



Australian Government  
AusAID

# Evaluation of the PNG National HIV/AIDS Support Project Appendices

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# Appendices

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# Appendix 1.1

## Evaluation of the PNG National HIV/AIDS Support Project

### TERMS OF REFERENCE

#### 1. INTRODUCTION

AusAID's HIV/AIDS Taskforce requested that an evaluation of HIV/AIDS activities be included in the **Program Evaluation Section's (EVAL) Work Plan** for the 2004/05 financial year. This followed a request from the **AusAID Executive** for a rapid impact assessment of a number of HIV/AIDS programs to better inform the implementation of Australia's **International HIV/AIDS Strategy**<sup>1</sup>. The Strategy was endorsed by the Executive on June 11, 2004.

Following discussion with AusAID's HIV/AIDS Task Force, and AusAID's HIV/AIDS Working Group, EVAL decided to implement two activities commencing in the 2004/05 financial year:

- > A review of the management and implementation models for AusAID's large HIV/AIDS projects; and
- > An evaluation of three large HIV/AIDS projects. Due to the difficulties implementing an evaluation in Indonesia following the tsunami, and the potential benefits of evaluating the **PNG National HIV/AIDS Support Project**<sup>2</sup>, it was decided that an evaluation of this single activity would be undertaken.

This ToR refers to the second of these two activities. The first has been implemented separately.

#### 2. BACKGROUND

The Government of Papua New Guinea (PNG) and the Government of Australia (GoA) jointly implement the PNG National HIV/AIDS Support Project. The multi-sectoral project, which was expected to cost A\$60 million over 5 years, commenced in October 2000.

The goal of the Project was to *minimise the impact of HIV/AIDS in PNG*.

The purpose of the Project was to *support the implementation of the multi-sectoral National HIV/AIDS Medium Term Plan (MTP) of PNG*.

The Project had seven components:

#### COMPONENT 1 – EDUCATION, INFORMATION AND ADVOCACY

This component aimed to strengthen and develop the capacity of government agencies, NGOs and the private sector to raise awareness and understanding among the general population of HIV and STD transmission and prevention. This component incorporated a focus on appropriate behaviour change and high-risk groups such as youth.

#### COMPONENT 2 – COUNSELLING, COMMUNITY CARE AND SUPPORT

This component was to strengthen and extend HIV/AIDS counselling services to ensure national coverage. Home-based care was to be established as the primary means of delivering health care services to people and their families affected by the epidemic.

#### COMPONENT 3 – POLICY, LEGAL AND ETHICAL ISSUES

The development of relevant policy, codes of ethics and enabling legislation regarding HIV/AIDS and STD prevention and care is essential to support the national response to the epidemic. This component was to strengthen the capacity of the National AIDS Council (NAC) and other government and private sector agencies to assist and facilitate such policy and legislation.

<sup>1</sup> AusAID (July 2004) *Meeting the challenge: Australia's international HIV/AIDS strategy*.

<sup>2</sup> The evaluation is expected to feed lessons into the design of follow up activities, as well as to any (temporary) extension of the current project.

#### COMPONENT 4 – MONITORING, SURVEILLANCE AND EVALUATION

The main focus of this component was to strengthen public health surveillance of HIV/AIDS and STDs and related behaviour change through enabling improvements to case definitions, data collection, reporting and analysis, and feedback mechanisms such as sentinel surveillance sites.

#### COMPONENT 5 – CLINICAL SERVICES AND LABORATORY STRENGTHENING

The objective of this component was to improve the quality and delivery of STD and HIV/AIDS services through enhanced diagnosis, clinical management, and community care. The component included clinical and laboratory training, improved supervision, and development of treatment and referral protocols. In addition, the component provided for the establishment of the Port Moresby STD clinic as a National Centre of Excellence, with supported research and training functions.

#### COMPONENT 6 – MANAGEMENT SUPPORT TO THE NATIONAL AIDS COUNCIL

This component was to strengthen the capacity of the NAC to coordinate multi-sectoral planning and implementation of the MTP, and monitor and review progress towards its achievement.

#### COMPONENT 7 – COMPONENT 7: CROSS COMPONENT SUPPORT & PROJECT MANAGEMENT

(September 2002 addition)

This component aimed to promote effective implementation of cross-component activities and efficient project management.

### 3. GOAL OF EVALUATION

The goal of the evaluation is to improve AusAID's policy analysis and the design and implementation of AusAID's HIV/AIDS activities and programs in the Asia/Pacific region by the identification and adoption of lessons learned from current and prior activities.

### 4. OBJECTIVES OF THE EVALUATION

The objectives of the evaluation are to assess the relevance, efficiency, effectiveness, impact and sustainability of the PNG National HIV/AIDS Support Project and to draw-out lessons learned.

The evaluation will pay particular attention to the design of the behavioural change components of HIV/AIDS prevention activities.

### 5. SCOPE OF EVALUATION

The evaluation will address, where appropriate, the fields listed in the attached interview guide from the following perspectives:

- A. **RELEVANCE:** The extent to which the objectives of the HIV/AIDS activities are consistent with beneficiaries' requirements, country needs, global priorities and partners' and donors policies. This will include:
  - > The relevance of the Activity's objectives. Were they clear, realistic and measurable?
  - > The adequacy of documented project design to achieve objectives.
- B. **EFFICIENCY:** How economically resources/inputs (funds, expertise, time etc.) are converted to results. This will include:
  - > Timeliness and appropriateness of preparation and implementation processes, including appraisal and Peer Review.
  - > Standard of the contract and project implementation by the contractor.
  - > Strength of partner government support and the value of dialogue in country.
  - > AusAID management, including risk management and use of external expertise.
  - > Project monitoring (eg baseline studies, M&E framework, TAG/PMG, MTR etc.) and communication.

- C. **EFFECTIVENESS:** The extent to which the objectives of the activity were achieved, or expected to be achieved, taking into account their relative importance. This will include:
- > Progress in achieving objectives.
  - > Standard of outputs.
  - > Extent of benefit to the target population.
- D. **IMPACT:** Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.<sup>3</sup> This will include:
- > Measurement of the extent of impacts. (If possible, a cost-benefit analysis will be undertaken. This will recalculate the CBA done during activity design, and take into account the ‘unintended’ effects of the activity.)
  - > Effect on AusAID’s development policies eg. HIV/AIDS strategy.
- E. **SUSTAINABILITY:** The continuation of benefits, or expected benefits, after major development assistance has been completed. This will include:
- > Sustainability of benefits (Technological, social, environmental, gender, economic).
  - > Sustainability of improved institutional capacity.
  - > Maintenance of future recurrent budget (Financial sustainability).
- f. **LESSONS LEARNED<sup>4</sup>:** Generalizations based on evaluation experiences with HIV/AIDS activities which abstract from the specific circumstances to broader situations. These may highlight strengths or weaknesses in preparation, design and implementation that affect performance, outcome and impact.
- > Lessons learned derived from the overall assessment are to be identified and documented, in relation to the activities. (Lessons are to be grouped under functional headings according to their subject matter eg. policy, management, project design, project implementation, gender, country specific lessons etc. The target group for any lessons and/or recommendations are also to be identified.)
  - > Identify and document instances of good practice.
- g. **RATINGS:** The Evaluation report will re-rate the indicators included in the AMB/SMT.
- h. **SPECIFIC ISSUES:**
- > Behaviour change & the social context of behaviour. Gaining Traction: To what extent does the project recognise that behaviours are socially embedded and roles are socially constructed? To what extent do behaviour change strategies address the social context in which behaviours happen? What evidence is there that the behaviour change components of AusAID-funded activities are either efficient or effective? How can this be improved?
  - > Gender, including the role of masculinities in the program.
  - > Provincial issues: PAC v Targeted v modular approaches and the alternatives; devolved responsibility in view of limited capacity & resources; identification of “model” provincial support, lessons learned.
  - > Extension, involvement & role of other sectors.
  - > Project integration.
  - > Grants: research capacity; project capacity; capacity development & partnerships.
  - > Research, surveillance.
  - > Clinical: critique of the syndromic approach.
  - > Consumer input, grassroots linkages; production, distribution and relevance of IEC to grassroots.
  - > The project is output oriented, but often the most valuable elements are the processes: where possible, process will be examined.
  - > Capacity building.
  - > Project problems and criticisms: gain an understanding of the basis of these.

<sup>3</sup> Impacts may be economic, institutional, technological, environmental, social-cultural, or gender related.

<sup>4</sup> Where the evaluation is able to make **recommendations** (Definition: Proposals aimed at enhancing the effectiveness, quality or efficiency of a development intervention; at redesigning the objectives; and/or at the reallocation of resources. Recommendations should be linked to conclusions.) they should be treated as for lessons learned ie. Grouped by function.

- > Devolved responsibility in view of limited capacity & resources.
- > The extent of and problems associated with outreach.
- > Organisational systems and alternative models.

## 6. METHOD

The method will include:

### Preparatory Phase:

- > Selection of the members of an Evaluation Team (ET) (see 7 below);
- > The Task Manager obtaining the necessary (Post, country and Managing Contractor) agreements for the evaluation to proceed.

### Desk Study:

- > A Desk Study by the ET of relevant documents (Design, PID, Reviews, ACR/ICR, TAG/PMG reports, M&E docs. etc.);
- > Discussions between ET members and AusAID Desk Officers, and teleconferences between ET members and the AMC, as well as other key informants, to identify key issues and discuss activity performance, strengths and weaknesses etc.;
- > Under direction of the ET Leader, ET members will finalise the Terms of Reference and prepare an Evaluation Plan incorporating: a schedule of site visits, lists of key informants and key questions, roles and responsibilities of Evaluation Team members, a summary of information requirements and methods of triangulation, and a draft report format. Surveys may be developed. The Plan will be submitted to the AusAID Task Manager for approval.
- > The AusAID Task Manager will liaise with Post staff to arrange meetings and visits, and the extent of Post and counterpart participation in the in-country component of the evaluation. The Task Manager will arrange methods for administration of surveys if required.

The evaluation methods should use participatory and consultative techniques, where practicable, and include collection and analysis of qualitative and quantitative data.

### Field Study:

To implement the Field Study:

- > The ET will travel to Port Moresby and relevant provincial centres, as required, to implement the evaluation in accordance with the approved Evaluation Plan;
- > Discussions will be held with: the key staff from the activity; key government officials in relevant agencies, including core/financing agencies; NGOs; consumers, people affected by and living with HIV; other donor agencies, and other key informants;
- > Project documents will be examined at the AusAID office and in AMC and counterpart agencies where practicable;
- > Site visits and meetings will be held with activity counterparts; their staff and activity beneficiaries where possible.
- > An *Aide Memoire* will be prepared and presented at at least one in-country de-briefing session;
- > The ET will discuss its findings with the Design Team for the extension of the activity.

### Reporting requirements:

- > The ET, under the direction of the Team Leader, will prepare a Draft Report for AusAID Peer Review (possibly including international members on the Peer Review Group) within three weeks of returning from the Field;
- > The presentation of the Draft Report will be accompanied by a Seminar presentation in AusAID;
- > Following Peer Review of the Draft Report by AusAID, the Evaluation Team Leader will prepare a Revised Draft Report for dissemination and comment by counterparts and other interested parties;

- > Following receipt of comments, the Evaluation Team Leader will prepare a Final Report to be published in the AusAID Review and Evaluation Series; and
- > The Report will be published and disseminated to all interested parties.

#### **OUTPUTS**

As noted above, the Outputs will include an Evaluation Method, Aide Memoire, drafts and a final Evaluation Report (of no more than 35 pages plus appendices) in a format agreed between the Evaluation Team and the AusAID Task Manager.

### **7. EVALUATION TEAM**

The Evaluation Team will be 5 people:

- > Evaluation Expert (Team Leader): Associate Professor David Plummer.
- > Technical Expert: Dr Alison Heywood.
- > PNG/UNDP: Ms Margaret Lokoloko
- > GoPNG: Mr Albert Bunat
- > The AusAID: EVAL Task Manager will also be a member of the Team.

Dr Philip Fradd  
Program Evaluation Section  
15/6/2005



# Appendix 1.2

## PNG HIV & STI epidemiology

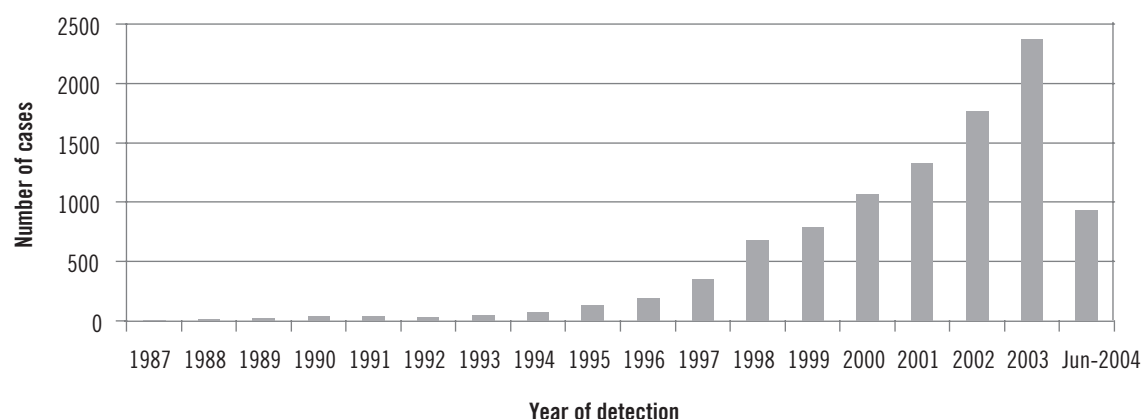
Since the first case of HIV was reported in Papua New Guinea (PNG) in 1987, the number of HIV and AIDS cases had risen to 9,851 by the end of June 2004. Between 1995 and 1997, known cases increased by 50% each year. Since 1997, the annual increase in diagnosed cases has been around 30% per year. In 2002, PNG became the fourth country in the Asia Pacific region to have been declared to have a generalized HIV epidemic, when the HIV prevalence among antenatal women in the Port Moresby General Hospital passed one percent. In 2003, an estimated average of 150 new cases was reported each month in a population of around 5.2 million people.

The HIV sentinel surveys have found the following HIV prevalence:

- > Pregnant women in antenatal clinic (ANC) in Goroka: 0.9% in 2002 and 2% in 2003.
- > ANC in Daru: 0.7% in 2003.
- > ANC at Port Moresby general hospital: 1% in 2002 and 1.35% in 2003.
- > ANC in Lae: 2.5% in 2003.
- > STI clinic attendees in Port Moresby: 9.6% in 2002 and 19.9% in 2004.
- > STI clinic attendees in Mt Hagen: 6.3% in 2003.
- > Tuberculosis patients in Port Moresby: 19%, in Lae: 15%, and in Goroka: 12%.

Experience has showed that countries like Botswana, Uganda, Thailand and Brazil have succeeded in their efforts to reverse the rates of infection and in addressing problems arising from the epidemic.

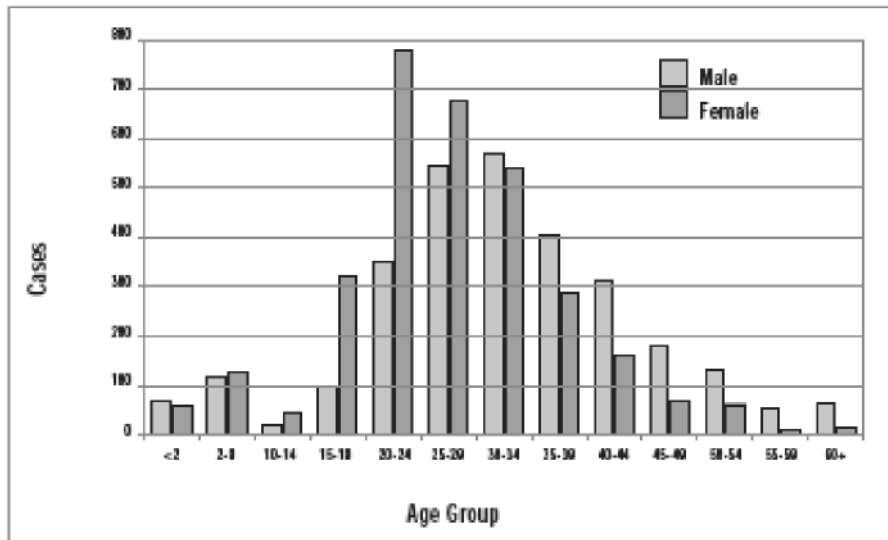
**Reported HIV and AIDS cases in Papua New Guinea, 1987 - Jun 2004**



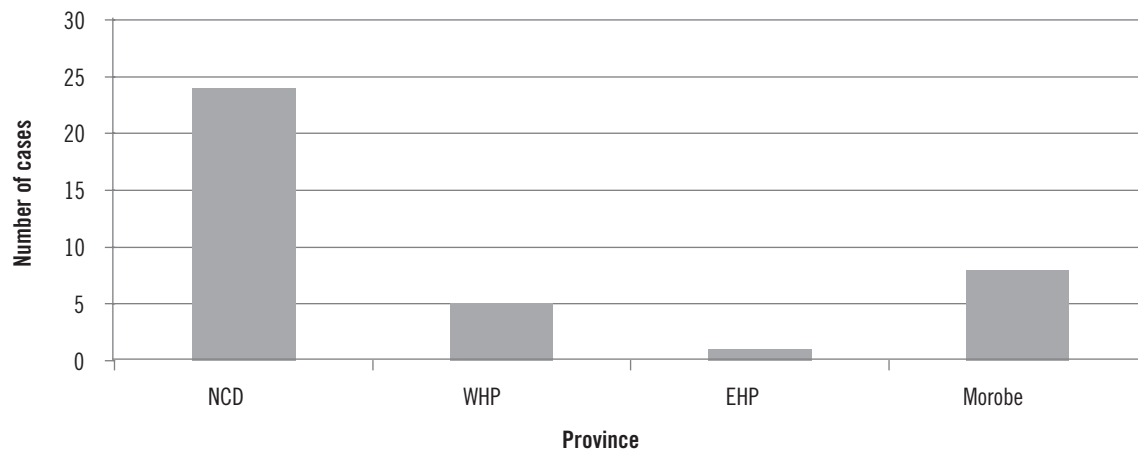
**Reported cumulative HIV cases by gender, as of June 2004**

Gender	Male	Female	Unknown	Total
Reported HIV cases	4,876	4,591	384	9,851
Percentage	49%	47%	4%	100%

**HIV/AIDS infection in PNG by age group and sex**



**Cumulative HIV cases among blood donors, 2003**



#### HIV prevalence rate in sentinel groups at sentinel sites, 1994 – 2004

Years	1994	1999	2002	2003	2004
PMGH antenatal	0.05%	0.32%	1%	1.35%	1.24%
PMGH STI	1.58%	4.8%	9.6%	10.8%	19.9%
PMGH TB				19%	
Goroka STI		<1%	1.6%	4%	
Goroka antenatal			0.9%	2%	
Goroka TB	2.8%	4.6%		12%	
Mt Hagen STI				6.3%	
Lae antenatal				2.5%	
Lae TB				15%	
Daru antenatal				0.6%	

#### Estimates of people infected with HIV, Papua New Guinea, 2004

Region/Area	Total 15-49 year olds	Low scenario		Medium scenario		Worst scenario	
		HIV prevalence	HIV estimates	HIV prevalence	HIV estimates	HIV prevalence	HIV estimates
National Capital District (NCD)	134,002	0.014	1,876	0.027	3,618	0.04	5,360
Morobe	287,617	0.02	5,752	0.025	7,190	0.03	8,628
Highlands Region	1,053,853	0.01	10,539	0.025	26,346	0.04	42,154
New Guinea Islands Region (NGI)	389,492	0.005	1,947	0.0075	2,921	0.01	3,895
Other areas than NCD in Southern Region	418,048	0.006	2,508	0.008	3,344	0.01	4,180
Other areas than Morobe in Momase Region	474,800	0.004	1,899	0.007	3,324	0.01	4,748
Total	2,757,808		24,528		46,744		68,966
HIV rate in 15-49 year olds			0.9%		1.7%		2.5%

National HIV estimates; median 47,000; range 25,000 to 69,000. National HIV prevalence: median 1.7%, range 0.9% to 2.5%.

