HIV, and to encourage access to VCT		
No.	NSP Objective	AusAID Program Response
1.	To make ARV treatment available and accessible to at least 10 per cent of people currently infected with HIV and AIDS throughout PNG by 2005 and 25 per cent by 2008	Program priority to support NDOH to deliver quality health services GFATM priority for procurement of ARVs and HIV test kits, establishing VCCT centres, training of health care workers
2.	To develop and implement risk management procedures to minimise exposure to HIV infection in health and non-health care settings by 2006	NDOH responsibility to implement workplace policy GFATM priority to fund PEP kits and training of health care workers
3.	To establish at least two sites for VCT services in each province that are easily accessible to people by 2008	GFATM priority to fund expansion of VCCT sites to all districts
4.	To reduce bed occupancy rates of AIDS related patients by 50% by 2008 by strengthening of family and community care support groups	GFATM priority to fund NGOs to deliver community based care
5.	To reduce incidence and rate of STIs in risk populations to 5% and the general population to 3% by 2008	Program priority - fund <i>Integrated STI Management and Prevention Program</i> Program priority to support NDOH to strengthen its STI services

NSP Focus Area 2: Education and Prevention		
Goal : To facilitate and sustain behaviour change to minimise HIV and STI transmission in specific populations and increase awareness about prevention in the general population		
No.	NSP Objective	AusAID Program Response
1.	To provide 80 per cent of the country's population with relevant, accurate and comprehensive messages about prevention of HIV transmission by 2008	Program priority –funding of community programs, leadership initiatives, resource material, counselling training, condom distribution GFATM priority to support development of IEC material and mass media Asian Development Bank priority for social marketing of condoms
2.	To target interventions to groups at particular risk, using culturally acceptable methods, to keep HIV prevalence in these groups below 5 per cent by 2008	Program priority - specific focus on gender and youth, HRSS GFATM priority on support for youth targeted initiatives Asian Development Bank project in rural enclaves
3.	To increase safer sexual practices amongst the sexually active population, in particular the youth population	Program priority - specific focus on youth, STI program GFATM priority on support for youth targeted initiatives
NSP Focus Area 3: Epidemiology and surveillance		
Goal : To establish effective and efficient surveillance systems that will provide accurate measurement and understanding of the growth and other characteristics of the HIV epidemic in PNG		
No.	NSP Objective	AusAID Program Response
1.	To strengthen and maintain a comprehensive, efficient and a well resourced national surveillance system by establishing at least one surveillance site in all provinces by 2008	Asian Development Bank priority to strengthen surveillance systems – establish new sites and expand existing sites of sentinel sites, set up behavioural surveillance

2.	To increase the availability of accurate data about the risk of HIV infection for particular groups and how best to reduce these risks by expanding sentinel surveillance sites to five district hospitals by 2006 and ten by 2008	Asian Development Bank priority to strengthen surveillance systems - training and provision of equipment to facilities
3.	To enhance the information system by establishing a well-resourced information centre by 2005 and link this up with other information systems	Asian Development Bank priority to support NSP M&E Framework and link surveillance systems with this
NSP Focus Area 4: Social and behavioural change research		
Goal : To improve social behaviour research in PNG so that it complements epidemiological and other information and informs the development of strategies for behaviour change.		
No.	NSP Objective	AusAID Program Response
1.	To build capacity to strengthen social behaviour research and undertake at least two behaviour and social research work annually in collaboration with other research institutions	Program priority to build NACS capacity to oversee development of research program - include capacity building program for PNG institutes
2.	By 2005, undertake collaborative research with national and international research institutions into social, cultural, economic and gender factors that shape sexual behaviour in PNG	Program priority to provide funds for social and behavioural research, including funding for partnerships between PNG and international institutes
3.	To produce evidence-based information that can be used to design strategies for sustainable change in risk behaviour, by 2008	Program priority to develop knowledge management, processes for dissemination of research, annual symposiums and seminars

NSP Focus Area 5: Leadership, Partnership and Coordination		
Goal: To encourage politicians and leaders at all levels of society to give a high profile to HIV and enhance coordination of development partners, participation and resource mobilisation.		
No.	NSP Objective	AusAID Program Response
1.	To ensure annual increase in financial commitment and political involvement to the national response by fostering political and leadership commitment at all levels of society	Program priority to fund leadership initiatives – <i>Leadership Support Initiative</i> UN priority to support leadership program
2.	To strengthen existing partnerships and establish new partners on the basis of equality and mutual respect at all levels	Program priority to strengthen coordination mechanisms at national and provincial levels
3.	To strengthen the capacity of NAC and its Secretariat to effectively coordinate the national response to HIV through the implementation of the NSP, including effective provincial coordination	Program priority to develop and improve capacity of NAC and NACS to act as national coordinating body
4.	Strengthen provincial and district AIDS Committees to coordinate the multisectoral implementation	Program priority to strengthen capacity of PACs to develop mechanisms to coordinate stakeholders and monitor activities at provincial and district level
5.	Advocate for enhanced government commitment to increase the allocation of resources and funding for HIV/AIDS in PNG.	Program priority to advocate with GoPNG for increased response to HIV - adviser inputs, donor partners group inputs, capacity development of NAC

NSP Focus Area 6: Family & community support		
Goal: To support and sustain a social and cultural environment that will enable families and communities to care for and support people infected and affected by HIV		
No.	NSP Objective	AusAID Program Response
1.	To increase access for people living with HIV throughout PNG to access STI/HIV community based care and support services	Program priority to fund community care and support activities through grants GFATM priority to fund NGOs to provide community based care and support
2.	To develop a supportive environment for people living with HIV and their families through the establishment and/or training support and care groups in all provinces by 2008 and reduce discrimination and violence against them	Program priority to fund community based initiatives through grants to improve care of PLWHA, reduce stigma GFATM priority to fund advocacy training for PLWHA UN priority -advocacy to reduce stigma
3.	To ensure proper full recognition of human rights, including children's rights, in addressing the HIV epidemic, including respect for confidentiality, reduction of discrimination, and increased access to care and support	Program priority to fund workplace policy initiatives through grants, implementation of HAMP UN priority -human rights programming, OVC programs, advocacy on gender
4.	To build capacity for community based organisations and groups to identify and provide support for orphans and vulnerable children.	Program priority to build capacity of NGOs to design and deliver HIV programs UNICEF priority to implement programs for OVC

NSP Focus Area 7: Monitoring and evaluation		
Goal : To effectively track the progress of the HIV epidemic in PNG through regular monitoring and evaluation mechanisms and measure the impact of the national response.		
No.	NSP Objective	AusAID Program Response
1.	To develop a Monitoring and Evaluation framework to produce, collate, analyse and disseminate information on the national response to HIV, by 2004	Program priority to build organisational capacity for M&E through participation in M&E Steering group UN priority to fund development of M&E systems in NACS GFATM priority to strengthen NACS human resource capacity for M&E
2.	To accumulate and disseminate data from all sources including provinces through the use of relevant indicators that will assist in the reporting on respective international milestones for example, UNGASS and the MDG by 2005.	Program priority to strengthen NACS role to implement M&E Framework, through technical working group UN priority to fund development of M&E systems in NACS
3.	To measure the effectiveness and efficacy of the national response by undertaking a review of the NSP by 2008	Program priority to monitor progress through NSP coordination mechanisms

ANNEX E: Outcome One Focus Areas

This Annex provides the outline of Program support responses under Outcome One in support of the PNG national Strategic Plan

Support for the design of activities in each area will commence in 2006 with the scope being confirmed in the 2007 Annual Program Plan.

1. TREATMENT, COUNSELLING, CARE AND SUPPORT

Emphasis on expanding the health sector response

NDOH played a major role in the early response to HIV and AIDS in PNG. Since the establishment of NACS, its role has declined through blurring of responsibility for key areas such as HIV statistics, surveillance and medical policy. Most of the health response in relation to HIV and AIDS is funded through NHASP and is outside the control of the Department. These difficulties have been compounded by communication difficulties between NACS and NDOH and ongoing problems in securing adequate funding and staffing within NDOH for STI program, HIV testing and training of health care workers.

Strengthening the role of health sector is crucial to an effective response, especially with an increased focus on treatment and need for a strong infrastructure to support the implementation of GFATM program and now Universal Access treatment targets. The National Health Plan 2000-2010 acknowledged the urgency of the epidemic and sets out policies and strategies for the sector. To date these have not been resourced and need updating to reflect changes in the epidemic and subsequent response needs. There are substantial issues and constraints in relation to health sector delivering an effective response to HIV and AIDS which have been addressed in many different reports.

The key areas where action is needed are:

- Establishment of surveillance systems
- Strengthening and expanding STI programs
- Strengthening of health infrastructure to support the roll out of increased treatment and care programs
- Human resource needs and workforce planning
- Partnerships with church health services and NGOs which are currently providing the bulk of services in care and treatment
- Training of health care staff to adequately diagnose and manage cases.

A Strategic Plan was recently developed for the health sector for period 2006 –2008 in line with the MTEF. One of the four public health strategic directions is to reduce the rate of increase in HIV and STIs. This will be achieved through greater focus on STI service delivery and case management, access to anti-retroviral treatment at level 1 and 2 hospitals and supply and distribution of condoms at all facilities.

Surveillance

Surveillance capacity overall however remains in its infancy and still does not yet provide an adequate picture of the status of the epidemic. Although the Program is expanding, data management and analysis of the information needs to be strengthened. Of particular concern is that while surveillance is a key function of NDOH, the department is not supporting or implementing a surveillance program. NACS has also agreed to transfer the surveillance function to Health but there is no clear process for this to happen.

Surveillance systems will clearly need to be strengthened to provide more accurate measurement of the epidemic. For this to happen:

- NDOH needs to take responsibility for managing surveillance systems. This means appropriate resourcing, an expansion of surveillance sites to all provinces and development of effective systems to collect, analyse and report on the data.
- Technical support will be needed within NDOH for the establishment of surveillance systems, as well as training, supervision, data analysis and management and dissemination of information. Capacity for implementation of behavioural surveillance programs and management of sero-surveillance data is somewhat limited. Ongoing technical support will be needed to implement and manage these systems – both at national levels and in the provinces. Church and NGO groups involved in health services will also need support.
- The Consensus Workshop in 2004 recommended that a national framework of surveillance be established that linked closely with the NSP and M&E framework. This system needs to clarify responsibilities, indicators for monitoring and reporting arrangements between national and provincial authorities.
- Behavioural surveillance needs to be expanded to other sites in PNG. The use of standardised instruments is important to evaluate trends properly.
- Reporting systems will also need to be strengthened, especially with the expansion of rapid testing, roll out of ARV treatment and VCT programs, and that many of these being established outside of the public health system.
- Continued support will be necessary for the procurement of HIV test kits. GFATM will support the funding and procurement of these kits and reagents.

WHO, Asian Development Bank have expressed an intention to support surveillance functions within Health. IMR is supporting second generation surveillance. AusAID is currently funding these surveillance activities through NHASP. It is anticipated that some of these functions will be transferred to NDOH during 2006. Funding for current IMR activities related to surveillance will be completed during 2006.

STI programs

The adequate management of STIs is a critical element for prevention of HIV. With WHO estimating that there are more than one million new cases of STIs every year, the prevention and treatment of sexually transmitted infection presents enormous potential to slow the rate of HIV/AIDS transmission in PNG.

Provincial health services are responsible for the management of STI clinics, which are usually located within hospital facilities. With AusAID support, increasing attention is being given to sexual health. A National Centre for Sexual Health has been established.

Twelve STI clinics were constructed in the late 1990s with 38 more planned for construction. Under NHASP a large number of government and church health workers have been trained to diagnose and treat STIs. NHASP also procures and distributes drugs for STI treatment.