**STI and HIV prevalence in Daru (Western province)**

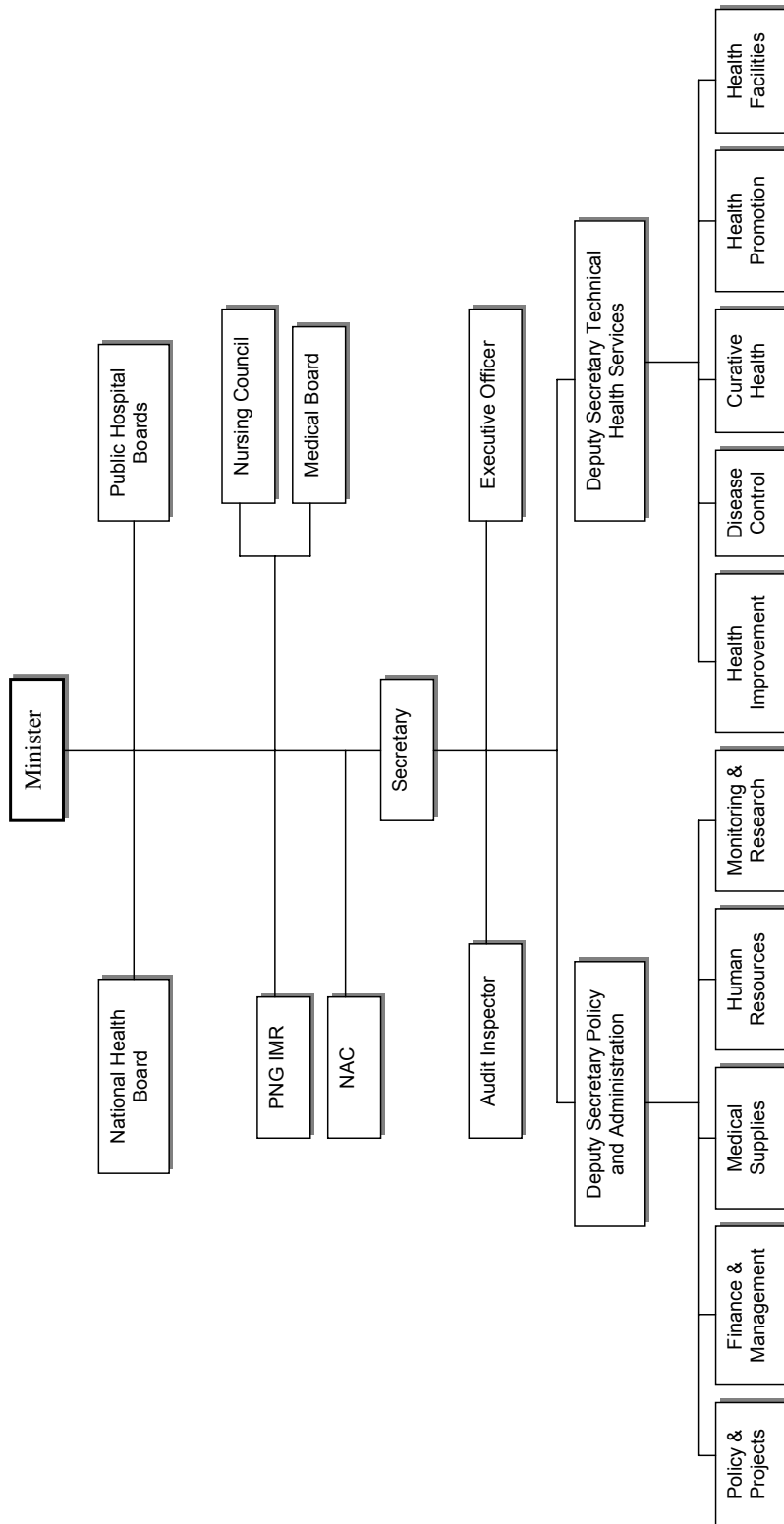
STIs	Female (n=25)	Male (n=31)	Total (n=56)
Trichomoniasis	12.0% (3)	16.1% (5)	14.3% (8)
Chlamydia	20.0% (5)	16.1% (5)	17.7% (10)
Gonorrhoea	0% (0)	16.1% (5)	8.9% (5)
Syphilis (Ab.) n=83	17.7% (6)	20.4% (10)	19.3% (16)
HIV (Ab.) n=83	2.9% (1)	6.1% (3)	4.8% (4)

**Reference**

National AIDS Council & the PNG Department of Health (2004).

Report of the 2004 National Consensus Workshop of Papua New Guinea, NAC, PNG Department of Health, WHO, AusAID, National HIV/AIDS Support Project, Port Moresby.

# Appendix 1.3 PNG Health Corporate Structure



# Appendix 2.1

## Interview guide

### EVALUATION OF THE PNG NATIONAL HIV/AIDS SUPPORT PROJECT

#### *Interview Guide*

#### **ORIENTATION TO THE PROJECT**

- > General comments.
- > History.
- > Structure.
- > Staffing.

#### **CONTEXTUAL AND OVERARCHING ISSUES**

- > Goal of the project: to minimise the impact of HIV/AIDS in PNG.
- > Purpose of the project: to support the implementation of the multi-sectoral National HIV/AIDS Medium Term Plan of PNG.
- > Perspectives of people affected by and living with HIV.
- > Political issues & leadership.
- > Bureaucratic issues, organization & implementation.
- > Multidisciplinary, and cross sectoral activities.
- > Provincial programs.

#### **STRENGTHS, SUCCESSES, MODELS & POSITIVE LESSONS LEARNED**

- > Strengths, successes, models & positive lessons learned.
- > Data and examples of progress.
- > Evidence for infrastructure & organisational development.
- > Evidence for social and behavioural adaptation.
- > Unintended positive consequences.

#### **WEAKNESSES, GAPS, DIFFICULTIES & NEGATIVE LESSONS LEARNED**

- > Weaknesses gaps, difficulties and negative lessons learned.
- > Examples of difficulties, resistances & problems.
- > Unintended negative consequences.

#### **ASPIRATIONS, INNOVATIONS AND WISH LISTS**

- > What would you like to see happen?
- > What would you do differently?
- > What would be a better way to organise the response to HIV in PNG?
- > How would you go about gaining better traction for the issues?

#### **SPECIFIC PROJECT COMPONENTS**

- > Objectives.
- > Mid Term Review Recommendations.
- > Monitoring and Evaluation Indicators.
- > 1: Education & Behaviour Change.
- > 2: Counselling, Community Care & Support.
- > 3: Policy, Legal & Ethical Issues.
- > 4: Monitoring, Surveillance & Evaluation.
- > 5: Clinical Services & Laboratory Strengthening.
- > 6: Management Support for the National Response.
- > 7: Cross Component Support & Project Management.

## SPECIAL ISSUES THAT EMERGED FROM THE DOCUMENTATION

- > Behaviour change & the social context of behaviour. Gaining Traction: To what extent does the project recognise that behaviours are socially embedded and roles are socially constructed? To what extent do behaviour change strategies address the social context in which behaviours happen? What evidence is there that the behaviour change components of AusAID-funded activities are either efficient or effective? How can this be improved?
- > Gender, including the role of masculinities in the program.
- > Provincial issues: PAC v Targeted v modular approaches and the alternatives; devolved responsibility in view of limited capacity & resources; identification of “model” provincial support, lessons learned.
- > Extension, involvement & role of other sectors.
- > Project integration.
- > Grants: research capacity; project capacity; capacity development & partnerships.
- > Research, surveillance.
- > Clinical: critiques of the syndromic approach.
- > Consumer input, grassroots linkages; production, distribution and relevance of IEC to grassroots.
- > The project is output oriented, but often the most valuable elements are the processes: where possible, process will be examined.
- > Capacity building.
- > Project problems and criticisms: gain an understanding of the basis of these.
- > Devolved responsibility in view of limited capacity & resources.
- > The extent of, and problems associated with, outreach.
- > Organisational systems and alternative models.

## EVALUATION OF THE PNG NATIONAL HIV/AIDS SUPPORT PROJECT SPECIFIC PROJECT COMPONENT GUIDE

*Components, activities, mid-term review  
recommendations & M & E Indicators*

### COMPONENT 1: EDUCATION & BEHAVIOUR CHANGE (September 2002 revision)

*Objective:* To strengthen and develop the capacity of government agencies, NGOs, and the private sector nationwide to raise the level of awareness and understanding of HIV and STD transmission and prevention among the general population, with a particular focus on youth, and to promote appropriate behaviour change.

*Revised Objective (2002):* Strengthened capacity of partner agencies to raise awareness of HIV/STD in the population (special focus on youth), to promote behaviour change.

Output 1.1: Improved partnerships among government departments and between government and NGOs resulting in more effective prevention and care activities.

Output 1.2: Improved coverage and effectiveness of HIV/AIDS and STD health promotion strategies delivered by government agencies, NGOs, media, and the private sector.

Output 1.3: Standardised reproductive, sexual health, and HIV/AIDS health communication materials produced, and quality assurance mechanisms established.

Output 1.4: Strengthened distribution of condoms through development of social marketing processes.

Output 1.5: Technical assistance to government organisations, NGOs, and private sector provided.

Output 1.6: Commissioned and submitted research studies focussing on the development of community-based HIV/AIDS and STD prevention programs supported.

Output 1.7: Completed intervention studies by the PNG Institute for Medical Research (IMR).

Output 1.8: Improved processes for information sharing and learning through the development of systems which enable communication and information exchange between organisations working in HIV and STD prevention and care activities.

Output 1.9: Increased involvement of People Living with HIV/AIDS (PLWHA) in prevention and care activities.

#### *Mid-Term Review & Additional Recommendations*

- > That the Project undertakes training to scale up activities in material production, drama development and radio plays.
- > That the Project facilitates active partnerships with NDOH Health Promotion section, Department of Education, CIS and the DSWD. (links with C2)
- > That the Project focuses on the development of targeted interventions with vulnerable groups and interventions suitable for the general population, enhancing peer education programs and community mobilisation activities.
- > That the Project promotes provincial capacity to develop and implement IEC materials/ programs by:
  - Conducting an audit of existing institutional capacity to develop local materials and the sources of existing materials used by the Project
  - Establishing a framework for the ongoing development of IEC materials at the provincial level based on a core suite of good practice materials and methods
  - Developing specific materials for behavioural change communication targeting the most vulnerable populations.
  - Drawing on local experience in the development and provision of information and education and the use of participatory approaches.
- > That the Project develops an advocacy approach that increases provincial ownership and involvement in the multisectoral approach to HIV/AIDS.

- > That the Project facilitates active partnerships with the NCW and YC in social development activities with women and youth.
- > That the Social Research Adviser reviews research priorities identified under the Foundation Project for their currency and relevance and gaps in the social development research agenda.
- > That the Project continues to support small-scale peer education activities through the grant scheme until there is clarification of the EU program.
- > That the Project HP Adviser establishes a counterpart relationship with the senior HP officer in NDOH.

#### *M&E indicators*

**1. UNGASS Outcome indicator** Percentage of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner.

\* A population-based survey is required and UNGASS gives a guideline for the study (commissioned survey).

**2. Output 1.1** Percentage of (known) program partners actively involved in networking and meetings during year (including youth and women's groups).

\* NHASP has worked with HSSP to establish an NGO database. This would give the denominator. Each component would have records of meetings conducted.

**3. Output 1.2** Number of health promotional materials produced by Project for year (number specifically for women/youth).

\* The Resource Centre catalogue would have a list of materials produced each year. This information would also be available with the HPA who would be involved with the development of each material.

**4. Output 1.3** Percentage of provincial TOT completed in sexual health/STI/HIV and AIDS (sex disaggregated).

\* This information is available in the training database.



**5. Output 1.4** Percentage of priority groups participating in behaviour change activities (including women's and youth groups).

\* The number of priority groups (denominator) is known. Reports of component activities and Advisors would give information of participation of groups.

**6. Output 1.5** Percentage of condoms distributed by the Project compared to target per quarter.

\* The Resource Centre has records of condom distribution by month and by type of condom.

## **COMPONENT 2: COUNSELLING, COMMUNITY CARE & SUPPORT**

*Objective:* To strengthen and extend HIV/AIDS counselling services to ensure national coverage and to establish home based care as the chief means of delivering health care services to people and their families affected by HIV/AIDS.

*Revised Objective (2002):* Strengthened and extended counselling, care and support services to people, families and communities affected by HIV/AIDS in collaboration with NACS and civil society partners.

Output 2.1: A national HIV/AIDS counselling and care network to facilitate, coordinate and monitor counselling and home care activities established.

Output 2.2: Strengthened counselling support services.

Output 2.3: Training for counsellors from all sectors provided.

Output 2.4: A home based care program established and the continuum of care between homes and health care facilities strengthened.

Output 2.5: Training for home based care teams provided.

Output 2.6: Research relevant to counselling and home care services supported.

### *Mid-Term Review Recommendations*

- > That the Project facilitate greater access to VCT through the following mechanisms:
  - Supporting the establishment of VCT sites.
  - Supporting the establishment of counselling facilities in all testing facilities.
  - Improving referral pathways between health services and the counselling network.
  - Supporting the NACS policy review.
- > That the Project identifies additional training needs and other initiatives to strengthen procedures regarding confidentiality and privacy and reduce HIV-related stigma. (Linked to Component 5 – training of health care workers).
- > That the Project explores options for outsourcing counselling and care training and TOT.
- > That the Project supports initiatives through the grants scheme to broaden community involvement in prevention and care ensuring that approaches are responsive to local needs, including the training and appropriate involvement of traditional healers and village health volunteers.
- > That the Project assists to develop and support a number of priority activities through care centres. These are:
  - Research that identifies capacity at the community level for the care of PLHA and HIV-related stigma and discrimination that may impact on the provision of community care.
  - Operational research to support initiatives for the care of orphans and PTCT programs in partnerships with other organisations (DSWD and UNICEF respectively).
- > That the Project facilitates the establishment of appropriate referral systems for PLHA (ongoing).

### M&E indicators

7. Percentage of provincial and district hospitals with a counsellor (gender disaggregated)

\* Provincial visit report: C&CA.

8. **Output 2.1** Percentage of provinces with a collaborative network of counsellors. A collaborative network of counsellors at national level.

\* Provincial visit report: C&CA PCC reports.

9. **Output 2.2** Percentage of VCT sites established in non-clinical settings compared to target.

\* PCC reports C&CA would be aware of establishment of VCT sites.

10. **Output 2.3** Percentage of targeted counsellors trained (gender and age disaggregated).

\* Training database, denominator known from training plan.

11. **Output 2.4** Percentage of targeted community care centres supported/developed and maintained by Project.

\* PCC reports Grants database C&CA would further have information.

12. **Output 2.5** Percentage of targeted home based care providers trained by the Project (age and sex disaggregated).

\* This information is available in the training database.

## COMPONENT 3: POLICY, LEGAL & ETHICAL ISSUES

*Objective:* To strengthen the capacity of the NAC and other government and private sector agencies to facilitate the development of relevant policies, codes of ethics, and enabling legislation regarding HIV/AIDS and STD prevention and care.

*Revised Objective (2002):* Strengthened capacity of NACS, other government and private sector agencies to facilitate the development of relevant policies and enabling legislation regarding HIV/AIDS and STI prevention and care.

Output 3.1: Sectoral policies based on the MTP strategies developed to address HIV/AIDS prevention and care.

Output 3.2: Relevant policy issues reviewed and developed, and legislative reform implemented.

Output 3.3: Workplace policy for Public Service developed and endorsed and awareness training designed and conducted.

Output 3.4: Operational mechanisms for the private sector to access assistance with workplace policy developed.

### Mid-Term Review Recommendations

- > That the Project extends the position of ISAM for the remainder of the Project and that the TOR for this position is reviewed to include responsibilities that increase the focus on development of workplace and sectoral programs.
- > That the Project continues to provide short term inputs from the Legal/Policy Adviser.
- > That the recommendations of the Project report on the Multisectoral Response be discussed in a broad forum, and plan for action developed, pending approval and as approved.
- > That Component 3 primarily is focused on supporting NACS and other partner agencies to develop and advocate for the implementation of HIV/AIDS policies. The priority of inputs to this component should be sector policy development, workplace policies and supporting mainstreaming of HIV/AIDS at national and provincial levels.
- > That the Project supports NACS to promote good practice materials and the implementation of these materials in workplaces.
- > That the Project develops a training package for workplace and sectoral policy and programs and that the development of this training package and training program is contracted to a suitable provider.
- > That the Project develops resources and training programs to support awareness and implementation of the HIV/AIDS Management Bill once the Bill has been passed.
- > That the Project provides short term inputs on advocacy/media to strengthen NACS' role in advocacy and lobbying.(ongoing).

### M&E indicators

**UNGASS outcome indicator** Percentage of large enterprises/companies that have HIV/AIDS workplace policies and programmes:

\* Survey required. The denominator is known to the ISAM. UNGASS guidelines are available for data collection.

**13. Output 3.2** National HIV/AIDS policy developed in collaboration with key stakeholders.

\* Availability of the policy review report and the policy document.

**14. Output 3.3** Public Service General Orders reviewed.

\* Availability of revised Public Service General Orders review report.

**15. Output 3.4** Percentage of targeted public and private sector trade unions assisted/trained to develop work place policies.

\* Training database and workshop report.

## **COMPONENT 4: MONITORING, SURVEILLANCE & EVALUATION**

*Objective:* To strengthen the public health surveillance of HIV/AIDS and STDs and related behaviour change through improvements to case definitions, data collection, reporting, analysis and feedback mechanisms including sentinel surveillance sites.

*Revised Objective (2002):* Public health surveillance of HIV/AIDS and STI strengthened.

Output 4.1: Improved data collection systems for the reporting of HIV/AIDS in conjunction with the PNG National Reference Laboratory.

Output 4.2: Sentinel HIV surveillance sites established and maintained.

Output 4.3: Improved data collection systems for the reporting of STDs.

Output 4.4: Sentinel STD surveillance sites established and strengthened.

Output 4.5: Sentinel behavioural surveillance at Port Moresby General and Mt Hagen Hospitals established and maintained.

Output 4.6: Improved feedback mechanisms for HIV/AIDS and STD surveillance data established.

Output 4.7: Commissioned and submitted epidemiological research supported.

### *Mid-Term Review Recommendations*

- > That the Project increases the inputs of the Epidemiology Adviser.
- > That the Project negotiates works towards strengthening the HIV/AIDS and STI surveillance systems with the NDOH and jointly develops TOR for its implementation.
- > Subject to approval by the NDOH, the Project undertakes or supports activities with partners to improve the HIV/AIDS and STI surveillance systems as a matter of urgency, including:
  - Building capacity within NDOH and NACS in data analysis and institutionalising the use of data for public health action.
  - Evaluating the surveillance systems against established criteria (published guidelines).
  - Training surveillance officers at the national and provincial levels in the collection, use and interpretation of data, and in quality assurance.
  - Promoting laboratory based surveillance activities and improving the timeliness of HIV tests at the provincial level (MTA inputs).
  - Strengthening the surveillance feedback loop.
  - Undertaking operational research to determine the predictive value of rapid tests against different levels of vulnerability and in different laboratories (MTA inputs).
- > That the Project with IMR, NDOH, CPHL and NACS draft a document defining their respective roles and responsibilities in HIV/AIDS second generation (clinical and behavioural) surveillance and identifying the lead agency.

### *M & E indicators*

**16. Output 4.1** Percentage of targeted staff trained in HIV/AIDS surveillance guidelines (gender disaggregated).

\* Training database.

**17. Output 4.2** Percentage of provincial surveillance sites established and maintained.

\* Training database; Provincial visit reports (CSTIA).

18. **Output 4.5** Verification of accuracy of reporting by provinces.

\* Provincial visit reports; HIV/AIDS Quarterly Report; All cases reported by provinces should be included in the NACS reports. Verification of the extent to which province cases get included in the NACS report, through a sample survey conducted by CSTIA with the NACS Statistical Officer.

## **COMPONENT 5: CLINICAL SERVICES & LABORATORY STRENGTHENING**

Objective: To improve the quality and delivery of STD and HIV/AIDS services through enhanced diagnosis, clinical management, and community care.

Output 5.1: Improved management and administration of STD and HIV/AIDS health service policies and programs at national and provincial levels.

Output 5.2: Physical facilities for STD services in provinces and districts upgraded.

Output 5.3: The delivery of STD services strengthened and the quality of clinical care for STDs and HIV/AIDS improved.

Output 5.4: STD and HIV service delivery in rural health services strengthened.

Output 5.5: Systems to ensure regular supply of drugs enhanced and equipment for clinics maintained.

Output 5.6: National Centre for Sexual Health and HIV/AIDS established.

Output 5.7: The capacity of STD workers to diagnose and manage STDs and HIV/AIDS strengthened.

Output 5.8: Increased skills, knowledge and awareness of general health care workers in management of STDs and HIV.

Output 5.9: Laboratory facilities in provinces and districts upgraded.

Output 5.10: The capacity of laboratory services to diagnose STDs and HIV in provinces and districts strengthened.

Output 5.11: STD and HIV clinical services at PNG border areas strengthened.

Output 5.12: Relevant research conducted to improve the quality and effectiveness of HIV/AIDS and STD diagnosis and treatment services.

### *Mid-Term Review Recommendations*

- > The Project supports the establishment of additional STI clinics at provincial and district levels as per agreed priorities. A review of staff availability and the GoPNG's ability to cover recurrent costs should form the basis of decisions on clinic location and building schedule.
- > That the Project identifies ways to improve access of the general community to STI clinical services and operationalises these through funding specific initiatives in provinces. (link to C1).
- > That the Project facilitates a forum to discuss recommendations of the Laboratory Report.
- > That the Project assesses the need for additional Medical Technology Adviser inputs.
- > That the Project continues to liaise with Family Health Services and Disease Control regarding the integration of STI/HIV training with other district training programs.
- > That the Project advocates for greater involvement and responsibility for implementation of HIV/AIDS programs by the NDOH and provincial health authorities. (link to C6).
- > That the Project supports an expanded role of the PMGH STI clinic to develop the functions of the NCSH.
- > That the Project supports regular forums for updates and discussion with health care staff on HIV clinical management. These could include grand rounds at Port Moresby General and Angau Hospitals, presentations at conferences and seminars, and articles in the PNG Medical Journal.
- > That the Project develops a training strategy for clinical service providers that addresses linkages, capacity, coverage, quality, outsourcing, sustainability and long-term institutionalisation.

- > That the Project provides a report on the range of training it is undertaking at all levels and identifies ways that this training can be prioritised, outsourced or integrated with other training programs. This report would:
  - Identify ways to work with PMGH STI Clinic, UPNG, the Divine Work University and the University of Goroka to develop pre-service and inservice training programs for medical, nursing and laboratory staff, HEOs and CHWs.
  - Identify key trainers within the hospitals and universities to conduct ongoing training and provide resources and regular updates to these key people at the national, provincial and district levels.
- > That the Project in conjunction with other AusAID projects advocates with NDOH and the hospitals at all levels to ensure that supplies of consumables for infection control and laboratories are available and maintained.
- > That the Project maintains a watching brief on issues relevant to ARV treatment in PNG, and if required, assist NACS and NDOH to investigate treatment options, means of financing and mechanisms for monitoring the use of ARV treatment in PNG.
- > That the Project advocates for the training of laboratory technicians.

#### *M & E Indicators*

**UNGASS outcome indicator** Percentage of patients with STIs at health-care facilities who are appropriately diagnosed, treated and counseled.

\* A mini evaluation on SM is to be conducted in 2004. The UNGASS guideline will be consulted to align the study to cover this indicator.

**19. Output 5.1** Percentage of NDOH and provincial staff trained on management of sexual health and HIV/AIDS policies and monitoring of provincial STI clinics (gender disaggregated).

\* This information is available in the training database.

**21. Output 5.4** Percentage of trainers completed TOT for RHW training in STI/HIV/AIDS programs (gender disaggregated).

\* This information is available in the training database.

**22. Output 5.6** Percentage of province/district STI clinic staff trained in collaboration with sexual health services (gender disaggregated).

\* This information is available in the training database.

**23. Output 5.9** Percentage of provincial laboratories with adequate supplies of HIV and syphilis testing kits each year.

\* Visit reports of SMA, TA/STI, CSTIA, SHA collated by MTA.

**24. Output 5.10** Percentage of targeted clinical VCT sites established in collaboration with NACS.

\* Visit reports of SMA, TA/STI, CSTIA, SHA, CHBCA collated by MTA.

## **COMPONENT 6: MANAGEMENT SUPPORT FOR THE NATIONAL RESPONSE (SEPTEMBER 2002 REVISION)**

*Objective:* To strengthen the capacity of the NACS to coordinate multi-sectoral planning and implementation of the MTP and to monitor and review progress towards its achievement.

*Revised Objective (2002):* Strengthened capacity of NAC and other program partners to facilitate multisectoral planning and implementation of the MTP and to monitor and review progress.

Output 6.1: Working Committees of the NACS established and supported.

Output 6.2: Strategic plans for HIV/AIDS responses developed by different sectors.

Output 6.3: Monitoring and review of the MTP implementation supported.

Output 6.4: Periodic review of operating protocols for NAC and its Secretariat supported.

Output 6.5: A nationwide Project structure, with appropriate staffing, to facilitate the coordination of a multi sectoral response to HIV/AIDS and the MTP established.

Output 6.6: Community, NGO, church and government coordination strengthened.

Output 6.7: NACS Initiatives Fund established.

Output 6.8: Financial systems and capacity within NAC developed.

Output 6.9: Commissioned and submitted research on HIV/AIDS and STDs.

Output 6.10: An appropriate information technology strategy for the NAC developed and implemented.

#### *Mid-Term Review Recommendations*

- > That the Project reviews the seconded positions with NACS to determine the appropriateness and effectiveness and sustainability of existing arrangements – use working group to review.
- > That the Project with NACS and key provincial representatives review the PRC position descriptions in relation to needs of the province.
- > That review of the PRC positions is undertaken to assess competencies against agreed criteria and develop plan for training.
- > That the Project supports NACS to undertake advocacy and lobbying. The Project supports initiatives to lift the political profile of the HIV epidemic and appropriate responses.
- > Following the MTP Review and production of a new NACS/HIV strategy, the Project supports the process of developing an integrated workplan for activities at the national/provincial level.
- > That the Project funds an external facilitator for an organisational self assessment and training needs assessment of NACS.
- > That the Project maintains the focus on its role to support capacity development of NACS and counterpart agencies. Project advisers are formally counterpart to strategic persons in key agencies. Explore the potential for the ATL be counterpart to the NACS Director.
- > Establish a working group to review NHASP's role and relationships in facilitating the national response.
- > That the Project supports NACS to revise MOUs with provincial administrations (use the working group).
- > That the Project supports NACS to develop annual workplan.

#### *M & E Indicators*

**25. Output 6.2** Percentage of districts in priority provinces incorporating STI/HIV/AIDS in strategic planning.

\* Review of district and provincial plans.

**26. Output 6.5** Percentage of provinces covered with capacity building (workshops/visits) each year.

\* Reports of PLCs and visit reports of Component Advisors.

**27. Percentage of grants monitored by PACS.**

\* Reports from each PACS on number of grants visited and covered with a monitoring report, collated by PLCs.

**28. Output 6.7** Percentage of provinces that meet minimum standards in annual audits.

\* Provincial audit reports from Finance Systems Advisors (available from 2004).

## **COMPONENT 7: CROSS COMPONENT SUPPORT & PROJECT MANAGEMENT (SEPTEMBER 2002 ADDITION)**

*Objective:* Effective implementation of cross-component activities and efficient project management.

Output 7.1: Integration of Project activities.

Output 7.2: Non-research grant funds established and managed.

Output 7.3: Research grant funds established and managed.

Output 7.4: M&E activities conducted.

Output 7.5: Financial and Administration Systems Developed.

*Additional data:* Topics that emerged from the documentation and areas were identified as problematic in the mid-term review of the project: provincial links, other sectors, project integration, grants & research.

#### *The Project and Provincial Programs*

- > That the Project facilitates the identification and analysis of contexts of vulnerability and risk in key provinces and districts with key organisations.
- > That the Project in conjunction with NACS review structures for implementation in all capacity and interest in participation. Activities to include:
  - Reviewing and revising the TOR of the PRCs following completion of the provincial mapping exercise.

- Supporting NACS in reviewing PAC procedures, including time in office of the Chair and other members and NACS retaining the right to veto appointments.
  - Supporting NACS in the provision of training for PACs in HIV/AIDS and NACS procedures.
  - Supporting NACS to review and address the disparity in salary between the PRCs and PCCs.
- > That the Project supports the establishment of working groups to support the PACs and PACS in the provinces as required.
  - > That the Project increases the amount of core operational funding for each province to a maximum K15 000 per year.
  - > That the Project explores alternative and additional funding options for the provincial responses.
  - > That the Project with NACS explores the possible role for international NGOs/well functioning local NGOs in the implementation of PAC activities.
  - > That the Project in conjunction with NACS explores and develops criteria and mechanisms to phase the provincial and district responses. (Establishing criteria for a phased response and a mapping exercise should be undertaken in the next 12 months)
  - > That the Project develops targeted interventions in conjunction key local agencies.
  - > That the Project identifies ways of disseminating information and exchanging information.
- Other Sectors*
- > That the Project increases its direct support of other sectors. It does this through:
    - Developing counterpart relationships/ partnerships with other key government agencies.
    - Strengthening ways to directly fund NGO/CBO activities to implement HIV/AIDS activities at national, provincial and district levels.
    - Providing training to NGO/CBOs to design, implement and evaluate their programs and supporting their capacity development
- for financial management, governance and accountability.
  - Prioritising the establishment of working relationships with NDOH's Health Promotion section, the Department of Education, and the Department of Social Welfare and Development to increase their programmatic response to HIV/AIDS.
  - Assisting CIS, the Police and Defence Forces to strengthen and expand their existing peer education programs.
  - Encouraging NGO/CBOs to build on existing models of community support to facilitate community involvement eg. Marasin Meri, Village Birth Attendants.
- > That the Project builds linkages with other AusAID project and UN agencies to improve coordination and communication.
- Project Integration*
- > That the Project develop a structure in the annual plan that identifies how cross component activities will be addressed.
  - > Opportunities for collaboration and joint activities to improve linkages between all components, working with sectoral agencies, research studies, training programs, material development, VCT services, PLHA services and care centres. This could occur through:
    - Establishment of ad hoc Project working groups to consider high priority cross component activities such as VCT, PLHA, social mapping, training and provincial staff, materials training groups.
    - Development of shared vision on training goals and strategy across components.
    - Work together on Project presentations – politicians/Dept.
    - Making time each month to be available for meetings, resource development, Qtrly reports, MS documents, budget forms etc.
  - > That the Project establishes processes for more effective communication between components. This may include:

- The establishment of a monthly meeting where all staff are required to attend. That these meetings are structured and planned to include program, technical issues and cross component issues as well as administrative issues.
  - Improved use of email through the “N” drive (including info available to NDOH).
  - Encouraging counterparts to attend regular component meetings, cross component meetings and team meetings with NHASP.
- > Joint meetings and visits of advisers, clearer processes of reporting and information exchange.

#### *Research*

- > That the Project continues to support NACS Advisers in developing their capacity to identify research priorities and evaluate research proposals.
- > That the Project supports NAC to review and revise the membership and processes of the Research Advisory Committee. This review should address:
- The current imbalance between medical, health systems, social and behavioural research.
  - Processes for grant approval, including technical, ethical and budgetary assessments and ensuring appropriate peer review.
  - Options for commissioning priority research.
- > That the Project with the RAC progresses the strategy outlined in the report on HIV/AIDS Clinical and Related Research to identify researchers and fund proposals.
- > That the Social Research Adviser develops and implements a strategy for progressing social and behavioural research. This strategy should include:
- Social research priorities identified in collaboration with counterparts and key stakeholders.
  - Ways to develop and implement community-based action research and participatory learning approaches with relevant community groups.
  - Priority areas and studies to be commissioned, approaches to use, areas for supervision and

capacity development. Priority should be given to community-based research and interventions that address the vulnerability of youth and women.

- Opportunities with other relevant AusAID funded programs to identify common areas for research, how resources may be shared and how research will be undertaken.
- Strategies to utilise resources for the supervision and training of researchers to undertake research studies and ways to disseminate information.
- Operational research under the M&E framework that identifies the lessons learnt from the Project to inform other AusAID projects and programs.

#### *Grants scheme*

- > That the Project becomes more proactive in the promotion of grants to all sectors and strengthens the mechanisms for grant distribution and monitoring the outcomes of grants. Some of the ways this could occur are by:
- Clarifying the objectives of the scheme
  - Reviewing the scheme's guidelines
  - Reviewing the scheme's selection and approval processes, including establishing a process of technical review of proposals by all Component staff.
  - Setting activity grant priority areas for the remaining three years of the Project by linking grant selection to the phased rollout of the provincial and national responses and by funding initiatives that address gaps in these responses.
  - Commissioning work in the government, non-government and private sectors through agencies that are already demonstrating capacity and interest to conduct HIV/AIDS programs.
  - Supporting proposal development by providing training and direct support to applicants, conducting workshops with all sectors to develop proposals and communicating the outcomes of funded activities, especially models of good practice.



- Continuing to explore options of monitoring and evaluation of community-based programs with CDS.
  - Providing direct funding to government agencies and the private sector for HIV/AIDS projects.
  - Using grant funds to develop local capacity to undertake priority activities.
- > That the Project reviews its current grant management processes to ensure accountability back to the Project.
  - > That each Component team reviews its current budget and identifies funds for reallocation rather than reducing the value of the grant scheme.

*M & E Indicators*

**29. Output 7.4** Percentage of grants that have met goals and objectives identified in grant proposals.

\* Evaluation/monitoring reports on a sample of grant funded activities (suggested as a mini evaluation).