Substantial issues remain, however, in improving the quality, reach and effectiveness of STI services. These include:

- The reluctance of some groups, particularly unmarried youth and sex workers, to access STI services or to discuss sexual health concerns with health staff
- The acceptance of STI symptoms as normal
- Difficulties in accessing STI clinics for those in more remote areas
- The poor quality of STI clinic services and facilities. Many people do not access services because of poor staff attitudes, embarrassment at being seen to enter an STI facility and lack of treatment drugs
- Problems with reliability of drug supplies and reagents to health centres and STI clinics.
- The lack of data on STI prevalence. This reflects the lack of resources within NDOH to conduct monitoring and surveillance of all STIs (including HIV/AIDS) as well as the capacity of health staff to record and report data
- Long delays in the STI clinic construction program
- The ability of NDOH to staff and provide adequate supervision of additional STI facilities. Provincial health administrators state that additional clinics will mean that staff will need to be reallocated from other areas and that this may prove difficult
- The separation (and often strained relationships) that exists between hospital management and provincial health services compromises collaboration around clinical training and supervision of STI staff.

While the issues are substantial, there are a number of opportunities to improve STI services. New initiatives include the support through NHASP for STI clinic construction program, and Save the Children PNG has commenced an STI service targeting sex workers and men who have sex with men in Port Moresby.

AusAID is proposing to implement the *Integrated STI Management and Prevention Program* through Australian NGOs as a means to enhance service delivery. This Program will target vulnerable populations and devise innovative ways to deliver these services. This Program is likely to commence in early 2006 and will work in partnership with local NGOs and with NDOH services where possible. Within each of these programs there is the potential to use some existing STI clinics to demonstrate how services can be better managed and how clinic partnerships with CSO groups can enhance service delivery.

HIV testing

Provincial hospitals, blood banks, MCH clinics and STI clinics currently undertake HIV/AIDS testing with confirmatory testing undertaken in Port Moresby, Mount Hagen and Lae. Rapid test kits also have been piloted in two regional centres, and Catholic Health Services are using them in selected locations. Under the GFATM proposal rapid HIV testing will be introduced in most districts of the country.

The November Consensus workshop figures show an overall decline in the number of HIV tests being performed in 2003, however some provincial centres report an increase in testing. This appears to be largely in those facilities (such as church facilities and some STI clinics) where there is public confidence in confidentiality, where clinics demonstrate client friendly approaches, and offer a discreet environment and professional counselling capacity. In some areas a decline in the level of stigma and fear associated with HIV/AIDS, together with awareness of the availability of testing and understanding of the link between sexual behaviours and transmission of the virus, may also be contributing to people's preparedness to undertake testing.

Improving testing rates, however, is constrained by a number of issues. These include:

- The poor quality of STI clinic services and facilities. There is a lack of privacy and competent VCT staff who understand and adhere to confidentiality and have the ability to provide professional pre and post-test counselling. There are also problems with timely availability of reagents and drugs. The sex of the health worker also influences whether patients feel comfortable or will use the service.
- There is generally no referral system back to community counsellors who would be able to give support to People Living With HIV/AIDS (PLWHA) in their homes;
- The lack of resources in health centres for follow up in communities.
- Little community engagement and participation in health centres and delivery of health care.
- Limited community literacy in relation to HIV treatment and prevention.
- Extensive delays in confirmatory testing. Delays of six months or more are not uncommon resulting in patients being lost to follow up. In part this is as a result of problems with transfer of blood samples to central laboratories.

At present health sector at all levels has very limited capacity to coordinate and manage the proposed up scaling of testing - staff training, procurement and distribution of test kits, data management and reporting, laboratory quality control. In order to expand its role here it will need human resources, protocols and skills.

In addition NDOH will need a plan for accreditation and monitoring of VCT sites, and will need to look at workforce planning – particularly for STI clinics and laboratory facilities.

Treatment

Anti retro-viral treatment (ART) in PNG is currently limited. Treatment protocols for ART have been developed and training initiated for clinicians. A pilot program supported by WHO and the Asian Development Bank is being implemented, involving 300 people. UNICEF is also conducting a Prevention of Parent to Child Transmission (PMTCT) program in collaboration with WHO and Catholic Health Services are funding PMTCT programs in NCD, Chimbu and East New Britain. These initiatives are expected to expand significantly under the GFATM. Under the GFATM program, PNG aims to roll out an ambitious ART program over the next five years targeting treatment programs for 600 pregnant women and 7,000 people living with advanced HIV infection. These funds will also support training of health care workers and counsellors, operational research for drug resistance, as well as establishment of procurement and monitoring systems. Responsibility for the implementation of this Program will be with the NDOH.

The challenge to the effectiveness of ART (including PMTCT) programs will be:

- The ability of health service providers to provide the necessary counselling and support for those receiving treatment
- Development of criteria for ART that can maximize coverage
- The ability of patients to comply with treatment regimes because of difficulties in getting to health facilities and patient understanding of compliance requirement
- The ability of communities to support patient compliance
- Capacity of NDOH to monitor efficacy of treatment
- Likely ongoing problems with procurement and distribution of ARVs

Health sector staff see these as major obstacles to the success of the Program.

Treatment for opportunistic infections (OIs) in many settings is not readily available and the efficacy of some drugs being used to treat certain AIDS-related infections has been questioned. Diagnosis and management of AIDS related conditions is confined to larger hospitals. Increasingly health care workers will be required to manage these conditions at the health centre level. Training for HIV case management has been undertaken at key facilities however needs to be expanded to district level.

GFATM proposes the procurement of treatment for OIs and the development of guidelines and training of health care workers for treatment of these infections. It also proposes support to develop Post-exposure Prophylaxis (PEP) guidelines and PEP kits for health care workers. PEP will provide ART to health care workers who have been exposed to HIV and also women who have been sexually assaulted.

Health care workers

NDOH has developed and approved a *Workplace Policy for HIV*. The challenge will be to implement this to the level required for effective management of HIV positive patients and protection of health care workers. Policies and procedures for infection control are in place but rarely implemented to the level required for effective protection. Training and supplies to support the implementation of these policies will be needed for health care workers at all levels.

Implications for response

With the health sector now receiving substantial funding from GFATM for HIV treatment, there are widespread concerns about the staffing, policy, management systems and infrastructure needed within this sector to absorb and implement this Program. Church Health Services, which will also be supported under GFATM, are reliant on government policy and systems to provide testing and treatment and will rely on NDOH for procurement and distribution.

Given that NHASP will wind down its operations over the next 10 months and currently has responsibility for resourcing many of the activities in this area, the issues that need to be addressed in the short term are:

- The capacity of NDOH to take on a dramatically expanded testing and treatment role (both for HIV/AIDS and STIs more broadly) and the implications for, diagnosis and clinical management of HIV, AIDS and STIs, policy guidelines, procurement and distribution systems, workforce planning and human resource development, and monitoring and surveillance systems.

- An expansion of treatment and testing also raises the question of how counselling services will be consolidated, monitored and managed and what role NDOH and other agencies will have in doing this.
- The implementation of policies to manage risk associated with HIV transmission in health care settings
- NGO access to HSIP Trust Account, particularly as funding for NGOs from GFATM will be managed through this funding mechanism. In addition, if HSIP funds management in some provinces proves problematic there will be problems in resourcing STI, VCT and ART programs
- Linking HBC with formal health services.

Over the longer term health sector will require:

- Workforce planning and training– that enables NDOH and provincial health services staff to expand testing and STI facilities, and to ensure quality in the delivery of STI, VCT and treatment services;
- Assistance for development of data management/reporting systems and quality control (at national and provincial levels);
- Improving the quality of NDOH data management, procurement and distribution systems;
- Establishing pathways and referral systems between hospital systems and communities;
- Improving supervision systems.

AusAID has commenced a scoping exercise to assess the capacity for implementation of HIV related services to the district level. This exercise will identify key constraints and opportunities for service delivery at this level and identify priorities for ongoing support.

Resourcing requirements

HIV/AIDS is identified as a priority under the *Medium Term Expenditure Framework* (MTEF), and resourcing requirements were identified in the Strategic Plan 2006-2008.

Additional resources may need to be identified to support a scaled up response. This will require an approach of working with other development partners and NDOH to identify areas of support to implement priority areas that can be funded through HSIP and additional areas that may require specific funding in order to deliver to response quickly. In the spirit of the SWAp, decisions about the level and type of support will be determined by all players. AusAID funding for health sector response will principally be via pooled funding through HSIP however it may be necessary for AusAID to earmark funds for specific activities that require more rapid response and are outside of activity plans.

AusAID will work collaboratively with WHO, UNICEF, Asian Development Bank and UNAIDS to strengthen the health sector capacity and infrastructure to implement GFATM and Universal Access plans, including health care worker training, rolling out treatment program, building capacity for community engagement and improving infrastructure for service delivery.

Some of the possible options for AusAID support through HSIP include:

- Funding of the *Integrated STI management and Prevention Program* to augment NDOH STI management and prevention efforts by contracting Australian NGOs to undertake innovative STI management projects.
- Support NDOH to implement its Strategic Plan priorities on HIV and STIs.
- Resource the Capacity Building Service Centre (CBSC) to provide adequate technical support to the NDOH Disease Control Branch and Monitoring and Evaluation Branch, Health Promotion Branch, Policy and Planning (for workplace policy roll out). Funds may also need to support training of NDOH staff to understand the requirements underpinning the integration of Anti Retroviral Treatment (ART) in health systems.
- Consider funding for long term technical positions at national level and in-line positions in those provinces to support implementation of ART, VCT services and provide training and supervision of health care staff.
- Funding through HSIP for support to provincial and district primary health services to improve basic infrastructure for delivery of health care services, including, infection control, procurement of supplies, staff supervision and outreach.
- Contract NGOs or directly fund Church Health services to deliver specialist services such as VCT or STI services. This will require that NGO roles in these areas and their relationship to NDOH be clearly defined
- Grants and Technical Assistance to support expansion and consolidation of VCT and HBC.

The option of contracting international organizations could also be considered in order to provide STI, VCT and treatment services, upgrade laboratory services and establish and manage surveillance systems. This should only be considered as a short term or stop-gap measure, while building the capacity and infrastructure within the sector over the longer term.

2. EDUCATION AND PREVENTION

Emphasis on mobilising communities for HIV prevention and targeting vulnerable populations

Mobilising communities and empowering them with skills and capacities to respond to HIV and AIDS is regarded as a key factor in successful responses to the HIV epidemic. Many of the elements of the response in PNG are reliant upon NGOs, Faith Based Organisations, Community Based Organisations and industry groups to implement. With 85% of the population living in rural areas and with many people who are illiterate, the only way to get information about HIV and AIDS prevention and treatment to the community in PNG is via existing networks that reach to community level. It is clear that communities can identify ways to promote behaviour change that take account of local contexts, beliefs and practices. Engaging with communities and providing the means to develop and implement locally relevant responses will be a priority for program funding.

Partnerships are critical in those areas where government capacity to engage is limited or with particular populations who groups are marginalised and where access to government services is limited. The engagement of the churches has been a critical

element of the response to HIV, not only because they deliver approximately 50 percent of PNG's health and education services but also because of their reach into and influence across the country and into isolated communities. Similarly, industry groups have access to enclave populations, have an influence on workplace policies and practice and be a resource for other private sector groups. Sporting groups and the media are already playing an important role in influencing people's understanding of the nature of the epidemic. More extensive participation of church and industry groups, more positive engagement with the media and a more informed, consistent and targeted approach with particular population is needed to scale up the response.

GFATM funding will provide substantial resources for IEC activities. HIV education programs targeting young people, sex workers and men who have sex with men will be supported through peer education; school programs, out of school youth, youth centres and mass media campaigns. Stigma and discrimination associated with the virus and PLWHA will be targeted through training of service providers, community volunteers and leaders as well as support for people living with HIV and AIDS groups and networks. AusAID will support the ongoing funding of these activities where necessary through grants scheme.

While the focus will remain on strengthening community action, through support to facilitate involvement and participation in HIV activities, the Program will place also place emphasis on working with populations who are particularly vulnerable, in particular young people.