# Appendix 2.2

## Field visit itinerary

Day/date	Time	Name	Position	Venue
<b>Port Moresby</b>				
Mon 20/06	8.30 am	AusAID team	First & Second Secretaries, HIV Adviser + others	AusAID
Mon 20/06	10.30 am	Dr Moiya Ninkama, Romanus Pakure, Dr Pentamari	Director & Deputy Director NACS	NACS Conference
Mon 20/06	1.30 – 4.30 pm	NHASP Team	Team Leader and senior staff	Holiday Day Inn Board Room
Tues 21/06	8.30 am	Rick Steele	Director Stop AIDS Anglicare	Stop AIDS Anglicare Centre, Waigani
Tues 21/06	10.00 am	Dr Bob Danaya in absence of Dr Banahare Bun	Deputy Chair of Special Parliamentary Committee on HIV Advocacy.	Parliament
Tues 21/06	11.30 am	Dr Paul Aia, Dr Esrom Daoni	Director- Disease Control Branch & NDoH Technical Advisor –HIV and STI	3 rd Floor
Tues 21/06	1.30 pm	Lindsay Piliwas	Director – Health Promotion	1 st Floor Aopi Centre
Tues 21/06	3.30 pm	Vincent Conduon & Ms Mollie Willie	Secretary–Dept Community Development.	Sambra Haus
Wed 22/06	8.30 am	Mr Otto Tean	AS – DDPD, POLICY, M&E , DNPRD	Vulupindi Haus
Wed 22/06	10.00 am	Dr. Isiye Ndomi Mr. Bruce Grant	UNICEF Country Representative UNICEF Head Off Child Protection	Deloitte Tower, 14th Floor
Wed 22/06	1.30 pm	Lesley Kavailon, Bill Strange Dr. Ute Schumann, & Dr Anne Waiko	Resident Technical Advisor – EU Sexual Health Project & UPNG.	Heduru Building

Wed 22/06	3.00 pm	Nayer Kaviana	Country Director- Family Health International and Project	Holiday Inn
Wed 22/06	4.00 pm	Mrs Tessie Soi/ Fr Jude	Friends Foundation	Family Support Centre
Thurs 23/06	10.00	Capt Araga Rawali + relevant Officers	Salvation Army HIV/AIDS Programs	Salvos Headquarters- Boroko
<b>Daru</b>				
Fri 24/06	8.30 am	Robin Korira, James Ase & Freda Daniels, Diane Exon	HRC – Daru PAC & PCC Deputy Chairman.	
Fri 24/06	10.00 am	Ravani Igo Mr Frank Botude Mr Les Ture Mr Beasi Sub	Boarder Admin/Liaison Officer	
Fri 24/06	11..30 am	Phil Dowton	HSSP Program Advisor	
Fri 24/06	1.00 pm	Sr Anna Tom, Lucy Morris –Director & Hospital CEO	Daru Hospital	
Fri 24/06	2.00 pm	Mrs Marilla Hesapoda & Others	Coordinator Western Provincial Council of Women	
Fri 24/06	3.00 PM	Counsellors		

<b>Mt Hagen</b>						
Mon 27/06	8.30 am	Joshua Meninga & Rev Apollas Yimbak	PAC HRC & PCC Mt Hagen		Mt Hagen PAC	
Mon 27/06	10.00 am	David Vorst	HSSP Advisor		Provincial Health	
Mon 27/06	11.30 am	Alphonse Pu	Director –FORD Foundation			
Mon 27/06	1.30 pm	Dr James Kintwa & Sr Lydia Zeta	CEO Mt Hagen Hospital Tininga STI Clinic		Hospital	
Mon 27/06	2.30 pm	Sr Rose/ Thru Dr James Kintwa	Banz Clinic Services & Anglican Health Services, Banz		Banz	
Tues 28/06	8.30 am	Regina Kantha & Paula Mek	Women's Officer WHP & EU HIV Peer Education Program with Prov Women's Council.		Provincial Admin	
Tues 28/06	10.00 am	Margaret Heyman	Robimul Clinic			

<b>Goroka</b>					
Wed 29/06	8.30 am	Ian Kapu Ruth Paliu & Richard Hamena	PAC Chairman	Goroka PAC Office	
Wed 29/06	10.00 am	Sandra Gray Chris Hershey & Geraldine Valie & Naomi Yupa, Sr Lourdes & Zelia Capt Avee Kiere	Program Manager – Save the Children Fund of PNG & Family Voice, Catholic Family Life, -Salvation Army	All will meet at STC STC Office	
Wed 29/06	11.30 am	Professor John Reeder & Lawrence Hammar	Director –IMR	IMR	
Wed 29/06	1.30 pm	Jackson Apo & Ben Haile & Julie Soso	Disease Control Officer (STI Surveillance) & Provincial Advisor, EHPCW	EH Provincial Health Office	
Wed 29/06	2.30 pm	Mr Steve and Mrs Marianne Laydon	Managers AT Projects	Bird of Paradise	
<b>Madang</b>					
Thurs 30/06	8.15 am	Ms Matricia Mari, HRC & Judith Michael, PAC	PAC HRC and PCC	PAC Office	
Thurs 30/06	10.00 am	Mary Kaman & Maggie Pidik	Madang Provincial Council of Women		
Thurs 30/06	11.30 am	Pad Field + local staff	HSSP Advisor	Provincial Health Office	
Thurs 30/06	1.00 pm	Fr Jan Czuba,	President Divine Ward University		
Thurs 30/06	2.00 pm	Sr Anne	Bethany Care Centre:		

<b>Wewak</b>					
Fri 1/07	8.30 am	Mr Clement Paime, Mr Emil Trowalle, Sr O' Shaunhnessy	PAC Chairman, HRC & PCC	PAC office	
Fri 1/07	10.0 am	Ms Elisabeth Cox/Clara Poma	Director Help Resources –Wewak	Help Resources Office	
Fri 1/07	11.30 am	Sr O' Shaunhnessy & Emily Trowalle & Lucas Kou	East Sepik Centre of Hope/Bauabaua	ESPCoH	
Fri 1/07	1.30 pm	Mrs Maria Soondrau	East Sepik Council of Women	ESPCOW	
Fri 1/07	2.30pm	Coppolla Annette & Dr Linda Tamsen	HSSP Provincial Program Advisor-Ph:8562405 & Boram Hospital CEO	Boram Hospital?	
Fri 1/07	3.30	Mr Willy Huarambe	Correctional Institutional Services	Boram CIS	

<b>Vanimo</b>					
Mon 4/07	8.30 am	Mr Joseph Sangi, Rose Uri, Ricky Soren	Provincial Administrator & PAC Chairman, HRC & PCC	PAC Office	
Mon 4/07	10.0 am	Bred Kirkwood & Desak Drorid & STI Clinic staff	HSSP Program Advisor & Provincial Health Advisor	Prov Health Office	
Mon 4/07	11.2.30 pm	All PAC members	Provincial PAC Members Conference Room	Provincial Admin Conference room	
Tues 5/07	8.15 am	Defence	All posted company	<b>Army Barracks</b>	
Tues 5/07	9.00 am	Immigration Office		Immigration office	
Tues 5/07	10.00am -3.00 pm	Patrick Muliale & Customs staff	Former Administrator and responsible for Boarder issues & Post Officers	PNG –Indo Boarder Office -Wutung	

<b>Port Moresby</b>						
Thurs 7/07	8.30 am -3.00 PM	Ms Barbara Smith + NHASP project staff	Team Leader			Holiday Inn Board Room
Fri 8/07	8.30 am	Mike Manning & Ume Weinette	INA/CIMC & FSNAC			5 th Floor Morogou Motors
Fri 8/07	10.00 am	Dr. Tau & Dr Alphonse Tay	Heduru Clinic STI Clinic			PMGH Office
Fri 8/07	11.30 am	Fr Jude	Simon of Cyrene Centre			Jubilee Secondary School
Fri 8/07	2.30 pm	Bruce Nicholson	Central Public Health Laboratories			Port Moresby General Hospital
Mon 11/07	10.00 am	Alex Aura & Maura Mea,	Igat Hope & Special Youth Project, Friends Foundation & PLWHA			Boroko, Within OHE facility
Mon 11/07	11.30 am	Mr Temu Ely, Mr Isu Aluvalu, Ms Rachael Pokesy & Mr Noah Ariki	NCD PAC Chairman, HRC, PCC & HRSC			Boroko –within OHE facility
Mon 11/07	1.30 pm	Dr Gideon Kendino & Alexia Deken	PNG Defence Force			Taurama Baracks

Tues 12/07	9:00 am	Margaret & Tracey & Robin, Kristen Pratt	AusAID Minister Counsellor & HIV/AIDS Advisor	AusAID
Tues 12/07	10.30-12 pm	Dr Moiya Ninkama, Romanus Pakure	Director & Deputy Director NACS	
Tues 12/07	1.30 pm	Dr Joseph Pagelio & Damien Rapese, Acting	Deputy Secretary -Dept of Education	DoE Office
Tues 12/07	3.00 pm	Emile Ngansia & Samson Elias	PNG Correctional Services	Krammer Building opposite Holiday Inn
Tues 12/07	4.00	Mike Manning Ume Weinette		
Wed 13/07	8.30 am	Dr. Plange	UNAIDS Country Rep	Deloitte Tower, 14th Floor
Wed 13/07	10.00 am		Followup meetings NHASP	
Wed 13/07			Briefing with Minister Counsellor	
Wed 13/07	As required		Followup meetings NHASP	
Thurs 14/07	As required		Followup meetings NHASP	
Fri 15/07	9 am-12 pm	AIDE MEMOIRE	PRESENTATION	Holiday Inn



## Appendix 2.3

# Study informants

### **AUSAID CANBERRA**

Christine Bouchard	Program Manager, PNG Branch, Health & HIV Section
Anna Dorney	Policy Officer, PNG Branch
Amanda Justice	Project Officer, PNG Branch
Peter Lindenmeyer	
Phillippe Allen	Director, HIV/AIDS Task Force
Jamal Sharah	Director, PNG Branch, Health & HIV Section
Bernard Pearce	HIV/AIDS Task Force

### **AUSAID PORT MORESBY**

Margaret Thomas	Minister Counsellor
Tracey Newbury	First Secretary, Development Cooperation
Angela Clare	Second Secretary Development Cooperation
Robyn Biti	First Secretary, Development Cooperation
Anna Naemon	Program Support Officer

### **NHASP**

Barbara Smith	Team Leader
Dr Greg Law	Deputy Team Leader – Health
Paulo Proto	Deputy Team Leader – SD
Cheryl Kelly	Provincial Team
Sharyn Thomas	
Dr John Millan	
Delta Ili	
Tanya	
Tim O’Shaughnessy	
Florence	

**NATIONAL AIDS COUNCIL SECRETARIAT (NACS)**

Dr Ninkama Moiya Director

Romanus Pakure

Bomal Gonapa

Dr Pentamari

**SPECIAL PARLIAMENTARY COMMITTEE ON HIV ADVOCACY**

Dr Bob Danaya Deputy Chair

Korowa Pokeya Executive Officer

**PNG DEFENCE FORCE**

Lt Col Kendino

Maj Ralph Kaule

Sr Alexia Dekene

Sr Heni Meke

Sgt Are Michael

**NATIONAL DEPARTMENT OF HEALTH**

Lindsay Pilawas Director, Health Promotion

Dr Ake

**DEPARTMENT OF COMMUNITY DEVELOPMENT**

Leonie Rakanangu A/Assistant Director

Vincent Gondoun A/Program Coordinator HIV/AIDS

**DEPARTMENT OF PLANNING**

Albert Bunat

**ACIL**

Judith Ascroft Project Director

**BURNET INSTITUTE**

Mike Toole Head, Centre for International Health

## **NATIONAL CENTRE FOR HIV CLINICAL & EPIDEMIOLOGICAL RESEARCH, UNIVERSITY OF NEW SOUTH WALES**

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## **UNICEF**

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Darryl Raka Program Officer

Kevin Gubag Senior Program Officer

## **FRIENDS FOUNDATION**

Tessie Soi Director

Rory Soi Manager

## **Simon of Cyrene Centre**

Father Jude Ronayne-Forde

## **THE SALVATION ARMY**

Major Araga Rawali	Territorial HIV/AIDS Secretary
Stuart Faulds	Church Partnership Project Coordinator

## **WESTERN PROVINCE**

James Ase	Deputy Chairman, PAC
Reuben Oaveta	Provincial Counselling and Care Coordinator, PACS
Adrian Dana	PACS
Andrew Moiba	Security/Cleaner PACS, Peer Educator
Sila Gigiba	Assistant KBO, PACS, Volunteer Peer Educator
Freda Daniels	Counsellor
Narei Namaro	Counsellor, Manawete Region South Fly
Ethel Pamumum	Counsellor Tawo Branch
Abel Manome	HEO, Daru Hospital
Diane Exon	Director EcoSeeds, PAC member
Ravini Igo	Border Administration Officer, Dept. of Provincial Affairs
Beai Sub	Quarantine Officer, NAQIA
Les Ture	Port Manager, IRC Customs
Rebecca Malawa	Provincial Council of Women
Rogen Moiba	Youth and Theatre Coordinator
Frank Aopi	

## **WESTERN HIGHLANDS PROVINCE**

James Sakul	High Risk settings Coordinator, PACS
Joshua K.Meninga	HIV/AIDS Response Coordinator, PACS
Thomas Kelewa	HIV positive volunteer, PACS
Sr Lydia Zeta	Nursing Officer, Tininga STI Clinic Mt Hagen Hospital
David Vorst	HSSP Adviser
Andreas Pu'u	Program Manager, FORD Inc
Elizabeth Pu	HIV/AIDS Coordinator, FORD Inc
Nancy Wia	Accountant, FORD Inc
Victor Pokon	Water Supply & Health Sanitation Coordinator, FORD Inc
Sr Rose Bernard	Shalom Centre Banz
Josephine Marc	Volunteer Counsellor, Shalom Centre Banz
Tecla Kapal	Nurse-in-charge, Banz Clinic

Cathy Lawi	Vice President, Women's Council
Cecilia Kuman	Project Officer, Women's Council
Arnold Mek	Manager, Women's Council
Sr Divya	Catholic Health Secretary, Rebiamul Urban Clinic
Teresita Waki	Nursing Officer, Rebiamul Urban Clinic
Margaret Hermon	HIV/AIDS Secretary, Rebiamul Urban Clinic
Susan Tai	HIV/AIDS Nurse, Rebiamul Urban Clinic

### **EASTERN HIGHLANDS PROVINCE**

Ian Kapu	Chairman, PAC
Ruth Paliau	HRC, PACS
Richard Hamena	PCC, PACS
Meredith Tutuwang	High Risk Setting Coordinator Momase, NHASP
Gellie Malai	Volunteer, High Risk Setting Momase
Ben Haili	Director, Provincial Health Services
Jackson Appo	Disease Control Officer, PHO; Secretary/Treasurer PACS
Yamue Lesse	Health Promotion Officer, PHO
Professor John Reeder	Director IMR
Susie Wahasoka	Area Facilitator, Poro Sapot Project SCF in PNG
Geraldine Valei	Senior Project Officer, Youth Outreach Project, SCF
Naomi Yupae	Coordinator, Eastern Highlands Family Voice Inc
Mark Kolandi	Catholic Family Life
Avee Keire	The Salvation Army Social Services, Goroka
Emma Mua	The Salvation Army Social Services, Kainantu
Six sex workers	Volunteer Peer Educators, Goroka
Miriam Layton	Co-Director, AT Projects
Belinda Williams	AYAD Project Officer, AT Projects

### **MADANG PROVINCE**

Judy Michael	Acting PCC, PACS
Matricia Mari	HIV Response Coordinator, PACS
Jennifer Miller	CUSO Support Officer, PACS
Markus Kachau	Health Advisor, Provincial Health Services
Divine Word University	

## **SANDAUN PROVINCE**

### **EAST SEPIK PROVINCE**

Centre of Hope

Annette Copola

Baubau Theatre Group

Peter Inabari

Wewak Prison

William Harumbe

Wewak Prison

### **IGAT HOPE MEMBERS**

### **CORRECTIONAL SERVICES**

### **PORT MORESBY GENERAL HOSPITAL**

Dr Tay

# Appendix 3.1

## IEC Materials developed by NHASP

No.	Description	Type of Material	Language Version		Year Produced
1	AIDS The Facts	Brochure	English	English	2001
2	AIDS The Facts	Brochure	Pidgin	Pidgin	2001
3	AIDS The Facts	Brochure	Motu	Motu	2001
4	Living with HIV	Brochure	English	English	2001
5	Living with HIV	Brochure	Pidgin	Pidgin	2001
6	Living with HIV	Brochure	Motu	Motu	2001
7	AIDS & our Children, The Facts	Brochure	English	English	2001
8	AIDS & our Children, The Facts	Brochure	Pidgin	Pidgin	2001
9	AIDS & our Children, The Facts	Brochure	Motu	Motu	2001
10	Condoms & AIDS, The Facts	Brochure	English	English	2001
11	Condoms & AIDS, The Facts	Brochure	Pidgin	Pidgin	2001
12	Condoms & AIDS, The Facts	Brochure	Motu	Motu	2001
13	Sexually Transmitted Infections, The Facts	Brochure	English	English	2001
14	Sexually Transmitted Infections, The Facts	Brochure	Pidgin	Pidgin	2001
15	Sexually Transmitted Infections, The Facts	Brochure	Motu	Motu	2001
16	STI's, Clinic	Brochure	English	English	2001
17	PRESS, We are all at Risk (Clement Malau)	Poster	English	English	2001
18	PRESS, We are all at Risk (Clement Malau)	Poster	Pidgin	Pidgin	2001
19	PRESS, You can protect yourself from AIDS (Clement Malau)	Poster	English	English	2001
20	PRESS, You can protect yourself from AIDS (Clement Malau)	Poster	Pidgin	Pidgin	2001
21	PRESS, Leak Test	Poster	English	English	2001
22	PRESS, Protective Barrier	Poster	English	English	2001
23	PRESS, Show You Care	Poster	English	English	2001
24	PRESS, Do it for someone you love	Poster	English	English	2001
25	Brad Fittler, Play Safe Stay Safe	Poster	English	English	2001
26	It can happen to anyone	Poster	English	English	2002
27	It can happen to anyone	Poster	Pidgin	Pidgin	2002
28	Let's Talk	Poster	English	English	2002
29	Let's Talk	Poster	Pidgin	Pidgin	2002
30	Stigma	Poster	English	English	2002
31	Stigma	Poster	Pidgin	Pidgin	2002
32	Champions Play Safe, Brad Fittler	Poster	English	English	2002
33	Champions Play Safe, Stanley Nandex	Poster	English	English	2002
34	Condoms Available Here	Poster	English	English	2001
35	Condoms Available Here	Poster	Pidgin	Pidgin	2001
36	Condoms Available Here	Poster	Motu	Motu	2001
37	Sleeping with the Past	Poster	English	English	2003
38	Sleeping with the Past	Poster	Pidgin	Pidgin	2003
39	Perfect Partners (Karamap)	Poster	English	English	2003
40	Perfect Partners (Karamap)	Poster	Pidgin	Pidgin	2003
41	Perfect Girl	Poster	English	English	2003
42	Perfect Girl	Poster	Pidgin	Pidgin	2003

43	Perfect Guy		Poster	English	2003
44	Perfect Guy		Poster	Pidgin	2003
45	Musician's Play Safe (Karamap)		Poster	English	2003
46	Musician's Play Safe (Karamap)		Poster	Pidgin	2003
47	Church Leaders, Let's Support People Living with HIV/AIDS		Poster	English	2004
48	Church Leaders, Let's Support People Living with HIV/AIDS		Poster	Pidgin	2004
49	Transmission, How you can/cannot get HIV/AIDS		Poster	English	2004
50	Transmission, How you can/cannot get HIV/AIDS		Poster	Pidgin	2004
51	Stop Violence Against Women		Poster	English	2004
52	Stop Violence Against Women		Poster	Pidgin	2004
53	Respect Human Rights		Poster	English	2004
54	Makoma Cares for people living with HIV/AIDS		Poster	English	2004
55	Protect yourself from AIDS	Bumper Sticker	Bumper Sticker	English	2001
56	Protect yourself from AIDS	Bumper Sticker	Bumper Sticker	Pidgin	2001
57	Karamap	Bumper Sticker	Bumper Sticker	English	2002
58	Stop Violence Against Women	Bumper Sticker	Bumper Sticker	English	2004
59	Stop Violence Against Women	Bumper Sticker	Bumper Sticker	Pidgin	2004
60	HIV/AIDS Learn & Live Together	Bumper Sticker	Bumper Sticker	English	2004
61	HIV/AIDS Learn & Live Together	Bumper Sticker	Bumper Sticker	Pidgin	2004
62	Lukautim Yu Yet Long AIDS	T-shirt	T-shirt	Pidgin	2002
63	Lukautim Yu Yet Long AIDS	Cap	Cap	Pidgin	2002
64	Karamap	T-shirt	T-shirt	Pidgin	2002
65	Karamap	Cap	Cap	Pidgin	2002
66	Lukautim Yu Yet Long AIDS	Umbrella	Umbrella	Pidgin	2002
67	Karamap	Umbrella	Umbrella	Pidgin	2002
68	Lukautim Yu Yet Long AIDS	Calico Bags	Calico Bags	Pidgin	2001
69	Stop Violence Against Women	Calico Bags	Calico Bags	Eng & Pid	2004
70	HIV/AIDS Learn & Live Together	Calico Bags	Calico Bags	Eng & Pid	2004
71	Karamap Stubby Coolers	Beer Coolers	Beer Coolers	Pidgin	2002
72	Karamap Coasters	Drink Coasters	Drink Coasters	Pidgin	2002
73	Karamap Wobblers	Promotional Merchandise	Promotional Merchandise	English	2002
74	Karamap Trade Presenters	Promotional Merchandise	Promotional Merchandise	English	2002
75	Karamap Corflutes	Promotional Merchandise	Promotional Merchandise	Pidgin	2002
76	Lukautim Yu Yet Long AIDS	Corflutes	Corflutes	English	2002
77	Lukautim Yu Yet Long AIDS	Corflutes	Corflutes	Pidgin	2002
78	Lukautim Yu Yet Long AIDS	Corflutes	Corflutes	Motu	2002
79	Karamap	Show Bag	Show Bag	Eng & Pid	2003
80	Lukautim Yu Yet Long AIDS	Show Bag	Show Bag	Eng & Pid	2003
81	Lukautim Yu Yet Long AIDS	Banner	Banner	Pidgin	2002
82	Karamap	Banner	Banner	Eng & Pid	2002
83	Stop Violence Against Women	Banner	Banner	Eng & Pid	2004
84	Learn & Live Together	Banner	Banner	Eng & Pid	2004
85	Yumi na HIV	Poster	Poster	Pidgin	2005
86	Yumi na HIV	Badges	Badges	Pidgin	2005
87	Yumi na HIV	Brochure	Brochure	Pidgin	2005
88	HAMP Handbook	Handbook	Handbook	English	2004
89	Consensus Report	Report	Report	English	2005



	<b>Phase 5 Materials</b>					
90	It won't happen to me	Poster	Eng & Pid	2005		
91	No condom No sex - Mary B Safe Generic	Poster	Eng & Pid	2005		
92	No condom No sex - John Strong Generic	Poster	Eng & Pid	2005		
93	Mai Meninga Promo	Poster	English	2005		
94	Nogat Kondom Maski Long Wip	T-shirt	Pidgin	2005		
95	Nogat Kondom Maski Long Wip	Bumper Sticker	Eng & Pid	2005		
96	Generic Condom Dispenser	Condom Dispenser	Eng & Pid	2005		
97	Karamap Vending Machine	Condom Dispenser	Pidgin	2005		
	<b>Materials in Development</b>					
98	Mothers with HIV/AIDS Can Breastfeed	Poster	Eng & Pid			
99	Breastfeeding is the Best	Brochure	Eng & Pid			
100	First Foods for Baby	Brochure	Eng & Pid			
101	Dangers of Bottle Feeding	Brochure	Eng & Pid			
102	Breastfeeding Problems	Brochure	Eng & Pid			
103	Women & STI	Brochure	Eng, Pid & Motu			
104	Women & HIV	Brochure	Eng, Pid & Motu			
105	HIV & Pregnancy - 10 Things You Should Know	Brochure	Eng, Pid & Motu			
106	ARV Brochure	Brochure	Eng, Pid & Motu			
107	VCT Brochure	Brochure				
	* Data supplied by NHASP, July 2005					

# Appendix 3.2

## IEC Materials distributed

### 2005 DISTRIBUTION OF IEC MATERIALS FROM JANUARY TO DECEMBER NATIONAL AIDS COUNCIL RESOURCE CENTER

ITEM DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL DISTRIBUTED
<b>PAMPHLETS</b>													
PAM 001 AIDS The Facts (Eng)	6,500	3,400	2,750	150									12,800
PAM 002 AIDS The Facts (Pid)	-	5,550	9,150	200									14,900
PAM 003 AIDS The Facts (Motu)	600	1,550	500	3,200									5,850
PAM 004 Living with HIV/AIDS (Eng)	6,500	3,850	8,650	21,100									39,800
PAM 005 Living with HIV/AIDS (Pid)	6,700	3,600	8,200	20,350									38,850
PAM 006 Living with HIV/AIDS (Motu)	2,100	1,450	1,450	3,500									8,500
PAM 007 AIDS Facts Children (Eng)	6,700	3,450	9,050	19,800									39,000
PAM 008 AIDS Facts Children (Pid)	4,100	3,450	9,400	19,250									36,200
PAM 009 AIDS Facts Children (Motu)	600	1,200	1,500	1,600									4,900
PAM010 AIDS Facts Condoms (Eng)	6,700	4,450	5,750	200									17,100
PAM011 AIDS Facts Condoms (Pid)	500	1,700	3,300	150									5,650
PAM012 AIDS Facts Condoms (Motu)	400	1,400	1,200	4,500									7,500
PAM 013 STI Facts (Eng)	-	1,100	500	200									1,800
PAM 014 STI Facts (Pid)	5,600	3,850	3,400	150									13,000
PAM 015 STI Facts (Motu)	-	-	-	-									-
PAM 016 STI Clinic (Eng)	1,000	4,200	9,250	19,900									34,350
	<b>48,000</b>	<b>43,900</b>	<b>74,050</b>	<b>114,250</b>									<b>280,200</b>
<b>POSTERS</b>													
POS001 It can Happen to Anyone - English	-	200	6,600	7,700									14,500
POS002 It can Happen to Anyone - Pidgin	200	600	7,400	3,200									11,400
POS003 Let's Talk - English	3,000	500	2,600	4,100									10,200
POS004 Yumi Stori - Pidgin	2,800	500	2,600	2,000									7,900
POS005 Sigma - English	2,400	500	2,800	4,150									9,650
POS006 Sigma - Pidgin	3,200	500	2,800	4,650									11,150
POS007 Champions Play Safe (B Filter) - English	1,500	500	400	500									2,900
POS008 Champions Play Safe (S Nandex) - English	-	200	-	-									200
POS 09 PRESS Leak Test - English	-	-	-	200									200
POS010 PRESS Protective Barrier - English	2,400	300	1,300	1,200									5,200
POS011 PRESS Show You Care - English	2,500	400	1,300	500									4,700
POS012 PRESS Do it for Someone You Love - English	2,400	300	1,300	1,400									5,400
POS017 Perfect Partners - English	2,050	1,100	7,750	7,000									17,900
POS018 Perfect Partners - Pidgin	3,050	1,200	9,250	2,400									15,900
POS019 Sleeping with the Past - English	3,550	300	4,500	-									8,350
POS020 Sleeping with the Past - Pidgin	2,300	300	4,500	-									7,100
POS021 Musicians Play Safe - English	2,050	300	1,000	-									3,350
POS022 Musicians Play Safe - Pidgin	2,300	300	3,000	-									5,600
POS023 Perfect Girl - English	2,050	1,300	5,250	8,000									16,600
POS024 Perfect Girl - Pidgin	2,300	600	7,250	5,400									15,550
POS025 Perfect Guy - English	2,050	1,300	4,750	7,000									15,100
POS026 Perfect Guy - Pidgin	2,300	600	6,750	3,900									13,550
Transmission - English	2,000	300	400	-									2,700
Transmission - Pidgin	2,450	450	400	-									3,300
Church Leaders / Hands - English	2,000	400	400	-									2,800
Church Leaders / Hands - Pidgin	2,200	450	400	-									3,050
Women & Violence - English	2,000	300	400	-									2,700
Women & Violence - Pidgin	2,000	200	200	-									2,400
Human Rights - English	2,200	100	2,550	4,100									7,700
Human Rights - Pidgin	2,200	800	3,950	2,950									7,700
Makoma Cares - English	59,250	14,800	91,500	70,350									236,000

<b>CONDOMS</b>											
Male Condoms	115,200	198,144	158,976	183,536							665,856
Female Condoms	2,000	42,000	32,000	27,000							105,000
Karamap Condoms	15,324	-	9,216	-							24,540
Water Base Lubricant "Wet Stuff"	9,216	6,000	-	51,000							66,216
	<b>141,740</b>	<b>246,144</b>	<b>200,192</b>	<b>271,536</b>							<b>859,612</b>
<b>AUDIO VISUAL</b>											
Margaret, Joseph Berem & Magic Johnson Positive & Just a little playing around	-	-	-	-							-
Yellow Card Video & Support Video	1	10	2	4							17
Orphan Generation & Under the Mupundu Tree	-	1	-	2							3
Positive & Values for Life & Death	-	-	-	-							-
Jambo, Jambo & Anna's Story	1	1	-	2							4
Seafarers	-	-	-	-							-
AIDS in the Pacific/ More Time	-	-	-	1							1
A Piece of Land	-	-	-	-							-
	<b>2</b>	<b>12</b>	<b>2</b>	<b>9</b>							<b>25</b>
<b>MERCHANDISE</b>											
Lukaum Yu Yet Long AIDS T - Shirts (Black)	1,280	128	129	216							1,733
Karamap T-Shirts	1,270	71	146	67							1,554
Lukaum Yu Yet Long - AIDS Caps	1,260	102	165	204							1,731
Karamap Caps	1,270	69	135	81							1,555
AIDS Bags	-	-	-	427							427
Karamap Bags	-	1,000	-	-							1,006
Karamap Stubby Coolers	216	-	-	-							216
Karamap Coasters	2,000	-	-	-							2,000
AIDS Bumper Stickers	2,950	2,400	3,400	10,085							18,835
AIDS PMV Stickers (Short)	-	-	-	-							-
AIDS PMV Stickers (Long)	-	-	-	-							-
Karamap Bumper Stickers	-	-	-	-							-
Karamap PMV Stickers (Short)	-	-	-	-							-
Karamap PMV Stickers (Long)	-	-	-	-							-
	<b>10,226</b>	<b>3,770</b>	<b>3,975</b>	<b>11,086</b>							<b>29,057</b>
<b>SIGNAGE</b>											
Corflutes - English	-	-	-	-							-
Corflutes - Pidgin	-	-	-	-							-
Corflutes - Motu	-	-	-	-							-
AIDS Banner	-	-	-	-							-
<b>Total Materials Distributed for 2004:</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,404,894</b>

## Appendix 3.3

### Consolidated training figures

Quarter	MALE	Female
May/ June 2005	503	384
Q 18 Feb-April 2005	716	591
Q 17 Nov 2004-Jan 2005	536	380
Q 16 Aug-Oct 2004	662	455
Q 15 May-July 2004	430	326
Q 14 Feb-April 2004	261	239
Q 13 Nov 2003-Jan 2004	71	47
Q 12 Aug-Oct 2003	388	344
Q 11 May-July 2003	208	158
Q 10 Feb -April 2003	115	90
Q 9 Nov 2002-Jan 2003	109	57
Q 8 Aug-Oct 2002	66	71
Q 7 May-July 2002	183	191
Q 6 Feb -April 2002	54	43
Q 5 Nov 2001-Jan 2002	2	1
Q 4 Aug-Oct 2001	0	0
Q 3 May-July 2001	0	0
Q 2 Feb-April 2001	0	0
Q 1 Nov-2000-Jan 2001	0	0
<b>TOTAL</b>	<b>4304</b>	<b>3377</b>

\* Data supplied by NHASP, July 2005

## Appendix 3.4

### Training for theatre groups

No	Province	Districts	Theatre Group
1	NCD	North East	Morata, Wakawa
		North West	CIS, Watete,
		Moresby South	Vanagi, Kove
		Motu-Koitabu	Baruni, Rabia, Waisoma
2	CENTRAL	Hiri	Hiri
		Goilala	Goilala
		Kairuku	Kairuku
		Rigo	Rigo
3	WESTERN	South Fly	Tureture, Daru, Boze,Parama, Pahoturi, Morehead, Kadawa, Kiwai Is.
		Middle Fly	Balimo, Awaba
4	GULF	Kerema	Kerema United, Vailala West, Lalumei
5	MILNE BAY	Alotau	Green Music Theatre, Mataita
		Esa'ala	Kaikuwali
		Samarai/Murua	kaisiabwaiwaileta
		Kiriwina/Goodenough	Point Floaters
6	ORO	Ijivitari	Isivita, Oro Bay
		Sohe	Ambasi, Gona, Uiku
7	MADANG	Madang Dist.	All denominations in Madang Town x 36 Churches
8	SANDAUN	Aitape/ Lumi	Lumi, Aitape
		Vanimu Green River	Vanimu
9	MOROBE	Tawae-Siassi	Simbakara
		Lae	Bako
		Huon Gulf	pummala
		Markham	Rompok
10	EASTERN H'LANDS	Kabwum	Kabwum
		Lufa	Oliguti
		Unggai-Bena	Sioka
		Goroka	Goroka, NPAT

No	Province	Districts	Theatre Group
11	ENGA	Kompam-Ambum Wabag Wapenamanda Laiagam-Pogera Kandep	Ambum, Kompam, Wabag, Wapenamanda Laiagam, Pogera Kandep
12	WESTERN H'LANDS	Mt. Hagen Dei Jimi Tambul-Nebilyer Mul-Baiyer Anglimp-Sth Whagi North Whagi	
13	EAST NEW BRITAIN	Rabaul Kokopo Gazelle	Pairap Production, Reimber/Livuan Bitapaka, Alir Pukai, Karavia Liu Tinganagalip, Bitabur, Inmates, Scouts
14	WEST NEW BRITAIN	Talasea Kadrian-Gloucester	Hoskins, Kimbe Urban, Mosa LLG, Bialla
15	MANUS	Manus	Manus, Pere, Tetidu, Tipuke, Pak do mei, Ndrolokou
16	BOUGAINVILLE	North Bougainville South Bougainville Central Bougainville	Buka, Hanahan Siwae, Buin Arawa, Saposia,

\* Data supplied by NHASP July 2005

## Appendix 3.5

### Training numbers for theatre groups

Province	District	Theatre group	Total Participants	Total Males	Total Females	Number of Groups Trained
Bougainville	Nth Boug Sth Boug. Central Boug.	-Buka (All Hanahan, 1 rep from Saposa)	21	14	7	3
		-Siwai (1 rep from Buin)				
		-Arawa				
East New Britain	Rabaul Kokopo Gazelle	Pairap Production, Reimber Livuan Bitapaka, Alir Pukai, Karavia Liu, Tingangangalip Bitabur (1 rep) Scout (1 rep) Inmate (1 rep)	21	6	15	5
Western Highlands	Mt Hagen, Dei, Jimi, Tambul-Nebliyer Mul-Baiyer Anglip-Sth Whagi North Whagi	Mt Hagen, Dei Jimi, Tambul-Nebliyer Mul-Baiyer Anglip-sth Whagi Nth Whagi	20	14	6	1
Oro	Ijivitari Sohe	Isivita, Oro bay Ambasi, Gona, Uiku	18	13	5	5
Eastern Highlands	Lufa Unggai-Bena Goroka	Oliguti Siokei Goroka NPAT	24	11	13	4
Sandaun	Vanimo	Vanimo	17	11	6	4
Western	South Fly Dist	Daudai Mobdu	20	11	9	3

Province	District	Theatre group	Total Participants	Total Males	Total Females	Number of Groups Trained
Madang	Madang Bogia Sumkar	Bursinga				
		Idodo			0	3
		Nubanub				
Milne Bay	Alotau Esa, ala Samarai-Murua Kiriwina-Goodenough	Green Music Theatre				
		Mataita,				
		Kaikuwali	20	13	7	5
		Kaisiabwaiwaileta				
Manus	Manus	Point- Floaters				
		Manus Theatre, Pere Theatre				
		Tetidu Theatre, Tipuke Pakdomei, SDA youth Catholic youth, Ndroklu	22	19	3	1
Gulf	Kerema	Kerema United, Vailala west Lalumei	16	12	4	3
		Morata, Wakawaka CIS, Watete Vanagi, Kove Baruni,Waisoma,Rabia Salvation Army	27	18	9	1
National Capital Dist	North East North West Moresby South Motu-Koitabu					



Province	District	Theatre group	Total Participants	Total Males	Total Females	Number of Groups Trained
Morobe	Huon Dist	Pun mala Simbakara Kabwum Rompok Bako	34	25	9	1
	Taewai					
	Siassi					
	Kabwum					
	Markham					
	Lae Open					
Central	Hiri, Goilala Kairuku Rigo	Hiri Goilala Kairuku Rigo	25	19	6	1
	Kompiam-Ambun Laigam-Porgera Wabag]					
	Wapenamanda Kandep					
West New Britain	Talasea Kandrian-Glouster	Talasea Mosa Ilg Bialla Kimbe Urban Hoskins	20	15	5	4

> Training has been conducted in 16 Provinces.