Youth

Age is a factor in vulnerability to HIV infection. Low youth employment rates and limited employment opportunities for school leavers, particularly girls, mean that youth are particularly vulnerable to poverty, which in turn increases the risk that sex will be traded. Young people have less access to information on sexual and reproductive health and means for protection. This vulnerability to HIV and AIDS is reflected in figures which show that between 1987 and 2003, sixty-three per cent of all Papua New Guineans diagnosed with HIV infection (where age was recorded) were aged between 16 and 34 years. Children are particularly vulnerable. UNICEF estimates that there are 220,000 orphans in PNG and 37 percent of all children are affected by HIV and AIDS.¹

Studies undertaken among young people in high schools show that students are talking about sex; that sex commences at an early age; and that there is a relatively high level of awareness about HIV and AIDS. Much of this awareness is attributed to the campaigns and awareness programs conducted in schools. Although students are more aware of the means to protect themselves, sexual assault, use of drugs and alcohol and an inability to access to condoms are factors that contribute to the vulnerability of young people. Studies estimate that around 10% of high school students are not using condoms during sex.²

¹ UNICEF Surviving, Living and Having a Life: Protecting out children from HIV and AIDS in PNG. Oct 2005

² NRI. Evaluation Of The Impact And Effectiveness Of The PNG HIV/AIDS Awareness Program in Selected Secondary Schools And High Schools In The National Capital District. April 2004

In PNG there are many community networks that promote activities for young people. National Youth Commission and Department for Community Development are supporting youth networks across the country. Sporting bodies and recreational clubs also work with young people and although there is considerable community based support for these groups, resources are very limited. In Port Moresby, The Minister for Community Development, has been promoting activities that target youth living in settlements who have few opportunities for employment and drift into criminal activities. Special Youth Group was set up through the Youth Commission to build capacity of other youth groups to address HIV/AIDS. This Group has received some support through NHASP, UNICEF and UNAIDS but struggles to maintain its viability and has limited resources to carry out its activities.

UNICEF and UNFPA have been targeting in and out of school youth, vulnerable young people and are looking to expand their programs in child protection, sexual and reproductive health, primary prevention and antenatal and paediatric care and treatment.

AusAID is about to undertake a scoping exercise to identify ways to support the implementation of National Sports Policy in PNG. This policy promotes the use of sport as a tool for peace and community development. A key area for this policy is strengthening the base for sports development through improving the capacity of sporting associations and the involvement of local communities in these clubs. It also focuses on promoting the social, economic and health benefits of sport through partnerships with other agencies.³ Potentially this approach can build community resilience to HIV through greater community cohesion and engagement, as well as improving health, building confidence, discipline and leadership skills of young people.⁴

Through the Program AusAID will continue to support ongoing activities, expand current programs and new initiatives. These activities would be funded through grants program, through direct funding to agencies such as UNICEF and UNFPA, INGOs, churches and provide program support to key government bodies such as National Youth Association and PNG Sports Commission.

Support will focus on a number of key areas:

- Community mobilisation - increase community based responses to HIV prevention. This would include funding for: increasing capacity among community organizations and networks; increasing capacity youth organisations and networks; women's organisations, in school and out of school activities; PLWHA networks; activities to strengthen community leadership, engagement and ownership of prevention and treatment support, including building community competence and capacity for participation in these activities. Specific activities might include:

³ PNG National Sports Policy 2004

⁴ See R. Phillpot. Provincial performance and social capital in PNG. FDC. National Centre for Development Studies, Canberra. 2003

- Use of participatory methods, including community based research, through which communities identify ways to effect behaviour change in their communities
- Mobilising communities and churches to tackle stigma and strengthen community care for people living with HIV and AIDS. Use of specific methodologies e.g. Stepping Stones to improve communication and awareness at village level
- Gender based work that supports women and men to address their various roles and responsibilities
- Capacity building for NGOs– funding through grant program to strengthen organisational capacity and technical skills
- Funding for youth retreats/conferences/forums
- Funding for community leadership activities
- School based education activities – support to education sector, UNICEF, UNFPA, NGOs
- Out of school activities for young people - funding to UNICEF, grants to NGO/CBOs
- Integrated program on youth to bring together prevention, treatment, life skills and leadership activities
- Funding for procurement and distribution of male and female condoms and support for expanding the distribution networks for condoms. Support includes co-financing of Asian Development Bank Social Marketing Project.
- Funding for development and distribution of IEC materials and resources that are locally relevant and suitable for low literacy populations.
- Targeting vulnerable communities – expanding approaches that target those most vulnerable. Through this the following initiatives would be supported:
 - High Risk Settings Strategy – expansion of this Program will be supported through grants or development of a specific project/s to manage these activities in a number of provinces.
 - Sexual and reproductive health programs - increasing access for young people, mobile male populations, sex workers to health care services, including reproductive health, STI and HIV services. New initiatives that target these specific populations through innovative ways will be funded
 - Community based protection and care – support to UNICEF to expand protection and care program for orphans and vulnerable children
 - Support to people living with HIV and AIDS through program funding to further develop skills, support networks across PNG and promote organisational development of Igat Hope
 - Support for specific intervention research on sexual behaviour of young people, sex between men, partner exchange.

- Sport and recreation – to strengthen community resilience to HIV through community based sport and recreation programs. Some of these activities may form part of program/project support to PNG Sports Commission to support implementation of the National Sports Policy. Other activities will be funded through the grant program.
 - Capacity building of sporting associations – organisational development, coaching, governance
 - Support to a number of specific sporting codes to develop community based initiatives
 - Fostering linkages and partnerships between churches, sporting bodies, schools and private sector agencies to develop specific programs
 - Partnerships between education, health and sporting agencies to promote public health messages, including HIV
 - Support to strengthen capacity of recreational groups and promote youth involvement, such as youth clubs, scout and girl guide associations, YWCA
 - Support for traditional sports and dancing groups.

3. EPIDEMIOLOGY AND SURVEILLANCE

Surveillance capacity overall however remains in its infancy and still does not yet provide an adequate picture of the status of the epidemic. Although the Program is expanding, data management and analysis of the information needs to be strengthened. Of particular concern is that while surveillance is a key function of NDOH, the department is not supporting or implementing a surveillance program. NACS has also agreed to transfer the surveillance function to Health but there is no clear process for this to happen.

Surveillance systems will clearly need to be strengthened to provide more accurate measurement of the epidemic. For this to happen:

- NDOH needs to take responsibility for managing surveillance systems. This means appropriate resourcing, an expansion of surveillance sites to all provinces and development of effective systems to collect, analyse and report on the data.
- Technical support will be needed within NDOH for the establishment of surveillance systems, as well as training, supervision, data analysis and management and dissemination of information. Capacity for implementation of behavioural surveillance programs and management of sero-surveillance data is somewhat limited. Ongoing technical support will be needed to implement and manage these systems – both at national levels and in the provinces. Church and NGO groups involved in health services will also need support.
- The Consensus Workshop in 2004 recommended that a national framework of surveillance be established that linked closely with the NSP and M&E framework. This system needs to clarify responsibilities, indicators for monitoring and reporting arrangements between national and provincial authorities.

- Behavioural surveillance needs to be expanded to other sites in PNG. The use of standardised instruments is important to evaluate trends properly.
- Reporting systems will also need to be strengthened, especially with the expansion of rapid testing, roll out of ARV treatment and VCT programs, and that many of these being established outside of the public health system.
- Continued support will be necessary for the procurement of HIV test kits. GFATM will support the funding and procurement of these kits and reagents.

WHO, Asian Development Bank have expressed an intention to support surveillance functions within Health. IMR is supporting second generation surveillance. AusAID is currently funding these surveillance activities through NHASP. It is anticipated that some of these functions will be transferred to NDOH during 2006. Funding for current IMR activities related to surveillance will be completed during 2006. AusAID will work closely with Asian Development Bank to define appropriate support to NDOH to strengthen these systems.

4. SOCIAL AND BEHAVIOURAL RESEARCH

Emphasis on improving social research and research capacity

Research is essential to targeting and planning the response. As it currently stands the information base that informs the response (what is working, behaviours, context, practice, impact) is poor. While there is information available internationally about the factors that underpin the spread of the epidemic, understanding of the relevance of these factors in the PNG context is poorly researched. Findings from existing research in PNG are not widely available and most stakeholder groups in the provinces are not linking this kind of information to the response activities. Poor monitoring and evaluation skills also mean that there is little information available about the impact of existing interventions on preventing the spread of HIV.

In this context there is a pressing need to ensure that research is used as the basis for developing interventions, and relevant research needs to be commissioned urgently. A research agenda, (covering social, behavioural, and clinical research) needs to be developed and processes set up that enables government, donors and CSO groups to agree on priority areas. A system for managing research findings also needs to be established and mechanisms put in place where these are communicated widely.

There are a number of research institutions in PNG that have some capacity to undertake clinical, epidemiological, social and behaviour research. The Institute of Medical Research has been at the forefront of medical research for many years and continues to attract international support. Social science research has been somewhat curtailed in recent years due to changes within universities in PNG, a lack of funding and staffing and inadequate facilities to support research activities. Much of work funded to date has been through the AusAID National HIV/AIDS Support Project. However we still have very little information to inform our response to the epidemic, and findings from research studies are not disseminated or used systematically for program and policy development.

In order to strengthen the quality and scale of this research base so that it provides credible data to effectively support and strengthen the response strategies to the epidemic in PNG a Research Strategy has been developed to support the Program. This Strategy has the following objectives:

- To increase the range and quantity of HIV and AIDS related research activity in PNG
- To improve the institutional research capacity in PNG
- To increase the pool of HIV researchers in PNG
- To increase collaboration with and strengthen partnerships between Australian and PNG research agencies
- To improve the dissemination of research findings, management of research information and utilisation of research findings to guide implementation of HIV activities
- To link with AusAID research initiatives to provide timely information and advice on key issues emerging in relation to HIV epidemic in PNG

In order to support a revitalised research program, the Strategy makes the following recommendations:

- The use of a grants program to fund research through existing institutions in PNG, managed by a structure under NAC, and funding for twinning arrangements/ partnerships between PNG and Australian or other international institutions to support clinical, epidemiological and social research.

The provision of long term technical assistance: to work with NACS to devise mechanisms and procedures for grant assessment and approval, monitoring and research information management and dissemination; support capacity strengthening program with research institutes; and, facilitate partnerships between PNG and international research institutions.

Elements of the Strategy include: the development of a program of research priorities that is linked to the National Strategic Plan; structures and processes for assessment and approval of research proposals; use of a grants facility for funding; capacity building program with research institutes; and, mechanisms for monitoring, dissemination and utilisation of research findings for program implementation.

Specific activities suggested are:

- Revitalise the NAC Research Advisory Committee to oversight program – technical committee to review proposals and priorities
- Develop a research program with agreed priorities
- Appoint long term adviser to support research program
- Establish processes for approval and monitoring of research proposals, including role of PACs and ethics committee
- Devise program of support to:
 - Build a research network and strengthen capacity of institutions – specific grants for proposal development, technical support for fieldwork and analysis through to report writing, presentation and publication.
 - Establish twinning arrangements between institutions within PNG or between PNG and Australian or other international research institutions to undertake research studies and to provide an opportunity for exchange and study visits for PNG researchers

- Provide support to students to pursue relevant research projects as part of their honours, masters or doctorate programs
- Provide funding for research institutions in PNG to promote the development of research initiatives and to enable PNG institutions to seek external partnerships to build their capacity
- Build capacity for community based research
- Develop mechanisms for discussion and dissemination of research findings - regular bulletins, newsletters, seminars, use of web sites for internet access, establishment of a knowledge management centre. An annual forum is proposed to discuss and disseminate research and is an indicator in the M&E framework for NSP, to assess use of research findings.

In support of this strategy, AusAID should consider the following:

- Pool of funds through the grants program. This funding would have the following components:
 - Funds for research studies
 - Support for development of structures to assess and monitor research
 - Funds to manage and disseminate research information
- Funding of technical adviser to work with NACS
- Seed funding for PNG institutions to promote research capacity development
- Funding for capacity building programs including partnerships between research institutions and development of scholarships, exchanges and training programs for PNG researchers
- Training programs in community based research
- Support for annual symposium to disseminate research information

5. LEADERSHIP, PARTNERSHIP AND COORDINATION

Emphasis on strengthening leadership and coordination

International experience shows that leadership and political will are key factors for an effective response. In PNG, political commitment and engagement to date has been weak and the very limited Government of PNG financing of the response at both national and provincial level does not recognize the urgency of the issue. In this context international donors and government leaders need to continue efforts to engage PNG leadership.