> A total of 51 groups trained in the Provinces.

> In some provinces, because groups are small, they perform as a single provincial group.

> Data supplied by NHASP, July 2005

## Appendix 3.6

### NHASP priority ‘high risk settings’ sites

No	HRS Group	Province
<b>Group 1 – Settings where people negotiate for sex</b>		
1	Players Music Lounge (with Save the Children PNG)	NCD
2	Goroka Market	EHP
3	Old airport area (with Save the Children PNG)	Morobe
<b>Group 2 – Highlands Highway and Ports of Lae and Madang</b>		
4	Minj Market	WHP
5	Kaiwe Market	WHP
6	Firewood Market	WHP
7	Yang Creek (bus stop)	Morobe
8	Umi Market (bus stop)	Morobe
9	Redscar area (bus stop and market)	Madang
<b>Group 3 – Disciplinary Forces (PNGDF)</b>		
10	Murray Barracks (PNGDF)	NCD
11	Taurama Barracks (PNGDF)	NCD
12	Military Academy – IGAM (PNGDF)	Morobe
13	Patrol Boat Base in Lombrum (PNGDF)	Manus
<b>Group 4 – Private Industries</b>		
14	InterOil – Napanapa Refinery (Moresby Port project)	NCD
15	Curtain Bros – seafarers/dockworkers (Davara project)	NCD
16	Ok Tedi Mining – Down side Donga (Tabubil)	Western
17	Wangbin Village (Tabubil)	Western
18	Ok Tedi Mining – Kiunga	Western
19	Porgera Joint Venture (Porgera Valley and Tari/SHP)	Enga
20	Kainantu Gold (HKL)	EHP
21	Lihir Mining	NIP
22	Ports of Lae: Main Wharf and Lutheran Shipping	Morobe
23	Ramu Sugar (Gusap area) *actually Madang	Morobe
24	RD Tuna (factory and market)	Madang
25	Higaturo and OPIC Palm Oil workers (Popondetta)	Oro

No	HRS Group	Province
26	Oil Palm workers and families (communities)	Oro
27	Oro Bay (community)	Oro
28	Transport companies (trucks and PMVs)	WHP
<b>Group 5 – NCD (Youth at Risk in NCD)</b>		
29	Motu Koitabu villages: Hanuabada/Roku (Magidamu)	NCD
30	Joyce Bay Settlement (Unemployed Youth Project)	NCD

# Appendix 3.7

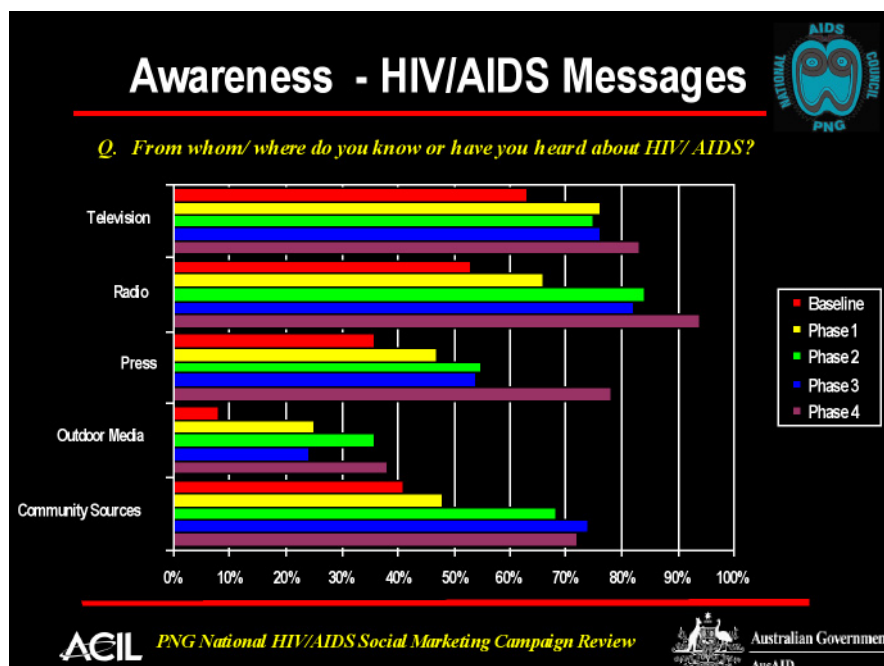
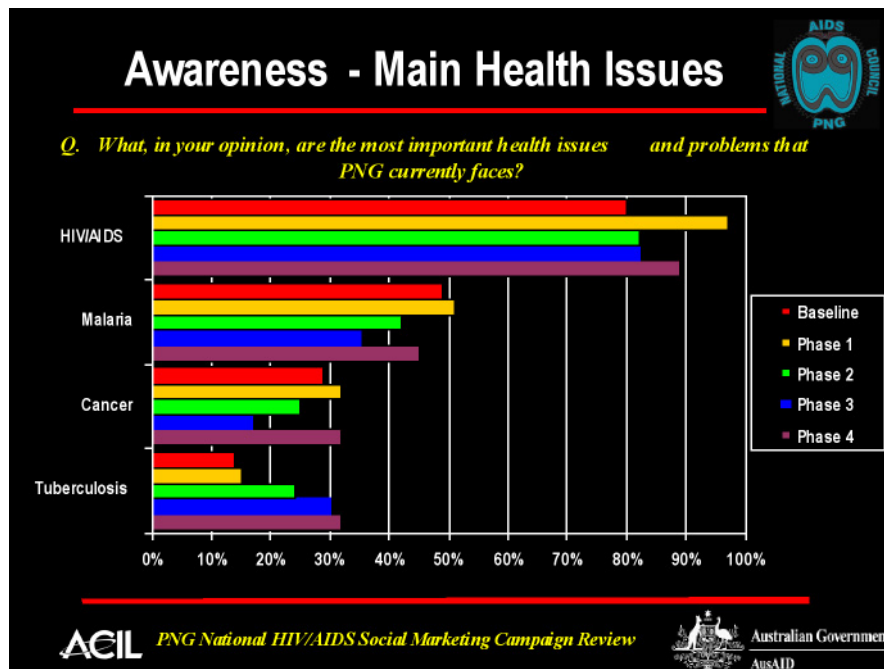
## Key market research findings

### PNG NATIONAL HIV/AIDS SOCIAL MARKETING CAMPAIGN (PHASE 4)

- > Standardized questionnaire examining key campaign performance indicators.
- > Interviews conducted prior to and following the campaign intervention.
- > Statistical significance at 95% confidence levels.

### SUMMARY OF RESEARCH METHOD

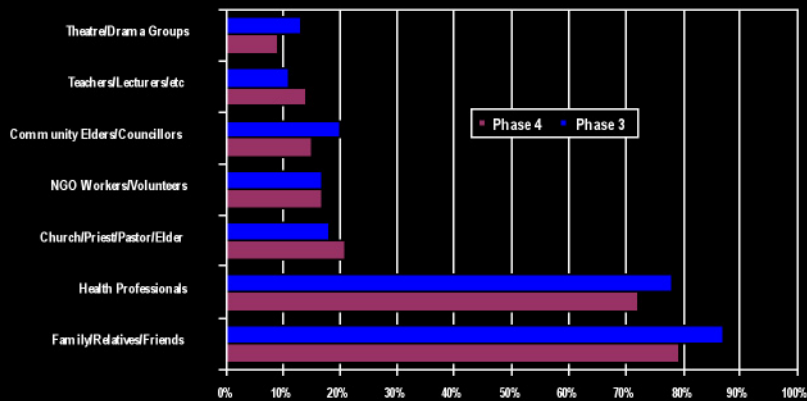
- > 2000 respondents – Highlands, Islands, Papua, and Momase regions.



## Recall - Community Sources



Q. Do you remember hearing about HIV/AIDS from anyone in your community – if so, from whom?



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AusAID

## Campaign Resources/Awareness



Community Communication Resource Distribution		2002	2003	2004	2005
Brochures Posters		350,000	1,420,000	1,906,000	516,000
Audio Visuals		1800	216	107	25
Merchandise		65,000	97,000	117,000	29,000

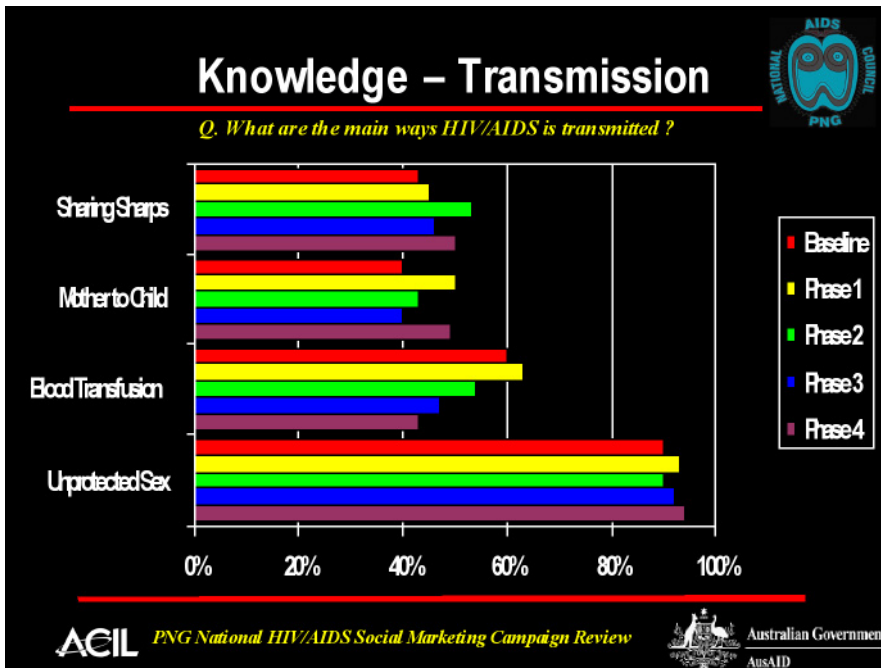
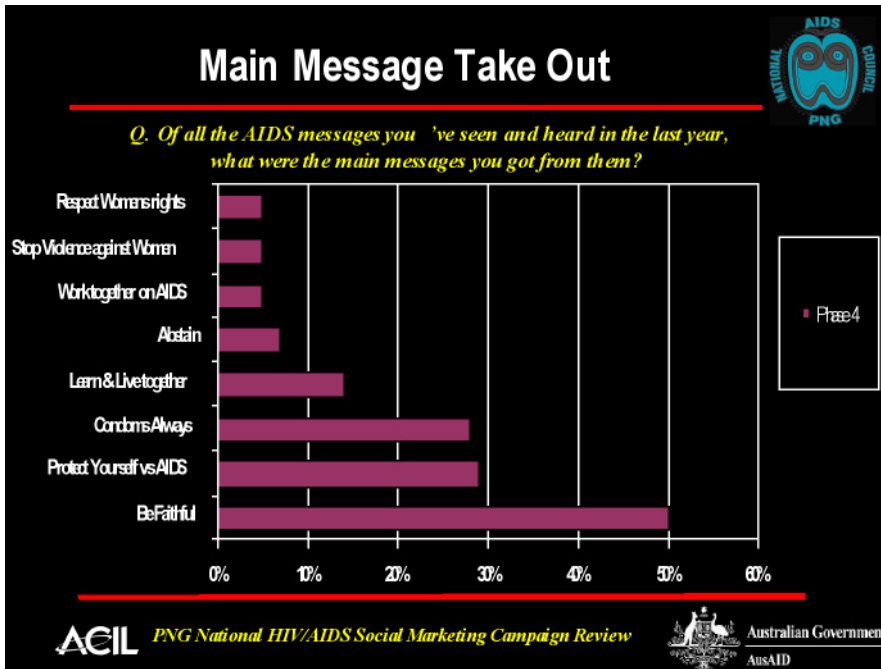
Awareness of Community Sources of HIV/AIDS Information	Baseline	2002 Phase 1 Campaign Survey	2003 Phase 2 Campaign Survey	2004 Phase 3 Campaign Survey	2005 Phase 4 Campaign Survey
		41%	48%	68%	74%

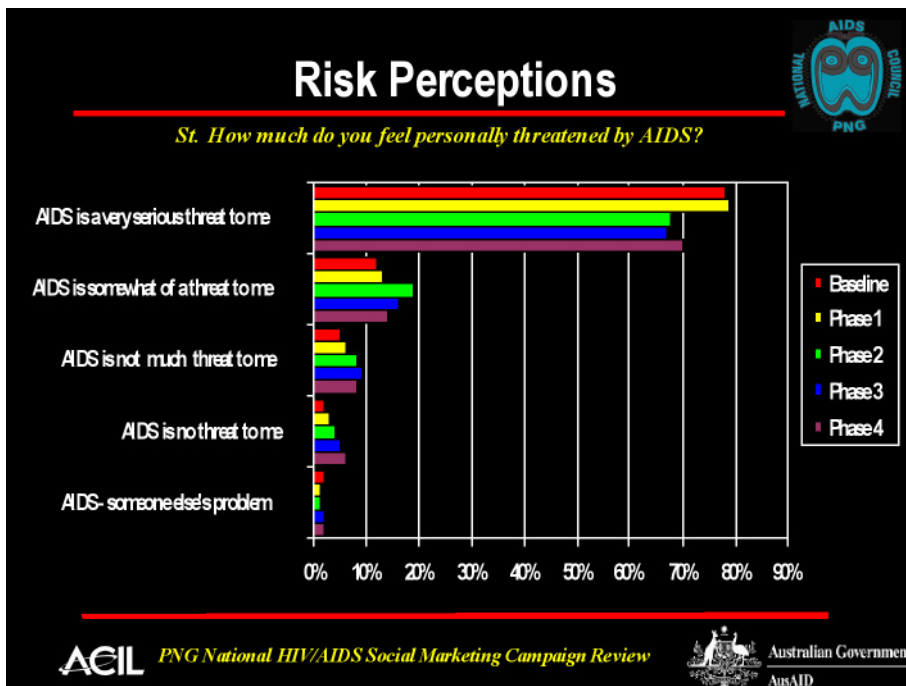
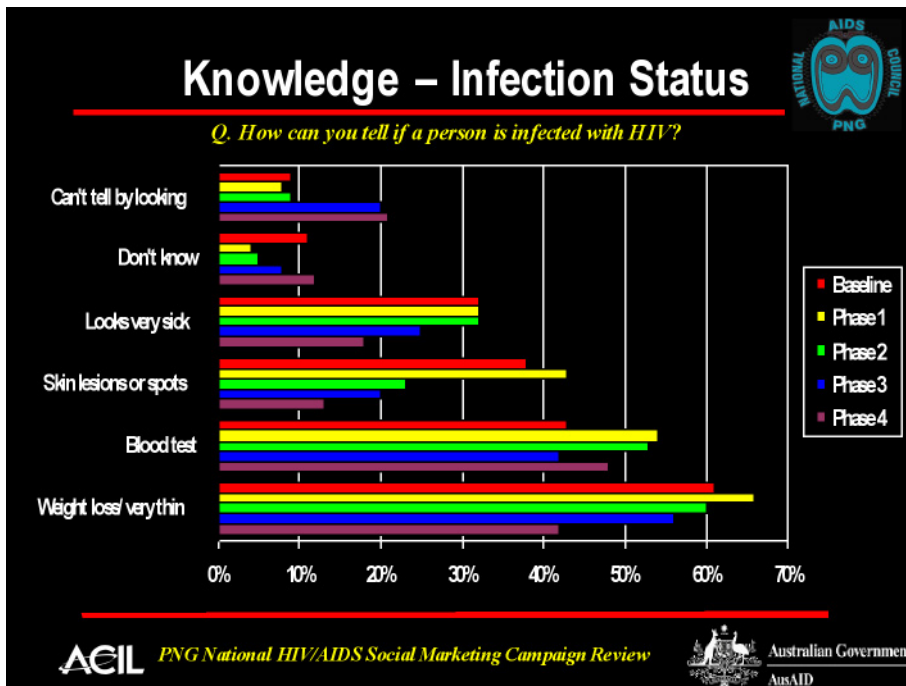
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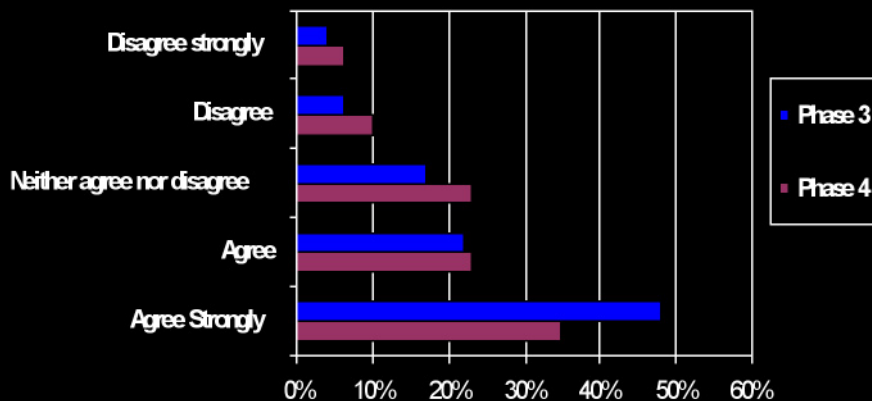




## Areas of Concern – Stigma Attitudes



*Q. I think people with HIV/AIDS have probably got it through their own bad behaviour and deserve what they get.*



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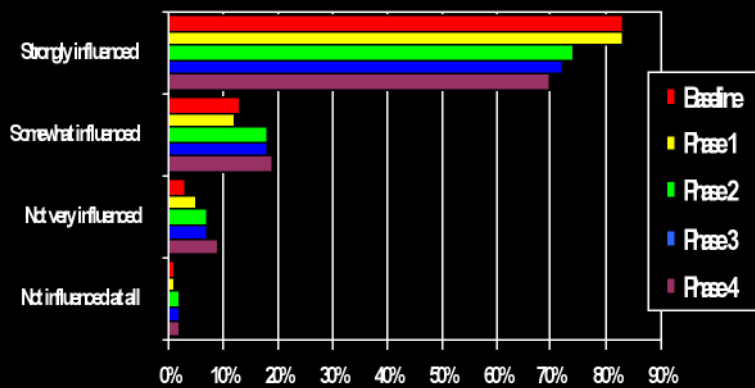