In PNG, government support to the response includes the establishment of the National AIDS Council (NAC) in 1998 and more recently passing the HIV Management and Prevention Act. In December 2004, the National Executive Council (NEC) approved a submission that sets out a framework to transfer responsibility of NACS to Prime Minister's Department. Structures for management and coordination, including of donor funding are proposed, as is a 'whole-of-government' approach with greater emphasis on mainstreaming HIV across agencies and the coordination of sector responses. While this decision represents a level of political commitment, there are a number of areas that need clarification, realignment and restructuring in order to implement these measures. There is also evidence of an increasing level of commitment from GoPNG. In the 2006 Budget an increased allocation for NACS operations was recommended.

In PNG leadership initiatives have emerged over the past two years, particularly with the support of UNAIDS and other donors. One of these initiatives arose from the first Asia Pacific Ministerial meeting in Melbourne in October 2001. Known as the Asia Pacific Leadership Forum (APLF), this regional initiative was set up to enhance leadership in the Asia Pacific region and is managed through UNAIDS. In PNG an APLF working group has been set up to support leadership awareness activities.

In 2004, the Parliamentary Special Committee on HIV/AIDS was established to advocate for greater attention to HIV issues within government and for politicians to take a greater interest in the issues and advocate within their electorates. A similar committee has been established in New Ireland to promote HIV awareness within electorates of Provincial Assembly members.

Other attempts to enhance leadership including the recent UNDP supported workshops through the Leadership Development Program, which has targeted leaders at all levels. This program will be completed at end of 2005.

UNAIDS will also receive funding from ABD to support its activities in leadership and advocacy.

AusAID, NACS, British High Commission and UNAIDS have been working collaboratively to develop the Leadership Support Initiative (LSI) to work with 18 to 30 politicians and bureaucrats in order to improve their knowledge and competency in responding to the epidemic. The LSI will comprise training modules and local site visits. PATTAF has been contracted to manage the management of the training modules and if successful, this will be rolled out to traditional leaders, community leaders, etc.

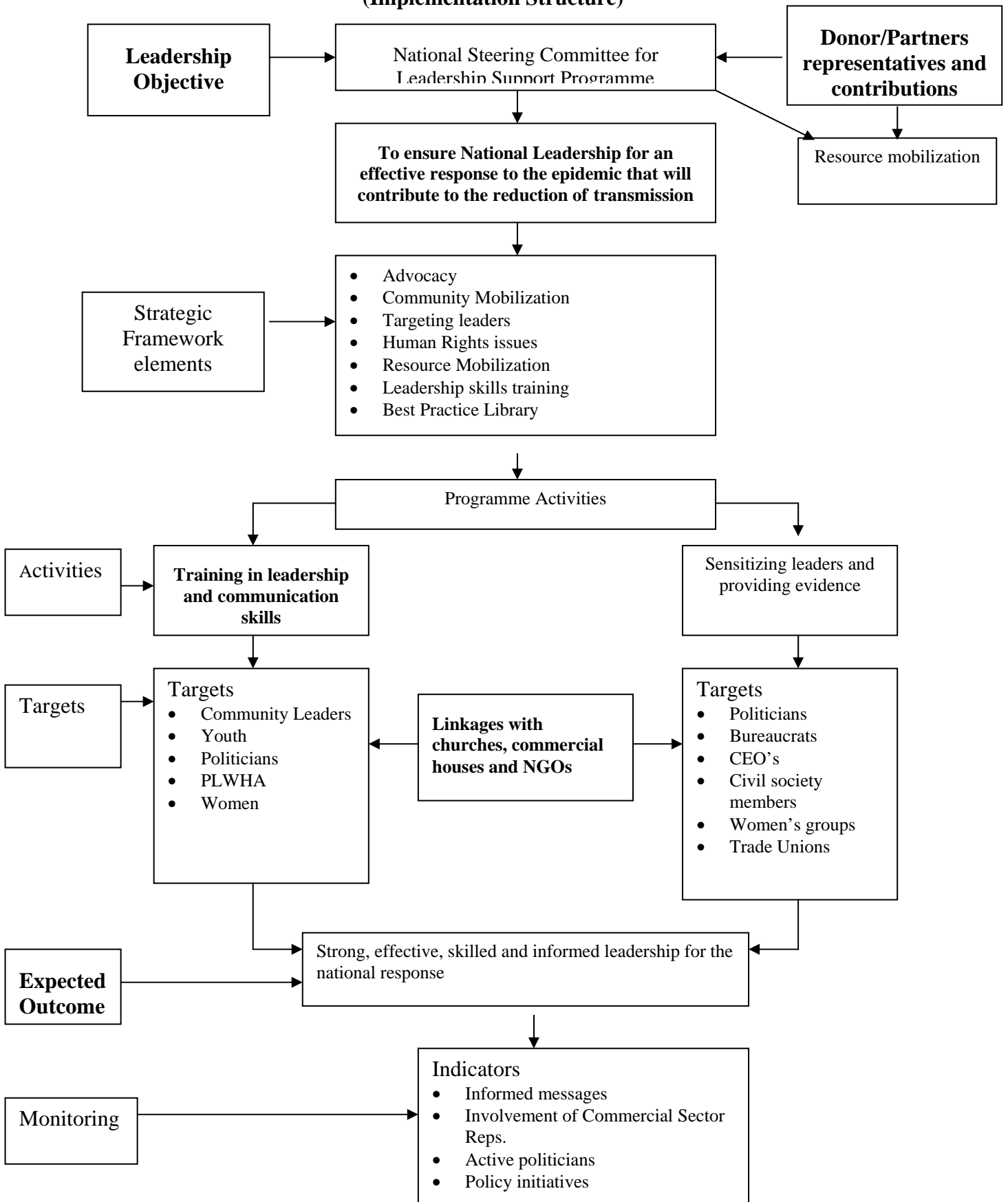
Funding through NHASP has targeted senior church leaders to become more engaged in the response. Other initiatives through NHASP include workplace policy development in public and private sector, and local level community leadership activities.

There have also been attempts to coordinate the range of leadership activities and NACS is seeking to take a greater role in overseeing these activities.

UN agencies are also looking to coordinate their leadership activities through the Joint Leadership Program. This aims to bring together all leadership activities under a strategy to provide greater coherence to what the UN is trying to achieve. The strategy proposes a national steering committee under NACS to manage and coordinate leadership activities. Potentially this strategy offers the means for coordination with other donor partners and could provide the framework for improved coordination around these activities more broadly than the UN. This strategy supports AusAID's strategy and there would be merit in combining these approaches under one program.

The previous diagram is suggested by the UN as a structure to manage this Program. This may be a way for donors to collaborate around support for leadership activities. It also offers a way for AusAID to engage with other players in determining a comprehensive approach, around an agreed program where donors commit funds for these activities. It is not suggested that funds are necessarily pooled but offers a means through which activities can be coordinated and managed. It is also a way that donors can support NACS to coordinate and monitor these through a steering committee, plan and funding process.

**Framework for National Leadership Programme
(Implementation Structure)**



AusAID should consider the following options for support to this area:

- Support to NACS that enables it to coordinate leadership programs. This should also include operational support for coordination and facilitation that enables NACS to initiate forums which bring together church leaders, private sector groups, media and traditional leaders
- Support the UN initiative to bring together players to establish a mechanism to coordinate leadership activities around a common strategy and national steering committee
- Funding for Leadership Support Initiative with politicians and bureaucrats and roll out to other leaders
- Funding for analysis of the likely impact of HIV on the PNG economy, clan structure and government services and development of specific advocacy tools and materials linked to this analysis to be used by leaders
- Continue to fund activities that build capacity of Igat Hope, and promote visibility and involvement of PLWHA
- Provide grant funding and technical assistance to Parliamentary Advocacy Group initiatives both at national and provincial levels
- Creating incentives through Australia’s bi-lateral program that encourage increased government financing of the response.

6. FAMILY AND COMMUNITY SUPPORT

It is clear that Papua New Guinea will need considerable resources to manage the level of care that will be needed once the impact of HIV begins to be felt at the community level. Traditional means of support are likely to be stretched and the availability and the quality of care will be reliant on the ability of family groups, communities and church networks to care for and support PLWHA.

In this context the response will need to incorporate a much greater emphasis on care and the development of initiatives that can build community capacity and strengthen community livelihoods. This will mean:

- Scaling up support for churches and NGO groups that can take a lead in promoting and resourcing community care initiatives
- Supporting processes that involve “community dialogue” with and about PLWHA. This can be done by:
 - Continuing support for PLWHA networks and groups, particularly in the provinces. The use of PLWHA as educators can be a powerful means through which the message of positive living can be used to influence fear and stigma
 - Encouraging greater involvement of church pastors in efforts to combat stigma and promote family and community dialogue. This will require that churches have a clear framework within which the link between support for PLWHA and positive living is understood by their pastors. It will also have

implications for resourcing the churches so that they have the means to engage local clergy in training and discussion

- Engagement of local clan and ward leaders in community care efforts
- Strengthening the ability of local language theatre groups to explore and promote issues and options for community care;
- Using the small number of innovative community care initiatives that have been begun to demonstrate to other communities how they can approach care in the context of available community resources
- Expanding PMTCT programs, including treatment for mothers and families, and ensuring that these are linked to professional counselling services in health facilities, and support people in the local area.
- Developing counselling referral networks and data bases in the provinces that enable follow up in communities, better targeting of government and donor services, and the targeting of vulnerable children.
- Incorporating HIV and AIDS in the targeting of broader development assistance programs. AusAID's CDS Program for example, is already providing community grant funds for roofing or water supply for locally constructed care and support centres.
- Funding for community activities that aim to reduce vulnerability and promote sustainable livelihoods.

Consideration will to be given to partnerships with UN agencies such as UNICEF to deliver targeted programs. UNICEF has the capacity to raise the profile of vulnerability and to advocate for vulnerable groups in national decision making and planning.

7. MONITORING AND EVALUATION

Emphasis on building the evidence base for action

Accurate data on the status of the epidemic is an essential tool for monitoring the epidemic and for planning and programming responses. This information combined with behavioural surveillance and social research assists in identifying behaviour and practices that promote transmission of HIV and provides the basis for development of appropriate interventions. Improving the evidence base for the response to HIV is a priority for the Program.

Monitoring and evaluation

AusAID is a key partner in supporting NACS to develop and implement the Monitoring and Evaluation framework for the NSP. And will continue to support the implementation of this framework through NACS through active participation on national level working group and provide resources as needed to support M&E systems development and capacity building of stakeholders. This will include support where necessary for national behavioural surveys. This is also addressed at Section 33 - Measuring Performance.

Knowledge Management

In PNG there are a plethora of different IEC materials, training tools and modules, and various pieces of research, plans and reports that have been developed around HIV activities. However, information, lessons learned and innovation is not being shared between groups nor being used for advocacy and planning.

Although NACS has a Resource Centre, which distributes IEC and training materials developed nationally, it does not function as a resource to facilitate the storage and dissemination of information that is needed to support response efforts. The myriad of reports, research studies and other documents that are generated are not being shared and utilised effectively. A resource centre needs to be proactive, seeking out information, following up on key issues and looking for ways to share and discuss important knowledge.

AusAID will support the development of a number of activities to promote improved knowledge management. These include:

- Establishing a knowledge management centre, either in NACS or outsourced to an independent group. This initiative should be seen in the context of support for national and provincial planning and coordination efforts. Technical and operational resources will be required to get such a centre up and functioning, and a communications strategy will need to be developed that sets out how stakeholders will be informed of important findings and information coming into the centre and how they can contribute to the knowledge base.
- . The NACS Resource Centre could provide the base for this centre.
- Building operational research and evaluative processes into AusAID funded HIV/AIDS designs and agreements. There is currently an opportunity for a research component in the *Integrated STI Management and Prevention Program* and this should be considered as an integral part of any design of grants program.
- Provision of operational funds (whether through PACS or other agreed coordinating groups) that enable provinces to track what is happening in each province.
- Resourcing regular stakeholder forums through NACS and provincial groups that specifically target sharing, learning and review of the HIV/AIDS response.

Cross cutting issues

Two additional areas that cut across the NSP focus areas are Gender and Mainstreaming HIV in development.

Promoting gender equality and reducing sexual violence

Gender relations are one of the key underlying causes of vulnerability to HIV infection in PNG. Infection rates among women aged 15 to 24 years are two to three times higher than men the same age, suggesting that young women are engaging in sex with men who are older and that they are less likely to be able to negotiate condom use and access means for protection.

International research shows that there is a demonstrated link between HIV infection and sexual assault and violence. It is also reported that most women who are HIV positive have not engaged in high risk behaviour and are infected by their husband and regular partners. This situation is likely to also be the case in PNG where sexual assault and domestic violence are extremely high, and gender relations make it difficult for

women to negotiate sex or condom use, and to access health services. Young women in particular are most vulnerable. At the same time there is a widespread belief in PNG that women generally are responsible for the spread of the virus.

The poor integration of gender in the response is most clearly seen in its absence in the National Strategic Plan (NSP) and the lack of discussion and planning overall in relation to men's behaviour in fuelling the epidemic. There is compelling evidence to show that multiple partnering is common, but little evidence that IEC programs including the High Risk Settings Strategy (HRRS) are addressing the question of why and how men engage in sex, nor are they exploring the issues that underpin sexual relations.

UNDP has completed a gender audit of the NSP which proposes a number of recommendations for each of the focus areas to strengthen the strategies. The implementation of these recommendations will require substantial resources, skills and effort. However they provide a good direction for an improved gender response and should be included in the planning and implementation of all HIV activities. NAC has requested that a gender policy/strategy be developed to support the NSP.

Some of the existing AusAID programs (e.g. law and justice, health and education) and government and non-governmental agencies are looking to integrate gender and HIV into their activities. Other work being undertaken by NHASP and UNICEF as well as existing research studies on sex and sexuality in PNG offer further opportunities to put gender relations and gendered behaviour firmly on the HIV agenda and into the response.

A programmatic response needs to be based on better analysis and differing needs of women and men and ways to address these needs. Addressing vulnerability of women will require many different strategies across sectors. Some strategies are: improved sexual and reproductive health care; reduction in violence, improving access to treatment; improving education for girls; promoting access to female-controlled methods for prevention of HIV.

The response should also target men and boys and include interventions that are based on an understanding of masculinity and how this determines roles and behaviour that contribute to HIV transmission and gender-based violence.

While PNG needs to develop its own approaches in dealing with gender, some of the interventions used elsewhere to transform gender roles should be explored. These include: Stepping Stones; Men as Partners programs, other interventions being used among indigenous Australians to tackle domestic violence. Similarly there are interventions such as Sonagachi among sex workers in India which aim to empower women and girls.

It is clear that addressing the broad issue of violence against women needs to be tackled on many fronts - at the structural level through political and legislative processes through to behaviour changes programs at the community level. Organisations such as Family and Sexual Violence Action Committee are at the forefront of work in this area. Some of the activities in Law and Justice Program with police, magistrates and village courts need to be expanded to bring greater sensitisation and awareness in dealing with reported cases of violence. Health sector must also play a greater role in providing adequate services for women who have been physically and sexually assaulted. The provision of space within hospitals and health centres where women can go to be assessed and treated need to be established, expanded and resourced. GFATM is

supporting the provision of kits for treatment of women who have been sexually assaulted. Appropriate services and trained staff will be needed to support the use of these kits and implement these programs. It is likely that NGO/CBOs are in the best position to implement these activities; however they need to have good links to health services and access to adequate treatment.

AusAID will need to take a more proactive role to ensure that gender is firmly embedded in all its activities. AusAID will also work in a coordinated way with the UN which is also looking to strengthen its activities on gender and advocacy relating to gender. Some of the ways that this may be achieved are:

- At the management level:
 - Appoint a gender adviser to guide and assist in the development, implementation and monitoring of gender activities and who can provide advise on gender strategies within AusAID and work with other partners to develop common approaches and programs.
- At the Program level:
 - Support for the implementation of gender strategy of the NSP
 - Develop a gender strategy that guides all activities under AusAID's HIV/AIDS program
 - Inclusion of requirements for all major contractors and CSO groups receiving AusAID funding gender is addressed in the development and implementation of activities.
 - Inclusion of requirements for all major contractors and CSO groups receiving AusAID funding that workplace policy is in place to deal with sexual violence and harassment in the workplace.
- Use existing leadership and business forums, as well as sporting links between Australia and PNG to raise awareness about and commitment to the gender dimension of the epidemic.
- Through the research program:
 - Commission specific research that explores the links between gender relations and the spread of HIV. This research agenda needs to be developed along with capacity building for national researchers to undertake gender focused research.
 - Fund studies that explore the influence of gender in condom promotion efforts and examine the potential for use of microbicides for women.
- Fund specific initiatives that focus on the gender dimension of HIV. This could include:
 - Department for Community Development as the key government agency now focusing on gender - funding for some of its activities
 - UN advocacy and leadership initiatives focusing on gender
 - Implementation of NSP Gender audit – an implementation plan needs to be developed for the recommendations

- Specific CSO projects that address gender issues, including interventions that target men and boys
- Workshops and forums that engage the church, sporting groups, political leaders and community leaders in discussion and planning focusing on gender relations and violence and their relationship to the spread of the epidemic
- Specific gender training programs and tools for leaders and communities to use. e.g. Stepping Stones
- Development of a national campaign and IEC materials which may include campaigns to raise public awareness on issues such as domestic and sexual violence, cross generational sex, cultural and traditional practices that negatively impact on women.
- Programs that promote female controlled methods of safer sex.
- Integration of gender analysis and gender indicators in national and provincial planning.
- Assistance with surveillance and information systems in NDOH to improve collection and analysis of gender sensitive data.
- Improve the capacity of NACS Monitoring and Evaluation Unit to monitor gender impact, including the development of gender sensitive indicators.

Mainstreaming HIV In Development

HIV/AIDS will impact dramatically on workforce planning, the public sector reform agenda, national fiscal management and PNG's development outcomes. All government agencies, particularly central agencies, therefore need to mainstream HIV across their programs. HIV is a high priority under MTDS and all government agencies are required to develop and implement activities addressing HIV. While the role of the health sector in addressing HIV is critical, other key sectors have major roles to play especially in addressing the underlying vulnerabilities to HIV of individuals and communities.

Since late 2004 AusAID has been supporting a mainstreaming initiative which gone some way to helping a number of national government agencies understand the need for mainstreaming and identify actions that can be integrated into their operations. Guidelines have been developed for mainstreaming for AusAID program managers and workshops have been held with AusAID sectoral programs and a number of government agencies. Ongoing support will be needed to assist these agencies implement mainstreaming activities and address the significant issues of managing the impact of HIV within their programs and workforce. The Government of PNG NEC decision of 2004 makes provision for government support of mainstreaming across the sector through focal points in key agencies and a coordinating role for Department of Personnel Management. NACS and central agencies will also need to play a greater role in supporting a mainstreaming approach for government sector.

HIV is increasingly being integrated into, and costed as part of district and provincial plans. For these plans to be effective ongoing support for implementation and coordination will be necessary. Department of Planning and Rural Development will have a role here to support these planning activities.

AusAID will assist with a number of activities to strengthen government HIV/AIDS mainstreaming efforts. These include:

- Ensuring that AusAID program managers support capacity for mainstreaming in all sectoral programs – health, education, law and justice, agriculture and infrastructure.
- Provision of technical and grant support to government agencies to assist with HIV planning and mainstreaming. Initial support should be directed to central agencies, and Department of Health and Education following the development of their HIV/AIDS Strategies.
- Funding through grants scheme to support mainstreaming initiatives in government agencies and community and faith based organisations.
- Use of the Sub-National Initiative to pilot the integration of HIV/AIDS into district planning and provide support for implementation.
- Provision of technical assistance to NACS to develop its role in supporting mainstreaming program among government agencies.

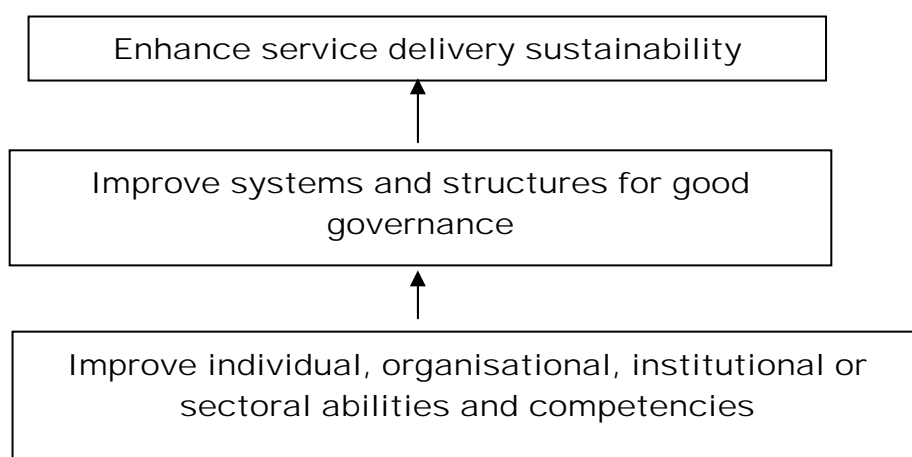
ANNEX F: Capacity Development Strategy

Capacity Development Defined

AusAID defines capacity development as: *The process of developing competencies and capabilities in individuals, groups, organizations, sectors or countries which can lead to sustained and self-generating performance improvement.* (AusAID internal document 22 Nov 2004)

The development of capacity is generally associated with human resource development, training, learning and other organisational development initiatives. However for this development to be successful it must occur within broader policy and legislative frameworks, as well as institutional structures that support the implementation and sustainability of these initiatives. *Capacity development* places greater emphasis on the overall system, environment or context within which individual, organizations and societies operate and interact – it is broader than a single organization.

AusAID describes the hierarchy of capacity building objectives as:



Capacity can be analysed at a number of levels and within a number of dimensions:

- The broader system includes the socio-political, government sector, economic and physical environments that will impact on the institutional and individual capacity. The dimensions include: policy; legal and regulatory; management; resources; inter-relationships and networks.
- The organization level is that which governs the work within an organisation or particular sector. These dimensions at this level are: vision, mission and strategy; culture/structure and competencies; processes or systems; human resources; financial resources; information resources; infrastructure.
- The individual level includes all those who work within organizations and the beneficiaries. It is at this level that many capacity initiatives are directed and aim to address the individuals ability to function efficiently and effectively within the organizations and broader system. The dimensions at this level are:

job requirements; training; career progression; access to information; performance and conduct; values and attitudes, work deployment, communication skills and inter-relationships and teamwork.

The ability of any organization or sector to perform is as much dependent on the inter-relationships with the external dimensions and factors within the broader system as it is on its own internal processes, structures and resources. This means that organizations need to define their relationships, roles and functions within the broader system. Therefore any capacity assessment must take account of the other levels and the influence that these play on performance.

The starting point for any capacity analysis must be the current situation – *Where are we now?* Capacity analysis does not have to begin at the broader level. Commonly the entry point may be at an individual or organisational level. What is important is that in assessing the dimensions at this level, the influences and connectedness of the other levels are considered and explored.

In general, for effective management, capacity assessment needs to be ongoing and continuous. This is part of critically assessing the environment in which the sector operates and to review and manage changes within those contexts. To perform well, an organization or sector requires capacity for strategic management. These core capacities are described as:⁵

- defining, analysing the environment or overall system
- identifying needs and/or key issues
- formulating strategies to respond to or meet needs
- devising or implementing actions; assembling and using resources effectively and sustainably
- monitoring performance, ensuring feedback, and adjusting actions, and
- acquiring new knowledge and skills to meet evolving challenges.