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## Areas of Concern – Campaign Impact



*Q. How much have the AIDS messages influenced or changed your attitudes towards AIDS .... How strong was their influence?*

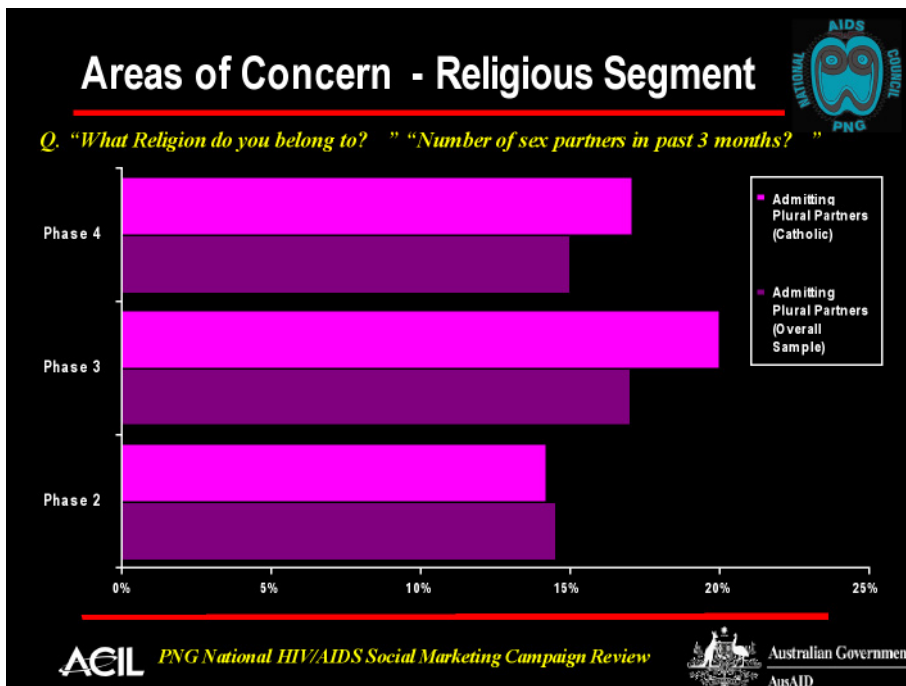
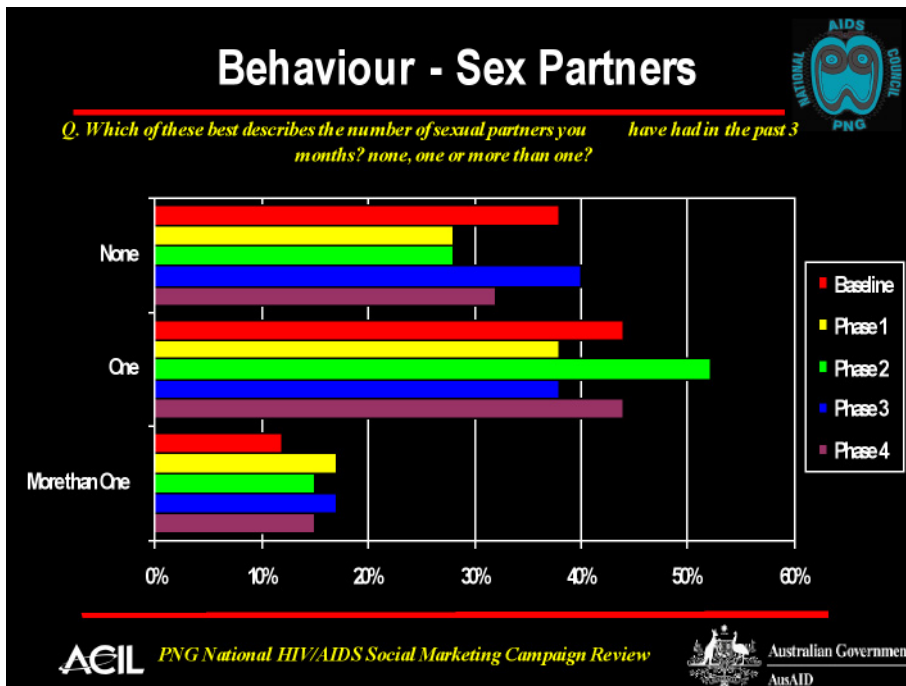


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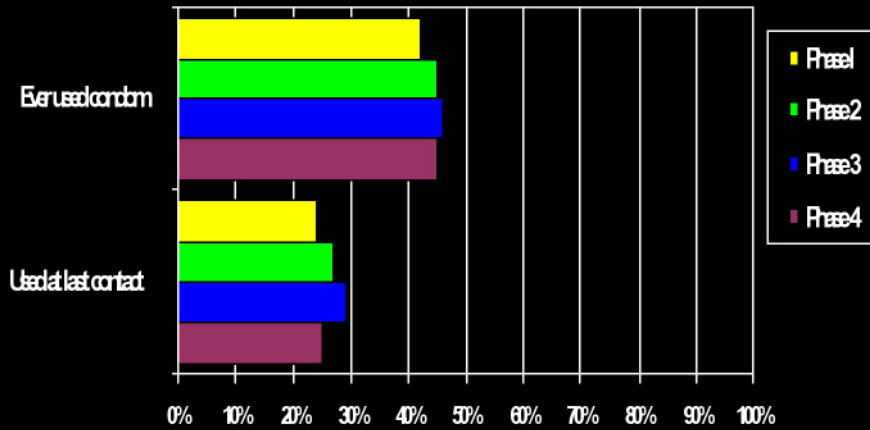


## Behaviour - Condom Use



Q. Have you ever used a condom?

Q. Last time you had sex, was a condom used?



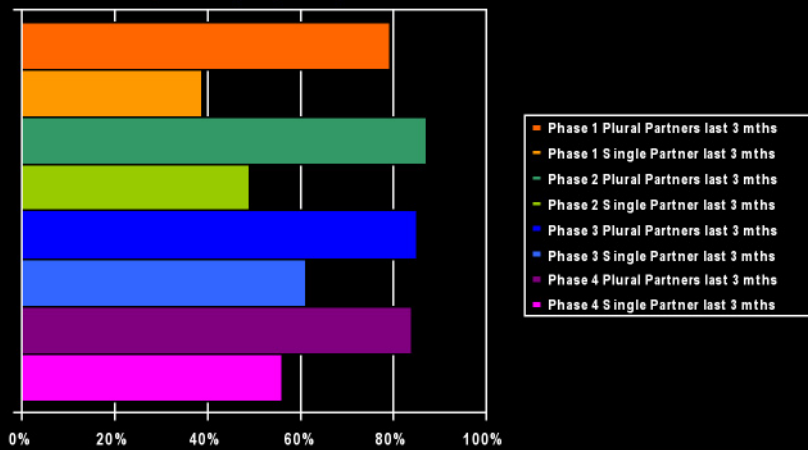
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## HRS – Condom Behaviour



Q. "Have you yourself ever used a condom?"



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## Appendix 3.8

# NHASP private sector engagement

Province	Organisation
Western	OK Tedi Mining
Gulf	Nil
Central	Nil
NCD	Chamber of Mines & Petroleum (National) Chamber of Commerce (involvement on the PAC in major regional centres)* Trade Union Congress (the national – private sector unions project funds an HIV/AIDS Coordinator) British American Tobacco Inter Oil Refinery Curtain Brothers Players Music Lounge
Oro	Higaturo Palm Oil Opic Palm Oil
Milne Bay	Milne Bay Estates Palm Oil
Sandaun	Nil
East Sepik Province	Nil
Madang	RD Tuna British American Tobacco
Morobe	Chamber of Commerce Papindo Ramu Sugar Lutheran Shipping
Bougainville	Nil
New Ireland	Lihir Gold Ltd
East New Britain	Papindo Trading
West New Britain	West New Britain Palm Oil
Eastern Highlands	Kainantu Gold Ltd
Simbu	Nil
Western Highlands	Papindo Trading
Southern Highlands	Porgera Joint Venture
Enga	Porgera Joint Venture

Data supplied by NHASP, July 2005

\* The Chamber of Commerce has a place as a member of PAC in all Provinces.

# Appendix 4.1

## NHASP-Supported HIV/AIDS Counselling and Care Centres

### 1. FUNCTIONING CENTRES.

With the exception of Tari, the following HIV/AIDS Care Centres have been fully, or partly, funded by the project. The project has in most cases provided HIV/AIDS and counselling training, as well as management support, IEC materials and condoms. More recently VCT and rapid testing training was provided. The centres range from small community run centres (Tengtenga) to large multi purpose facilities.(Sepik Centre of Hope)

Name	Location
Anglicare	Waigani-NCD
Simon of Cyrene (Catholic)	Hohola, NCD
Bethany Hospice (Catholic)	16 mile, NCD
Ela Beach Care Centre (SA) <sup>+</sup>	Koki/Town, NCD
Hiruma 3 Angels (SDA) <sup>#</sup>	Boroko, NCD
Sepik Centre of Hope (Catholic)	Wewak, ESP
Shalom Centre (Catholic)	Banz , WHP
Tengtenga (Combined churches) for orphans	WHP
Rebiamul (Catholic)	WHP
Yumbosura (Catholic)	Nendi, Simbu
Nasana, (Catholic)	Yalibu, Southern Highlands
Tari (Caritas)	Tari, Southern highlands
Jim Jacobson Care Centre (SA) <sup>+</sup>	Lae, Morobe
ADRA Care Centre (SDA) <sup>#</sup>	Lae, Morobe
Bethany Care Centre (Catholic)	Madang
Marimari Centre	Community , WHP
Kispam Centre	Community , WHP
Tega Centre	Local Church, WHP

+ Salvation Army; # Seventh Day Adventist

### 2. CENTRES FOR WHICH FUNDING HAD BEEN APPROVED BUT WHICH WERE NOT YET FUNCTIONING AT THE TIME OF THE EVALUATION.

Name	Location
Rape Crisis and HIV Centre (Catholic)	Vunepope Hospital, Kokopo, ENB
Kiunga Care Centre (Catholic)	Kiunga, Western Province
Veifa Care Centre (Catholic)	Central, Central Province
Porgera Care Centre	Porgera Mine Womens Group, Porgera Mine, Enga
PMTCT Centre	Port Moresby General Hospital

## Appendix 4.2

# Status of PNG HIV Voluntary Counselling and Testing Sites (May 2005)

Province	Established sites	Sector	Future sites (next 12 months)
<b>Manus</b>	Antenatal clinic Lombrum Hospital STI clinic MCH	Public health PNG Defence Force Public health Public health Public health	
<b>New Ireland</b>	Hospital Poliamba Lihir	Public health Private Private	
<b>West New Britain</b>	Kimbe Hospital (unconfirmed)	Public health	Oil Palm Vuloka Catholic church
<b>East New Britain</b>	Vunapope – St. Mary Hospital Nogubaro (vatnabar) Butuwin Health centre Kerevat Rabaul T clinic Tapipipi Nonga Hospital	Church health  Church (Uniting Church) Public health Public health Public health Public health	Pomio Duke of York
<b>East Sepik</b>	Hospital	Public health	Sepik Centre of Hope Maprik Hospital Angoram Health Centre
<b>Western</b>	Ok Tedi Hospital Rumginai OTML	Private Church health Private	Daru Catholic Church Kiunga
<b>Simbu</b>	Mingendi	Church health	
<b>Eastern Highlands</b>	Kainantu STI Clinic  University of Goroka Clinic Goroka STI Clinic	Public health (Church counsellors) Public health (Church counsellors) Public health	CIS  Yonki Catholic church care centre Goroka
<b>Enga</b>	Korpiam Hospital Porgera Yianpu	Church health (Baptist) Private Church health	
<b>Mendi</b>	Diocese Ialibu	Church PLWHA/church	Tari

Province	Established sites	Sector	Future sites (next 12 months)
<b>Western Highlands</b>	Togoba Kujip Tinsly Rebimaul Kotna Kiripia Bukapena Shalom Pababuk	Church health (Combined) Church health (Nazarene) Church health (Baptist) Church health (Catholic) Public health (Lutheran) Church health (Catholic) Church health (Catholic) Church (Catholic) Church health (PNG Bible)	
<b>Morobe</b>	Bulolo Markam Finchaffan Hederu Hospital ADRA care centre Jim Jacobson Centre	Church (Salvation Army) Public health Church health (Lutheran) Church health (Anglicare) Public health Church (SDA) Church (Salvation Army)	
<b>Gulf</b>	Kikori	Church health (Catholic)	Kerema
<b>Oro</b>			Salvation Army Anglicare
<b>Milan Bay</b>	Alotau Hospital Misima	Public health	Good Enough Island All Districts on the Island
<b>Madang</b>	Bethany Centre Hospital	Church (Catholic) Public health	
<b>North Solomon/ Bougainville</b>			Buka – unknown however possible established sites may be the hospital
<b>National Capital District (NCD)</b>	Port Moresby General Hospital Private Hospitals Ela Beach Care Centre St. Mary's Medical centre World Vision Anglicare Hederu House (STI clinic) Simon of Cyrene Care Centre	Public health  Private Church (Salvation Army) Church health (Catholic) NGO Church (Anglican) Public health  Church (Catholic)	
<b>Central</b>	Viefa'a Bereina	Church (Catholic) Public health	Kwikila Boregaria

# Appendix 5.1

## Women and youth groups

### PROVINCIAL AIDS COMMITTEE Women Youth Groups

PAC OFFICE/CONTACT	ADDRESS	WOMEN GROUPS	YOUTH GROUPS	COMMENTS
<b>WESTERN (Daru)</b> Robin Korcia (HRC)	Community Services Provincial Administration P O Box 1, Daru Tel: 645 9090 / Fax: 645 9275	1. Prov Council of Women (Daru) 2. Gogodala Womens Assoc (Baimo) 3. Catholic Womens Club (Daru) 4. Morehead Womens Group (South Fly)	1. Prov Y/G (Daru) 2. Hawks Youth Assoc (Suki Area) 3. Morehead Youth Assoc (South Fly) 4. Catholic Youth Assoc (Daru) 5. Soul Hunters Y/G (Mabudawan) 6. Walking Ministry Y/G (Mabudawan) 7. Korcia Y/G (Mabudawan)	W/G: Active Y/G: Active but not directly under the PAC
<b>GULF (Kerema)</b> Umulin Paul	C/- Provincial Health Division Kerema Hospital P O Box 28, Kerema Tel: 648 1285 / Fax: 648 1256	1. Moika Womens Group 2. Taruma Circuit U/Church Womens Fellowship 3. SDA Dorcas Welfare Women 4. TaureLakemau Womens Group 5. United Church Women	1. Lalumei Youth Group 2. Uamai Youth Group 3. West Vailala Youth Group 4. Ward 17 Youth Group 5. Iokea SDA Youth 6. Moika Youth Group 7. Kikori Youth Group 8. United Church Youth 9. Inland Kikori Youth 10. Napo Youth 11. Kaitiba SDA Youth 12. Yaska Youth Group	
<b>CENTRAL (Konedobu)</b> Thelma Bosson	C/- Central Provincial Health Division, Free Mail Bag Services Konedobu Ph/Fax: 321 5406			
<b>NCD (Port Moresby)</b> Isu Alivula Rachael Pokesy	C/- NCD Welfare Office Watkins Mall Building, Boro P.O Box 8002, Boro Tel: 323 0166 / Fax: 325 0591	1. Fly Womens Group 2. United Church Womens Group 3. Anglican Mothers Union 4. St John's Catholic Women's Gr. (Tokarara) 5. St. Charise Lwanga Catholic Women's Gr. (Gerehu)	1. St. John's Catholic Youth Gr. 2. St. Charise Lwanga Youth Gr.	
<b>MILNE BAY (Alotau)</b> Doreen Nadile Sienu Bate	C/- Social Welfare Office Provincial Administration Free Mail Bag Services Ph/Fax: 641 0433	1. Anglican Mothers Union (Alotau) 2. Prov Council of Women (Alotau) 3. CLC Womens Group (Alotau)	1. Green Music Ministry (Alotau) 2. Taikual Theatre Group 3. Samarai HIV/AIDS Youth 4. Red Cross Youth	Doreen to fax detailed listing
<b>ORO (Popondetta)</b> Benson McRubbin	C/- Educational Office Provincial Administration P.O Box 72, Popondetta Tel: 329 7782 / Fax: 329 7682			Phone Lines are down...
<b>SHP (Mendi)</b> Veronica Temokang	Mendi Town Authority Building PO Box 711 Mendi Tel: 549 1710			HRC conducting a w/shop
<b>ENGA (Wabag)</b> Ben Nema	C/- Provincial Health Division	1. Pogerua Womens Group	1. CAF Youth Group (Wabag)	CAF - Christian Apostolic