The response to HIV and AIDS requires a high degree of technical and strategic capability. Responsibility is invested in NAC and its Secretariat to drive the response through a coordinated process with key stakeholders at the national level and with PACs at the provincial level. However these institutions have limited capacity and will need substantial support to build the skills and capabilities necessary to perform their role effectively. At the stakeholder level, organizations and individual vary in their capacity to implement programs to the level required. Many local NGOs have weak organisational capacity and are unable to sustain their viability through lack of funds. An emphasis on capacity building in this Program is needed to strengthen the institutional base for program management and implementation.

The main approaches that the Program will use are:

- Capacity building with individuals – training approaches to build competencies and abilities for improved performance
- Capacity building within organisations – organisational development processes and technical assistance with program implementation

⁵ OECD DAC definition of Capacity Development

- Capacity building within the government and civil society sectors –processes to build viable networks, partnerships and strong civil society

Key principles that will underpin this approach are:

- Fostering supportive training approaches - use coaching, mentoring, support and modelling
- Fostering an environment for learning and skills acquisition, sharing knowledge
- Promoting the use of methods such as on the job training and training plans and work placements
- Acknowledging existing capacity and building on what exists
- Providing incentives to promote changes to behaviour and to learn new skills
- Taking into account cultural influences on learning and work practice

Greater focus will be placed on improving the outcomes of training programs that are based on assessment and clear learning objectives, greater attention to qualities and skills of advisers used in this Program, and through the use of supportive methods that promote learning.

Capacity mapping will provide the basis for the capacity development program. Priority will be given to assessment of the capacity of NAC, NACS in order to devise a capacity building program to strengthen these agencies' role to coordinate the NSP.

Some of the areas within NACS, that need strengthening are:

- Planning and budgeting systems
- Financial management and procurement systems
- Management of human resources
- Monitoring and evaluation
- Appraisal and review systems
- Coordination of stakeholders
- Management of external relations

The key questions that need exploration are:

- What are the management and technical competencies needed to implement the Corporate Plan and coordinate the NSP? Do staff have these skills?
- What is the capacity of the strategic organisational processes needed to implement changes?
- What kind of organisational change processes are required?

The objectives of a capacity mapping exercise for NACS are:

- to devise a prioritised and costed plan for capacity development for NACS that can support the coordination of NSP implementation at all levels
- to devise a plan to address the key human resource and system capacities that need to be developed to support the Program implementation
- to identify and prioritise technical assistance required to support capacity development.

As part of this process NACS will be supported to assess capacity of PACS and devise strategies to strengthen these bodies.

With other agencies and sectors, capacity mapping will be undertaken prior to development of training and capacity building activities. Tools for assessment and monitoring of outcomes will be used to ensure that the Program is achieving its objectives.

Specific capacity development targets and desired outcomes

Target Audience	Specific Targets	Desired outcome (in seven years)
Individuals	<p>NACS staff</p> <p>PLC staff</p> <p>PACS staff</p> <p>NDOH staff</p> <p>Leaders</p>	<p>Technical skills to assist other groups and organizations; Managerial skills to manage organizational processes, build networks, coordination of response; monitoring and evaluation capacity</p> <p>Training, coaching, supportive supervision skills, planning and management</p> <p>Technical skills to assist local groups and organizational capability to coordinate stakeholders at provincial level. Monitoring capacity</p> <p>Technical skills to devise and implement policy; Managerial capability to implement program</p> <p>Advocacy and communication skills Technical knowledge</p>
Institutions & organisations	<p>NAC Council</p> <p>NACS Planning team</p> <p>Finance & administration</p> <p>Reporting information management and M&E</p>	<p>NAC</p> <ul style="list-style-type: none"> • Council leading HIV and AIDS strategy development in PNG; Monitoring and coordinating response; reporting to Parliament <p>NACS</p> <ul style="list-style-type: none"> • NSP revised based on NACS initiated data, M&E and research Coordination mechanisms • Government and donor financial system and process compliance • NSP MEF regularly reported, M&E system working to district level • Structures for coordination operating effectively • Established structures for coordinating

Target Audience	Specific Targets	Desired outcome (in seven years)
	PACS NDOH CBOS & NGOS NEC and Parliamentary Committee DPMNEC Central Agencies	stakeholders <ul style="list-style-type: none"> • Systems and programs in place that are well functioning and reach to district level • Viable organizations that can have technical and organizational capacity to deliver programs • Government taking leadership of response, increased activity among politicians • Policy and leadership of the response, support of NAC, allocation of increased resources
Networks/Partnerships	NGO networks Twinning with Aust/NZ	Improved coordination among NGOs Partnerships between INGOs and NGOs Exchanges and training programs between institutions, mentoring relationships established

ANNEX G: Position Descriptions

- 1. STRATEGIC DIRECTOR - PNG HIV/AIDS PROGRAM**
- 2. HIV ADVISER**
- 3. SOCIAL DEVELOPMENT ADVISER**
- 4. INFORMATION, COMMUNICATIONS AND REPORTING ADVISER**
- 5. PROGRAM TRANSITION MANAGER**

SENIOR PROGRAM COORDINATOR - FOR HIV AND AIDS

Background

HIV/AIDS is a significant development challenge for Papua New Guinea (PNG). PNG has the highest incidence of HIV/AIDS in the Pacific region and is the fourth country in the Asia Pacific region to be classified as having a generalised epidemic. AusAID responded to the HIV crisis by developing a comprehensive program of support, the National HIV/AIDS Support Project (NHASP), which is due to finish in October 2006. In addition to HIV-specific programs, AusAID actively looks for opportunities to integrate HIV and AIDS work within our sectoral activities and we have a policy to mainstream HIV responses across our entire program.

The design of a new HIV and AIDS response program is underway. AusAID has a final draft HIV/AIDS Support Strategy for PNG (2005-2010) as well as a draft Framework which outlines the management structures and processes that will support the implementation of the Strategy. The Strategy has the following objectives:

- strengthening leadership and coordination capacity;
- empowering and mobilising communities;
- mainstreaming HIV prevention to achieve a multi-sector response;
- strengthening primary health care services;
- addressing underlying gender issues and sexual violence; and
- supporting an evidence-based response.

AusAID is committed to the 'Three One Principles' and recognises that a concerted long-term commitment, from the Government of PNG and from all development partners and stakeholders, is needed to stem the course of the HIV epidemic in PNG. AusAID also recognises that the PNG National AIDS Council (NAC) and its Secretariat (NACS) are mandated to oversee HIV/AIDS policy and to coordinate the national response. We are committed to ensuring that our activities support the roles of PNG institutions, and are harmonised with those of other development partners.

AusAID proposes to appoint a Senior Program Coordinator to lead our engagement with stakeholders, and to direct the development, management and performance assessment of a complex and ambitious AusAID program of HIV and AIDS responses in PNG. The Senior Program Coordinator will be based in PNG and will be assisted by AusAID, locally engaged and contracted staff in Port Moresby and Canberra.

Duration

Two years (with the possibility of a one-year extension)

Description

This position will ensure that AusAID's assistance:

- aligns with the objectives of PNG's National Strategic Plan, AusAID's HIV/AIDS Strategy for PNG, Australia's International HIV/AIDS Strategy and other relevant AusAID and PNG Government policies;

- is strengthened through appropriate engagement, including high-level advocacy, with Government and Civil Society at National, Provincial, District and community levels;
- is well coordinated and where possible harmonised with the work of other donors within the spirit of 'Three Ones';
- maintains an appropriate balance between immediate responses and longer-term capacity building approaches;
- supports effective ways to address the underlying conditions which make individuals and communities vulnerable to the epidemic (such as income inequalities, gender inequalities, deteriorating health systems, social violence and nascent indigenous leadership);
- is flexible and responsive to changing understanding of the epidemic and draws on international best practice, lessons learned and approaches shown to be effective in PNG;
- is well supported by flexible, responsive and effective management arrangements; and
- reflects a whole-of-program approach aimed at maximising the impact of the aid program, where, as part of AusAID's mainstreaming policy, there is a coordinated approach to integration of HIV responses across sectors.

Duties

The Senior Program Coordinator will be responsible for the overall development, management and performance assessment of AusAID's PNG HIV/AIDS program. Duties will include:

1. Provide advice and strategic direction over all policy, design, planning, performance assessment and reporting aspects of the Program.
2. Provide high-level advice to stakeholders on the strategic direction of AusAID's HIV/AIDS program in PNG in order to meet ongoing and emerging needs.
3. In close consultation with AusAID Port Moresby, undertake high-level liaison and advocacy with PNG ministers, senior bureaucrats and civil society leaders about program policy issues and direction, and participate in program coordination meetings with senior PNG Government and other stakeholder representatives.
4. Engage with development partners, PNG Government, PNG and Australian civil society groups and Australian government agencies to facilitate strong partnerships and coordination of the response.
5. Analyse and monitor key strategic issues relevant to the HIV/AIDS program, including government policy, HIV/AIDS and development issues, and other Australian and donor activities.
6. Manage the Program ensuring the provision of quality and timely inputs and the completion of activities in terms of the annual program plan.
7. Ensure that the HIV work undertaken by all sectoral areas of AusAID's development program in PNG is in accordance with the Strategy and Framework.

The position will report to the Minister-Counsellor and will work closely with the ADG PNG, the HIV/AIDS Taskforce and Australia's Special Representative on HIV/AIDS.

Qualifications and Experience

The Senior Program Coordinator should have the experience and authority to provide strategic support to the PNG Government as well as to direct the design, implementation and performance assessment of AusAID's HIV/AIDS program to achieve the Program goals. The Senior Program Coordinator should possess:

- senior executive level experience in line management in a public sector or similar environment;
- strong skills in the development of outcomes-focused policy and proven effectiveness in policy implementation;
- a successful track record in managing multi-disciplinary teams in an international environment, preferably in Melanesia;
- excellent interpersonal skills with commitment to and experience in consultative and facilitative approaches;
- an understanding of HIV/AIDS issues and current international development thinking around HIV/AIDS is highly desirable.

*The position of Senior Program Coordinator may be subject to a security clearance.

HIV/AIDS ADVISER

Note: The final ToR for this position should be confirmed after the Senior Program Coordinator is appointed and that person's skills and experience in HIV and AIDS is taken into account.

Description

The Senior Program Coordinator is responsible for the overall development, management and performance assessment of AusAID's PNG HIV/AIDS program. To support this position the HIV/AIDS adviser will provide technical advice on matters relating to HIV and AIDS for the Program. This position will report to the Senior Program Coordinator and be part of the core team supporting the Program. The Adviser will work closely with the Senior Program Coordinator to analyse and monitor key strategic and policy issues, assess technical areas and needs, monitor program implementation, engage with PNG stakeholders and AusAID sectors. The position will also actively coach and mentor PNG associate advisers appointed to work with the Program.

A contracted Service Provider will be responsible for contracting Program quality inputs and outputs including the design of activities, advisory support, arranging implementation activities, possibly managing activities, provision of administrative and financing services all under the direction of the Senior Program Coordinator.

This specific qualities of the HIV/AIDS Adviser will be determined once the Senior Program Coordinator is appointed, given that Senior Program Coordinator may have competencies in this area.

Specific Duties

1. Provide advisory support to Senior Program Coordinator and AusAID to develop policies and strategies for the Program
 - a. Work with the Senior Program Coordinator and other advisers on the Program to analyse and monitor key strategic issues relevant to the HIV/AIDS program, including government policy, HIV/AIDS and development issues, and other Australian and donor activities to guide the implementation of PNG HIV Program
2. Provide advisory support to the Program in implementing the policies and strategies, which will involve close engagement with counterparts.
 - a. Developing appropriate strategies for the Program that draw on international best practice, lessons learned and approaches likely to be effective in PNG
 - b. Provide inputs into the design of Program activities
 - c. Monitoring of the quality of contracted inputs and outputs
3. Engage with Program stakeholders including PNG Government, development partners, civil society organizations to build partnerships and strengthen coordination for the national response
4. Build capacity of locally engaged advisers for program implementation, monitoring and policy development.

Experience and Qualifications

Essential

- Extensive specialist knowledge of HIV/AIDS and development and its impact on developing countries
- Experience in working in developing country context
- Strong skills in the development of outcomes-focused policy and proven effectiveness in policy implementation, preferably related to the AusAID development program
- Demonstrated ability to provide advice on policy and programmatic issues
- High-level oral and written communication skills, including high level representation and liaison skills
- High level monitoring and evaluation skills
- Excellent interpersonal skills with commitment to and experience in consultative and facilitative approaches
- Ability to work as part of a team and contribute towards agency and program outcomes.

Desirable

- Understanding of HIV and AIDS issues, policies and activities in Papua New Guinea
- Knowledge of the structures of the government of Papua New Guinea and particularly those of the key agencies involved in the delivery of services or the formulation of policy in the health, HIV/AIDS and social sectors

SOCIAL DEVELOPMENT AND GENDER ADVISER

Description

The PNG HIV Program supports PNG's MTDS objectives on social development and its efforts to achieve MDGs. It is clear that change to social and human development indicators requires a broader development approach that addresses gender equity, strengthens community and household support systems, addresses child protection, builds local capacity and strengthens basic infrastructure for health, education and agriculture. The impact of HIV and AIDS is already evident in the social sectors and support to address these issues will be a key focus of the Program.

The Senior Program Coordinator is responsible for the overall development, management and performance assessment of AusAID's PNG HIV/AIDS program. To support this position the Social Development Adviser will be responsible for providing advice on matters relating to social development and gender for the PNG HIV Program. This position will report to the Senior Program Coordinator and be part of the core team supporting the Program. The Adviser will work closely with the Senior Program Coordinator to analyse and monitor key policy and programmatic issues relating to poverty reduction, human rights, basic health and education, and gender. The Adviser will assist in mainstreaming HIV into development programs, monitoring program implementation, engage with PNG stakeholders and AusAID sectors. The position will also actively coach and mentor PNG associate advisers appointed to work with the Program.

A contracted Service Provider will be responsible for contracting Program quality inputs and outputs including the design of activities, advisory support, arranging implementation activities, possibly managing activities, provision of administrative and financing services all under the direction of the Senior Program Coordinator.

Specific Duties:

1. Provide advisory support to Senior Program Coordinator and AusAID to develop policies and strategies for the Program
 - Work with the Senior Program Coordinator and other advisers on the Program to analyse and monitor key strategic issues relevant to the HIV/AIDS program, including government policy, HIV/AIDS and development issues, and other Australian and donor activities to guide the implementation of PNG HIV Program
 - Develop a gender and social development strategy for the Program in PNG.
2. Provide advisory support to the Program in implementing the policies and strategies, which will involve close engagement with counterparts.
 - Assist in developing and implementing strategies for mainstreaming of gender and HIV and AIDS and the incorporation of key themes of vulnerability, human rights and community participation in the planning and implementation of Program activities.
 - Provide inputs into the design of Program activities
3. Provide technical input on implementation and monitoring of gender strategies and approaches

- Assist with the development and implementation of activities for mainstreaming HIV activities into development within AusAID in PNG.
 - Assist with identifying, developing and monitoring approaches that support strengthening community led responses, address basic community needs and promote local ownership and sustainability
 - Assist the Program with monitoring of the quality of contracted inputs and outputs
3. Engage with Program stakeholders including PNG Government, development partners, civil society organizations and research institutions to collaborate on implementation of activities addressing social development issues.
 4. Work closely with locally engaged advisers to build capacity for program implementation, monitoring and policy development.

Experience and Qualifications

Essential

- Degree and post graduate qualification in development, gender, anthropology, sociology or possibly health or education and
- Previous experience working on policy and programs addressing social development issues.
- Demonstrated experience in conducting social research in areas such as poverty, gender, HIV-related stigma and human rights
- High-level oral and written communication skills, including high level representation and liaison skills
- High level monitoring and evaluation skills
- Excellent interpersonal skills with commitment to and experience in consultative and facilitative approaches
- Skills to influence and manage change processes, including organisational development
- Ability to work as part of a team and contribute towards agency and program outcomes.

Desirable

- Understanding of social, cultural and political environment in Papua New Guinea
- Knowledge of the structures of the government of Papua New Guinea and particularly those of the key agencies involved in the delivery of services or the formulation of policy in the health, HIV/AIDS and social sectors.

TRANSITION MANAGER - PNG HIV/AIDS PROGRAM

Background

HIV/AIDS is a significant development challenge for Papua New Guinea (PNG). PNG has the highest incidence of HIV/AIDS in the Pacific region and is the fourth country in the Asia Pacific region to be classified as having a generalised epidemic. AusAID responded to the PNG HIV crisis by developing a comprehensive program of support, the National HIV/AIDS Support Project (NHASP), which is due to finish in October 2006. The design of a new HIV/AIDS Program is underway and due to be completed in March 2006.

The design of the implementation framework for the new Program has highlighted and intensified the need for AusAID to provide additional resources into the management of the transition to the new Program of assistance as soon as possible. The current AusAID HIV Adviser finishes work in January 2006 and several other AusAID positions at the Post and in Canberra are vacant or have staff newly appointed to them. Given the size and importance of this Program, and with NHASP finishing in October 2006, it has been decided to seek assistance from a suitably qualified person to work with the Post to support the transition to the new Program.

AusAID recognises that the PNG National AIDS Council (NAC) and its Secretariat (NACS) are mandated to oversee HIV/AIDS policy and to coordinate the national response. We are committed to ensuring that our activities support the roles of PNG institutions, and are harmonised with those of other development partners. Close and effective communications with GoPNG and other development partners during the transition is essential.

Within the new Program AusAID proposes to appoint a Senior Program Coordinator to lead our engagement with stakeholders, and to direct the development, management and performance assessment of the new program. The Senior Program Coordinator, to be based in PNG from June 2006, will be assisted by AusAID, locally engaged and contracted staff in Port Moresby and Canberra.

Duration

Six months commencing 1 March 2006, with the possibility of monthly extensions up to a total of twelve months.

Description

The purpose of the position is to provide additional resources to AusAID to commence the new Program. The position is primarily designed to focus on:

- (a) maintaining current momentum for activities being transitioned from NHASP into the new Program whether in current or modified forms; and
- (b) building the new foundations, especially relationships and partnerships, essential for the early establishment of the new Program.

The Transition Manager will hand over his/her work as appropriate to the Senior Program Coordinator and the 1st Secretary (HIV) once those positions are operational.

Duties

The Transition Manager will be responsible for assisting the AusAID PNG Post to manage the transition to the new Program. Duties will include:

1. Provide advice and assistance to the Minister Counsellor and her staff on:
 - (a) the transition to the new Program and the completion of NHASP; and
 - (b) appropriate HIV and AIDS strategies and responses across the PNG Country Program.
2. In close consultation with AusAID Port Moresby, undertake liaison and coordination with GoPNG key stakeholders (including Department of Prime Minister and NEC, NAC, NACS and National Department of Health) in planning and organising the transition to the new Program and in particular the transition of the specific activities identified in the Program Implementation Framework. Specific tasks will include:
 - (a) Working with NAC, NACS, NDOH, Treasury and DNPM, with support from NHASP and other AusAID project staff as required, to support government agencies prepare their 2007 recurrent and development budget submissions in support of NSP for GoPNG funded HIV and AIDS interventions;
 - (b) Working with NHASP and NACS to organise the transfer of the current grants scheme to under the management of NACS, with appropriate levels of support;
 - (c) Commissioning, through an appropriate mechanism, the Capacity Mapping Exercise described in the Program Framework;
 - (d) Supporting AusAID's NHASP activity manager to manage the transitional arrangements for NHASP activities which will continue under the new program;
 - (e) Developing, in association with NHASP and other stakeholders, a provincial engagement strategy;
 - (f) Commencing, on behalf of the Senior Program Coordinator, the preparations for the drafting of the AusAID HIV/AIDS Program's Annual Plan for 2007;
 - (g) Commencing, in conjunction with AusAID M&E Adviser, the preparations for the drafting of the Program's Monitoring and Evaluation framework, to be delivered to AusAID with the 2007 Draft Annual Program Plan.
3. Engage with Program stakeholders including PNG Government, development partners, and others to ensure a wide understanding of the new Program, its operating modality and Australia's proposed Strategy defining the proposed areas of its assistance.
4. Analyse and monitor key strategic issues relevant to the HIV/AIDS program, including government policy, HIV/AIDS and development issues, and other Australian and donor activities.
5. As directed, provide support to AusAID for the development and implementation of the new HIV/AIDS Program, particularly in relation to the priority initiatives.

The position will report to the Counsellor (SPCU) in the AusAID Post Port Moresby and will work closely with the other AusAID Counsellors, activity managers, AusAID PNG Branch and where necessary with the AusAID HIV/AIDS Taskforce and Australia's Special Representative on HIV/AIDS.

Qualifications and Experience

The Transition Manager should have the experience and authority to provide senior level support to the AusAID, and the PNG Government, in managing the transition to the new program. The Transition Manager should possess:

- a strong and detailed understanding of HIV and AIDS issues, policies and activities in Papua New Guinea;
- an extensive working knowledge of the structures of the government of Papua New Guinea and particularly those of the key agencies involved in the delivery of services or the formulation of policy in the health, HIV/AIDS and social sectors;
- strong skills in the development of outcomes-focused policy and proven effectiveness in policy implementation, preferably related to the AusAID development program;
- a successful track record in working with multi-disciplinary teams in an international environment, preferably in Papua New Guinea;
- excellent interpersonal skills with commitment to and experience in consultative and facilitative approaches; and
- an understanding of HIV/AIDS issues and current international development thinking around HIV/AIDS is highly desirable.

ANNEX H: Monitoring and Evaluation Concept

Outline content of Monitoring and Evaluation Framework

A normal logical framework approach would seek to set a range of indicators for the impact of Australian funded interventions and draw the causal link between their achievement and changes at the goal (in this case national) level. However, the proportion of the Australian contribution in the overall HIV/AIDS effort is such that achievement of national targets is a reasonable proxy at the goal and purpose level for the effectiveness of Australian support (while recognising that the Program is not ultimately responsible for the delivery of the national effort). At the same time, interventions are likely to be of a size and complexity that will lead simultaneously to impact at activity, institution and national level.

It is not therefore proposed to set formal indicators at the purpose level, nor (because the outputs of the Program are not yet fixed) to attempt to trace a strict cause and effect logic. The framework set out below suggests areas of enquiry which run loosely from those where the Program has an indirect contribution to those where the contribution is more direct. These are not necessarily comprehensive and will need to be agreed with other stakeholders in the process of designing the M&E framework. Taken together, they should provide a clear picture of the direct and indirect outputs of the Program, the quality of the processes in which it is involved, and the strategic context.

Area of enquiry	Illustrative methodologies	Frequency of reporting
What are results from the national M&E framework telling us about the effectiveness of the national response?	Presentation of national M&E data with analysis of reliability of data and process for developing framework	Annual
What have been the changes in capacity in targeted institutions?	Capacity mapping; self assessment, as part of statutory accountability; Most Significant Change; independent verification by external agency or beneficiaries of services	Annual
Is the Program working with agencies likely to make a significant contribution to national objectives, and what is the quality of those relationships?	Self assessment by the Program; results of activities implemented by partner organisations; meeting minutes; independent verification	Annual
Are relationships with other external funders allowing them to provide financing from their comparative advantage?	Minutes of donor co-ordination meetings	Annual
What is the volume, composition and direction of Australian assistance and is it compatible with the NSP and Australian policy? Is the Program responding flexibly to new areas of concern?	Self assessment by the Program, subject to constructive challenge by the post and AusAID Canberra as part of setting APP; response times to requests	Annual
How are risks being managed?	Self assessment as above	Annual
How is HIV/AIDS being mainstreamed across Government through Australian support?	Reporting from other programs	Annual
What is the extent and quality of outputs delivered by the Program?	Reporting from M&E of individual activities	Six monthly

ANNEX I: Risk Management Matrix

While the Framework lists a large number of risks the follow are risks that are considered to have a high likelihood of occurring or, if they do happen will have serious adverse impacts on the Program.

#	Risk Event	Impact on the Program	How the risk is managed	Who Manages the risk
Political Risks				
1	Program not perceived as meeting PNG's needs, especially if prevalence rates and deaths increase dramatically. Political decisions and/or loss of confidence in the direction of the response	Political intervention in Program; conflict between GoPNG and GoA over support for NSP; Implementation delays or Program rendered unworkable.	Ongoing communication with all stakeholders, including PM, NEC, Parliamentarians and CACC on NSP, Strategy and Program objectives. Early and ongoing stakeholder participation in agreeing Program planning approaches and priorities. Utilise performance-based reporting to measure and communicate Program performance. Show that program is responsive to adverse impacts. Support implementing agencies and other stakeholders to participate fully in Program planning and development to ensure GoPNG needs and priorities are appropriately addressed.	Minister Counsellor, Senior Program Coordinator, Chair of NAC, Director of NACS Secretary of NDOH Other donors
2	Weak PNG political leadership including poor ministerial support and non-responsive parliamentary support	Political leadership is critical to Program success as has been shown around the world. Current GoPNG support is very high	On-going engagement with political leaders especially Special Minister, Minister of Health, Chief Secretary Specific program elements designed and implemented, in cooperation with other donors, to promote strong and effective leadership	Minister Counsellor, Senior Program Coordinator, Chair of NAC, Director of NACS Secretary of NDOH Other donors

#	Risk Event	Impact on the Program	How the risk is managed	Who Manages the risk
3	Politicians, or senior departmental leaders, at national and provincial level attempt to 'capture' Program resources and interfere with agency and Program planning	Political pressure placed on Program and agencies to mis-direct resources and funding away from agreed priorities; NSP and program approach undermined; Program objectives not met and/ or rendered unworkable.	Assist GoPNG agencies to plan against NSP ensuring priorities are addressed. Ensure widespread leadership awareness of NSP, the priority response areas. Ensure documented planning processes, assessment criteria and funding mechanisms. Agency and other GoPNG participants supported to prepare transparent, detailed and costed activity proposals. Progress reports and effective performance measurement.	Senior Program Coordinator AusAID Post Chair of, NAC, NACS NDOH with central agency support
4	Stakeholders have unrealistic expectations of Program, given large financial investment.	Loss of goodwill in Program; reduced support by relevant stakeholders; stakeholders and leaders may seek 'quick fix' to HIV and AIDS increases; political interference with agencies leading to advocacy for funding for overly ambitious or inappropriate activities.	Ongoing communication with all stakeholders, including PM, NEC and CACC on NSP and program objectives. Clear understandings of roles, responsibilities, accountabilities and expectations discussed and agreed. Early and ongoing stakeholder participation in agreeing Program planning approaches and priorities. Strengthen and support NAC to ensure strong leadership and political commitment, and mechanisms for dispute resolution.	Minister Counsellor, Senior Program Coordinator, Chair of NAC, Director of NACS ISP
Institutional Risks				
5	Agencies do not collaborate effectively with each other to address NSP objectives.	The NSP and Strategy's comprehensive national approaches are undermined; agencies revert to "silo" competitive project type approach; cooperation is lacking.	Promote use of dialogue around GoPNG policies, especially the NSP and the Health Sector Plan to address and allocate priorities. Ensure roles, responsibilities and accountabilities are understood and accepted and facilitate agencies to stay with their core areas of responsibility Promote ongoing communication with all	Senior Program Coordinator and Advisers ISP NACS and NDOH Chair of NAC

Annex I – Risk Management Matrix

#	Risk Event	Impact on the Program	How the risk is managed	Who Manages the risk
			<p>GoPNG stakeholders, including regular briefings for Chief Secretary , CACC and DPMNEC and DNPM.</p> <p>Ensure counterparts, especially NAC committees and NACS, are adequately resourced and supported to carry out sector coordination and communications functions.</p> <p>Promote early and open participation of all stakeholders in scoping, design and planning of activities. Identify counterpart or lead agency or entity.</p>	
6	GoPNG fails to provide recurrent budget and resources to support agencies' HIV and AIDS activities and the operational budgets of NAC and NDOH	Reduction in available staff/ resources to participate in Program activities; Program funding directed to pay for recurrent costs; Program unsustainable; loss of commitment from agencies.	<p>Continued support for NAC to advocate within GoPNG need for increasing budget support for HIV and AIDS activities.</p> <p>Report progress to government on benefits of GoPNG funding and support.</p> <p>Ongoing communication with agency Heads of Department (HoD) re staffing and other resource requirements and commitments</p> <p>Ensure activity designs are not reliant on additional or unaffordable recurrent funding.</p> <p>Develop, implement and communicate unambiguous funding guidelines for Program activities (ie what Program will and will not fund).</p> <p>.Use flexible program approach to adjust scope and duration of activities in response to changing agency capacity.</p>	Senior Program Coordinator, Chair of NAC, Director of NACS Heads of implementing agencies
7	Poor NAC and NACS leadership of the PNG response	Overall GoPNG coordination and promotional effort is poor and unresponsive leading to Program and other donors assuming inappropriately prominent roles	<p>Primarily through building NACS and NAC capacity, which is a medium term objective.</p> <p>Focus initial advisory support, and in-line support if necessary, on key areas of NACS management and administration to (a) ensure successful transition of NHASP activities; (b)</p>	Minister Counsellor Chair of NAC Senior Program Coordinator, Director of NACS

Annex I – Risk Management Matrix

#	Risk Event	Impact on the Program	How the risk is managed	Who Manages the risk
			carefully establish any new activities. Support for key individuals through use of incentives to achieve above average performance.	
8	Program dependent on only one or two senior 'sponsors' or counterparts in each agency or critical area. In the alternative one or two people hold information about the Program 'close' and do not involve or engage others in their agencies	Program activities fail because of lack of in depth support in agencies; lack of cooperation by agency staff in implementing activities; knowledge gaps and lack of continuity when sponsors are rotated/ transferred; potential lower interest/ buy-in from replacement counterparts.	Work with agencies to include more operational managers from agency at multiple levels. Work with teams and multiple counterparts, ensuring junior and middle level managers are consulted in activity planning and implementation activities. Assist agencies to develop handover periods on Program activities. Ongoing Program advocacy/ communication across agencies.	Senior Program Coordinator, Agency and implementing organisations chief executives ISP
9	Agencies and other implementing stakeholders lack capacity to implement, monitor and participate in Program activities.	Program delays; Program quality suffers; loss of stakeholder commitment to Program; difficulties in monitoring Program activities, identifying trends and outcomes, and planning future activities; Program activities not sustainable.	Careful attention to the analysis of risks and capacity constraints in the design of activities. Openly questions and debate assumptions about capacity and capability. Ongoing communication with all implementing stakeholders to facilitate early identification/ resolution of capacity issues. Support training and capacity development for implementing stakeholders in areas of identified weakness. Agree on realistic and appropriate Program indicators with agencies and other stakeholders. Develop simple, linked data collection systems, and consider appropriate sampling	Senior Program Coordinator and Advisory team ISP Agency and implementing organisation chief executives

#	Risk Event	Impact on the Program	How the risk is managed	Who Manages the risk
			techniques.	
DONOR COORDINATION RISKS				
10	Failure of donors to agree of allocation of resources within NSP; one donor's activity being perceived to dominate limited GoPNG capacity; failure to agree to use of common procedures and systems	Confusion and frustration within GoPNG agencies; frustration within AusAID with other donors; NACS and NDOH managers and key people, overwhelmed by separate donor requirements and demands; lower priorities targeted	<p>AusAID, as largest donor, to seek agreement that it takes lead role in promoting donor coordination.</p> <p>Donors meet six monthly and especially during GoPNG budget cycle to reach consensus on areas of NSP support.</p> <p>Strategy agreed for building NACS capacity to administer donor programs and manage donor coordination, with AusAID taking lead in building capacity</p>	<p>Director Minister Counsellor AusAID Special Representative</p>
PROGRAM MANAGEMENT RISKS				
11	Program fails to: (a) properly analysis social and cultural circumstances; (b) consult effectively; (c) design appropriate responses (d) recognise the differing needs of stakeholder groups.	Program is not responsive to needs and concerns of beneficiaries and designs and attempts to implement ineffective responses	<p>Complete Program Participation Strategy before Program commences.</p> <p>Ensure recruitment of persons to advisory positions in the Program Advisory Office and as Program technical Advisers who understand these issues in PNG.</p> <p>Ensure activity designs and implementation approaches are based upon research, consultation and effective participation, especially with targeted beneficiaries.</p> <p>Involve International Review Panel in peer review of designs.</p> <p>Effective program planning providing enough time for effective and meaningful engagement in the PNG context.</p>	<p>Senior Program Coordinator, PAO Advisers ISP</p>

#	Risk Event	Impact on the Program	How the risk is managed	Who Manages the risk
			Ensuring all advisory and contract personnel are briefed on and adopt the Program's Participation Strategy as their everyday way of working	
12	Pace of Program planning and implementation too fast for stakeholders to understand, own and proceed with activities.	Program unsustainable; Program not focused; delays while activities are redesigned; loss of PNG ownership and interest in Program; resistance to Program activities; planning and implementation delays at output or activity level; Program objectives not met.	<p>Early and ongoing engagement of implementing stakeholders and AusAID in activity scoping, planning and implementation. Monitor demands made upon NACS, NDOH, key stakeholders and key individuals and seek their endorsement of participation and consultation processes.</p> <p>Utilise flexible program approach to adjust pace, scheduling and delivery of activities where necessary.</p> <p>Use 'pilots', trials, phasing and scaling-up to manage implementation risk.</p> <p>Ensure stakeholders adequately support/ trained/ resourced to participate in Program activities.</p> <p>Ongoing coordination with Program and other donors to reduce duplication in consultation.</p>	Senior Program Coordinator, PAO Advisers ISP Agency chief executives
13	Conflict and/or poor coordination among Senior Program Coordinator, ISP and AusAID Post	PNG counterparts disturbed and unsettled by apparent internal program conflict; delays in Program while differences are resolved.	<p>Clear protocols and open communication between leaders.</p> <p>Regular meetings, including formal tripartite session every two months to review internal performance against set and agreed criteria.</p> <p>Early and prompt notification of problems and 'no surprises' policy.</p> <p>Conflicts resolved promptly and not left to fester.</p>	Minister Counsellor HIV Counsellor and activity manager Senior Program Coordinator ISP

Annex I – Risk Management Matrix

#	Risk Event	Impact on the Program	How the risk is managed	Who Manages the risk
14	PNG stakeholders unable to meet GoA's transparency/ accountability expectations, e.g. Imprest accounts are not adequately managed or monitored.	Program delays due to lost resources and other accountability issues; conflict/ disagreement between GoA and GoPNG; withdrawal of stakeholders from Program activities. Mismanagement or misappropriation of Program funds; implementation delays due to lost resources.	<p>Support training/ development for counterparts on financial management and reporting.</p> <p>Develop and agree procedures to ensure transparency, including external and internal audit of imprest and activity accounts, and open and competitive procurement of goods and services.</p> <p>With stakeholders, develop simple reporting/ acquittal formats for smaller budget amounts to ease administrative burden and minimise delays.</p> <p>Ensure agency staff capacity and availability to manage imprest accounts.</p> <p>Provide further training in the agencies on the procedures for managing imprest accounts.</p> <p>Undertake regular audit of imprest accounts.</p> <p>Support the capacity development of the Sector Audit Committee.</p>	<p>Program not sufficiently focused.</p> <p>Program delays while activity design issues resolved; sector wide approach is undermined; lack of sustainability.</p>