PROVINCIAL AIDS COMMITTEE  
Women Youth Groups

	<p>Mt. Hagen Hospital Mt. Hagen, WHP Tel: 547 1141</p>	<p>2. Komiamp District W/Group 3. Yangis Baptist Women Association 4. Angi Women Group (Wapenamanda) 5. Wapenamanda District Women Group 6. Laigam Dist. Womens Federation 7. Ambum Mama Group 8. Htu Mama Group 9. Wapenamanda Mama Group</p>	<p>2. SDA Youth Group (Wabag) 3. Wapenamanda CAF Youth Group 4. Wapenamanda GLC Youth Group 5. Pegera CAF Youth Group 6. Kandap CAF Youth Group</p>	<p>Fellowship GLC - Goodnews Lutheran Church</p>
<p><b>WHP (Mt. Hagen)</b> Joshua Gigmai Apollos Yimbak</p>	<p>C/ - Provincial Health Division Mt. Hagen Hospital P.O Box 246, Mt. Hagen Tel: 542 3835 / Fax: 542 1418</p>	<p>1. Provincial Council of Women 2. Rural Women Empowerment</p>	<p>1. Kanaka Youth Group 2. Western Hlands Youth Group 3. Tambul District Youth 4. Hagen T' Youths 5. Nunga Lutheran Youth 6. Dei Lutheran Youth 7. Western Hlands Youth Core</p>	
<p><b>SIMBU (Kundiawa)</b> Cetru Gigmai</p>	<p>Malaria T/C Building P.O Box 392, Kundiawa Tel: 735 1388 / Fax: 735 1389</p>			
<p><b>EHP (Goroka)</b> Sam Touilly</p>	<p>Goroka Base Hospital Hospital Ground Extension Services Beside Children's Outpatient P.O Box 1012, Goroka Tel: 732 2229 / Fax: 732 1314</p>			
<p><b>MORobe (Lae)</b> Joanne Ganoka (Act. HRC)</p>	<p>Huon District Services 2nd Floor, Huon Authority Building Angou Road/Drive Tel: 472 0644</p>	<p>1. Anglicare Mothers Womens Group 2. Catholic Mothers Womens Group 3. SDA Mothers Womens Group 4. United Church Womens Group 5. Albi Womens Group</p>	<p>1. Mailenda Youth Group 2. Umun Kamut Association</p>	
<p><b>MADANG (Madang)</b> Matricia Mari</p>	<p>C/ - PNG IPA Training Centre Modillon Road P.O Box 681, Madang Tel: 852 3422 / Fax: 852 1926</p>	<p>1. Siar Womens Group 2. Holy Spirit Mama Group 3. STD Dorcas Womens Fellowship Group 4. AOG Womens Group 5. Lutheran Fellowship Group 6. Jomba Womens Group 7. Prov Council of Women 8. Anglican Womens Fellowship Group 9. U/Church Womens Fellowship Gr</p>	<p>1. Jomba Catholic Youth 2. Holy Spirit Youth Group 3. Lutheran Y/G 4. EBC Y/G 5. Karua Y/G 6. Siar Y/G 7. Batabag Y/G 8. Selesai Y/G (Sunkar District) 9. U/Church Y/G 10. SDA Y/G</p>	<p>All groups are active and are doing HIV/AIDS programs with the PAC</p>
<p><b>ESP (Wewak)</b> Maura O'Shaunessy Emil Trowalle</p>	<p>C/ - Government Store Side Boram Road P.O Box 677, Wewak Tel: 856 1844 / Fax: 856 2426</p>	<p>1. East Sepik Council of Women 2. Catholic Womens Group</p>	<p>1. Prov Youth Assoc 2. Catholic Y/G</p>	<p>Sr. Maura will fax a proper list</p>
<p><b>WSP (Vanimo)</b> Rose Uri</p>	<p>C/ - Prov. Planning Office</p>	<p>1. Women in Business Association (WIBA) 2. SDA Women's Group</p>	<p>1. Wantok Cultural Youth Group 2. Seki Youth Group</p>	



PROVINCIAL AIDS COMMITTEE  
Women Youth Groups

<p><b>NIP (Kavieng)</b> Kevin Tsikula</p>	<p>Free Mail Services, Vanimo Tel: 857 1404 / Fax: 857 1188</p>	<p>3. Catholic Maana Group 4. AOG Mothers' Group 5. Vanimo Urban LLG Ward 7 Women's Group</p>	<p>3. Moiseha Theatre Group 4. Saint Michael's Youth 5. Pasi Youth Group</p>
<p><b>ENBP (Rabaul)</b> Binaam Kakab</p>	<p>PDCO Building Kavieng Hospital P.O Box 103, Kavieng Tel: 984 1134 / Fax: 984 2430</p>	<p>1. ENB Council of Women 2. Tailili Womens Assoc (Duke of York) 3. Gazelle Womens Assoc 4. Kokopo Womens Assoc 5. Rabaul Womens Assoc 6. Pomio Womens Assoc 7. Watom Womens Assoc</p>	<p>1. ENB Scouts Movement 2. Catholic Youth 3. U/Church Y/G 4. STA Y/G 5. ENB Youth Council</p>
<p><b>WNBK (Kimbe)</b> Conrad Golum Kathy Waluka</p>	<p>C/ - Prov. Health Office Kimbe General Hospital P.O Box 428, Kimbe Tel: 983 5753 / Fax: 983 5226</p>	<p>1. Hoskins Womens Assoc 2. Anglican Mothers Union</p>	<p><i>HRC will give a full listing of Y/G by tomorrow</i></p>
<p><b>BOUGAINVILLE (Buka)</b> May Matanu</p>	<p>Former X Wong Yu Building P.O Box 318, Buka Tel: 973 9191 / Fax: 973 9708</p>	<p>1. Provincial Council of Women 2. Leitana Nehan W/Development Agency 3. Bougainville Catholic Womens Assoc. 4. Italia Womens Assoc. 5. Selau Suri Womens Assoc. 6. United Church Womens Fellowship 7. SDA Womens Association 8. Bougainville Inter-Church Womens Forum 9. Arawa Womens Association</p>	<p>1. Gogan Youth Group 2. Hiatus Youth Group 3. SDA Church Youth Group 4. United Church Young Womens Y/G 5. Catholic Church Youth Group 6. Tinupuz Volleyball Youth Group 7. Gogole Taekwondo Youth Group 8. Arawa Theatre Youth Group 9. Siwai Theatre Youth Group 10. Buin Catholic Church Y/Group</p>
<p><b>MANUS (Lorengau)</b> Non Appa</p>	<p>Health Training Centre Lorengau Hospital P.O Box 555, Lorengau Tel: 470 9643 / Fax: 470 9038</p>	<p>1. Pihl Manus Assoc 2. Ecom Womens Assoc 3. Catholic Womens Assoc 4. U/Church Womens Ministry 5. STA Womens Ministry 6. CRC Womens Ministry 5. Four Square Womens Ministry 6. Manus Secretaries Assoc</p>	<p>1. Nali Inland Y/G 2. Catholic Y/G 3. Ecom Y/G 4. SDA Y/G 5. Four Square Y/G 6. CRC Y/G</p>

\* Data supplied by NHAASP, July 2005

# Appendix 6.1

## PNG sentinel surveillance sites

Province	Ante Natal Clinic	STI Clinic	TB Clinic
NCD	PMGH	PMGH**	PMGH
Morobe	Lae urban clinics	Friends Clinic**	Angau Hospital
Eastern Highlands	Goroka Hospital Kainantu Hospital (rural)	Michael Alpers (Goroka)**	Goroka Hospital
Western Highlands	Mt Hagen Hospital	Tininga (Hagen)**	
Western	Daru Hospital		
Sandaun	Vanim Hospital		
Bougainville	Buka Hospital		
East Sepik	Wewak Hospital Maprik Hospital (rural)		
Central Province	Veifa (rural) Hospital Kwikila health centre (rural)		
Gulf Province	Kerema Hospital		
East New Britain	Vunapope Hospital Nonga Base Hospital		
Simbu	Kundiawa Hospital Mingende (rural) Hospital		

\*\* Behavioural surveillance also being conducted at these sites. A behavioural survey was also conducted on about 400 of the 700 individuals at the Bomana prison.

# Appendix 7.1

## Extending HIV and STI care in PNG

The evaluation team considered that the development of an outreach STI Screening Model would provide an opportunity to complete unfinished business from the current and previous AusAID HIV/AIDS support projects (NHASP and the 'Foundation Project'). The elements of the model include:

**A. Completing the proposed National Sexual Health Reference Centre based at the Heduru Clinic at the Port Moresby General Hospital. The Centre would be a specialised unit of the Department of Health which:**

- > Hosts the Department of Health surveillance and public health functions.
- > Provides an academic and training reference centre.
- > Supports the national STI clinic network.
- > Provides STI services.
- > Provides a base for ARV and basic ambulatory care and support for NCD outreach.
- > Provides multiplex STI PCR at the CPHL on the same campus that allows significantly enhanced national screening capacity using a simple urine and blood STI screen.

**B. Expediting the rollout of local STI clinics already planned for all provinces.**

- > These clinics would be supported by the National Sexual Health Reference Centre (possibly including training, staffing and drug supplies) although they would have day-to-day relationship with the local departments of health.

**C. Developing STI outreach services. These could:**

- > Be based out of, and supported by, local STI clinics.
- > Extend screening to accessible rural communities and high risk settings.

- > Accompany other health patrols and activities such as theatre groups where appropriate and feasible.
- > Provide concurrent education, counselling and IEC materials distribution.
- > Offer 'outreach-based' screening. A syndromic approach targets people with symptoms and can exacerbate stigma. Outreach-based screening offers testing for ALL adults and therefore works to dispel stigma.
- > Address hidden (asymptomatic) infections.
- > Provide a major enhancement to STI/HIV surveillance and monitoring.

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# Appendix 8.1

## PAC administration scores (July 2005)

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**SCORING:**

0 – Does not exist.

1 – Exists but not fully operational and/or appropriate.

2 – Fully operational.

Province	PAC Chair person (commitment)	Office space	HRC	PCC	Admin Support (KBO)	Driver	Vehicle	Communications (telephone, fax)	PC and Internet connection	OPEX Acquisitions	Comments	TOTAL (MAX. 20)
1. Western Highlands	2	2	2	2	2	2	1	2	1	2	Always prompt with acquittals and seek advice.	18
2. Manus	2	2	2	1	2	2	2	2	1	2	Prompt with acquittals. Seek advice.	18
3. Madang	2	1	2	1	2	2	2	2	1	2	Grant approved to build new office on land provided by PA.	17
4. National Capital District	2	2	2	1	2	2	2	2	1	1	Very prompt with acquittals.	17
5. Milne Bay	2	1	2	2	2	0	2	2	1	1	A very good PAC – staff seek advice when needed. Not receiving Op funds, Provincial Govt supporting. Grant has now been approved to renovate and extend existing office space.	15
6. Santaun	2	1	2	1	0	2	2	2	1	2	Prov Govt supportive despite no staff, no proper office. Prompt with acquittals. Grant has been approved to improve office space.	15

\* OPEX = Operational Expenditure

Province	PAC Chair person (commitment)	Office space	HRC	PCC	Admin Support (KBO)	Driver	Vehicle	Communications (telephone, fax)	PC and Internet connection	OPEX Acquisitions	Comments	TOTAL (MAX. 20)
<b>7. East Sepik</b>	2	2	2	2	0	0	2	2	1	2	Prompt with acquittals. Have now moved into Sepik Centre of Hope	15
<b>8. Morobe</b>	2	2	0	2	0	2	2	2	1	1	Very good PAC. HRC position has been advertised	14
<b>9. Oro</b>	2	1	1	0	2	2	2	2	1	1	Good support from Prov Govt. Making good progress. Need improved office space. HRC has recently had financial training to improve acquittals.	14
<b>10. Gulf</b>	2	2	2	1	0	0	1	2	1	2	PCC contract has expired and position has been re-advertised. Prov Govt yet to appoint support staff. Prompt with acquittals.	13
<b>11. East New Britain</b>	1	1	2	2	1	0	2	2	0	2	Currently in rented premises. Prompt with acquittals and seeking advice.	13
<b>12. Enga</b>	1	2	2	2	0	0	2	1	1	1	Communication problems. Little support from Prov Govt. Chairperson not committed.	12

Scoring system: 0 – Does not exist; 1 – Exists but not fully operational and/or appropriate; 2 – Fully operational

Province	PAC Chair person (commitment)	Office space	HRC	PCC	Admin Support (KBO)	Driver	Vehicle	Communications (telephone, fax)	PC and Internet connection	OPEX Acquisitions	Comments	TOTAL (MAX. 20)
13. Bougainville	2	2	0	2	0	0	2	1	1	1	Communications and power supply a problem. Acquisitions slow.	11
14. Simbu	2	2	1	0	0	1	1	0	1	1	Communications always a problem with this PAC. Both HRC & PCC positions advertised.	9
15. Western	2	2	1	1	2	0	0	0	0	1	Telephones disconnected. Very slow with acquisitions.	9
16. West New Britain	1	2	1	1	0	0	1	0	1	1	Concerns about performance of HRC and Chairperson. Very poor with acquisitions.	8
17. Southern highlands	1	1	0	1	0	0	1	1	1	2	Staffing problems and little support from Prov Govt. Prompt with acquisitions.	8
18. Eastern Highlands	2	1	1	1	0	1	1	0	0	0	Have been offered a new office near govt. buildings. Computer and other equipment needs to be replaced.	7

Province	PAC Chair person (commitment)	Office space	HRC	PCC	Admin Support (KBO)	Driver	Vehicle	Communications (telephone, fax)	PC and Internet connection	OPEX Acquitalls	Comments	TOTAL (MAX. 20)
<b>19. Central</b>	1	1	1	1	0	0	0	0	1	1	Appointments have been made for HRC & PCC, but HRC had accident in vehicle and is to be terminated for unsatisfactory performance. A new HRC has now been appointed from the priority listing based on previous interviews.	6
<b>20. New Ireland</b>	1	2	0	1	0	0	0	0	0	0	Not receiving opex from NHASP.	4

Scoring system: 0 – Does not exist; 1 – Exists but not fully operational and/or appropriate; 2 – Fully operational

(Updated on 08/07/05 Data supplied by NHASP)



# Appendix 8.2

## Faith Community Leaders Covenant on HIV/AIDS

WHEREAS, we as leaders of the faith communities in Papua New Guinea are called by God to proclaim the love of God in Christ Jesus; to respond with care and compassion to the needs of God's people; and to stand with those who suffer injustice, recognising the dignity of the excluded is central to the Gospel of Christ, hereby resolve to:

- > Develop and promote a theology of compassion, love, healing, and hope that can break through the judgement, shame and fear so often associated with HIV/AIDS;
- > Work tirelessly to reduce the stigma and discrimination faced by children and adults affected and infected by HIV/AIDS and to address social, religious, cultural and political norms and practices that perpetuate such stigma;
- > Speak publicly at every opportunity, particularly from our pulpits to counter HIV/AIDS related stigma and discrimination and affirm the God-given dignity of all persons;
- > Utilize the existing infrastructure and communication networks within our religious communities to disseminate, through accessible means, accurate information relating to prevention, treatment, advocacy, and care of people living with HIV/AIDS;
- > Actively involve people infected and affected by HIV/AIDS as essential resources in our response to the impact of HIV/AIDS on children, families and communities, especially in worship, education, training, prevention, advocacy, and program planning and development;
- > Recognise the particular vulnerability of women and young people, and work to reduce violence and promote social change to enable all human beings to live in justice and peace; by identifying, exposing and confronting structures of power, practices and attitudes, which cause injustice and suffering;
- > Engage the full partnership of women, recognizing the particular resources which they bring, and challenging gender-based injustices and practices;
- > Develop the capacity of religious leaders to enable them to provide needed education, training and counselling to their communities on all aspects of HIV/AIDS;
- > Develop curriculum that integrates HIV/AIDS into theological and religious education particularly on issues relating to the social effects, discrimination and stigma. and that strengthens moral education about healthy relationships and sexual integrity in the context of HIV/AIDS;
- > Support partnerships with the National AIDS Council, other government bodies, international agencies, civil society and the business sector to increase care for people living with HIV/AIDS and reduce stigma and discrimination; and
- > Recognise that there is no cure for AIDS and, until there is, religious leaders and church communities will need to be committed, constant and consistent in responding to the needs of people with HIV/AIDS and reducing stigma and discrimination, which will take time and effort – in other words “until the kingdom comes”.

### Notes:

The dignity of the excluded is central to the Gospel of Christ. The Christ whom we seek to follow stands with those who suffer from injustice,

*“For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink. I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.” (Matthew 25:35-36).*

The call to engage in advocacy is not a task to be taken up when convenient, but is a fundamental requirement of living out our faith.

## **STRATEGY FOR ACTION**

### **A) DEVELOP GUIDELINES**

There is a need to develop guidelines that will assist faith leaders, as well as religious community members, on how to appropriately deal with HIV/AIDS and related stigma. These guidelines should cover how to: maintain confidentiality of HIV status, manage disclosure, and provide appropriate support to those that are infected and affected by HIV/AIDS. The guidelines should be developed in consultation with people living with HIV. Guidelines are also needed to assist preachers and religious leaders in developing sermons, dialogues, and discussions that address the issues associated with HIV/AIDS to help break the silence of denial.

### **B) MAINSTREAM HIV/AIDS STIGMA AND GUIDELINE POLICIES**

HIV/AIDS and stigma-alleviation standards should be mainstreamed. One approach would incorporate HIV/AIDS in all pastoral and worship services e.g. funerals, confirmation, baptism, pre-marital counseling, etc, and should be spelt out in developed policy. This will ensure that stigma-alleviation is taken seriously and addressed in various aspects of faith.

### **C) DISCUSS THE ISSUE OF CONFIDENTIALITY**

Confidentiality is a challenge within many church groups. The issue of how to handle confidential information, while being able to encourage the support of fellow members, needs to be openly discussed and possible solutions developed. It is recommended that church leaders should 'not collude with silence' but should respect confidentiality if requested. Those entrusted with privileged confidential information must not disclose people's HIV-positive status without their consent.

### **D) DELIVER APPROPRIATE PREVENTION MESSAGES**

There is a need to move away from understanding HIV/AIDS in terms of the judgment of peoples' behaviour, values and lifestyles. HIV/AIDS is not an opportunity to teach about the consequences of 'immoral' behaviour. Faith leaders should rather spread the message of acceptance and support. Such messages of acceptance facilitate limiting the spread of the virus.

### **E) RAISE AWARENESS IN FAITH COMMUNITIES**

Church communities need to be sensitised to HIV/AIDS stigma, how it functions, and the consequences for people with HIV, the church community, and the wider society. Adding to existing HIV/AIDS awareness-raising activities could do this.

### **F) MOVE BEYOND PROVIDING INFORMATION ONLY**

Many studies have shown that information does not necessarily change behaviour. In addressing stigma, interventions should refer to models that have rather focused on changing attitudes. Awareness-raising workshops that are conducted should include a session on unpacking underlying assumptions and beliefs that are closely linked to HIV/AIDS stigma. This would look at diversity issues, racism, sexism, and class. A skilled facilitator is necessary to run these sessions.

### **G) MAINSTREAM STIGMA-ALLEVIATING MESSAGES**

It is important that stigma-alleviation should not only be limited to annual events, for example World AIDS Day. It is suggested that stigma alleviation needs to be integrated to other faith-based activities e.g. Holy Communion, Sunday services, etc. Innovation is required to de-moralise HIV/AIDS; e.g., a faith group may display a big sign outside their church or mosque welcoming everyone, including people living with HIV/AIDS.

## H) USE NON-STEREOTYPICAL IMAGES AND CONCEPTS

When sharing HIV/AIDS prevention messages within a church group, these messages need to be representative of the HIV/AIDS epidemic and not use stereotypical images or concepts, such as depicting people living with HIV/AIDS as frail and sickly or HIV/AIDS as affecting only certain groups of people. Such images contribute to stigma and discrimination, which leads to feelings of hopelessness and the perception that people with the virus should be avoided. This also encourages people who do not associate themselves with the stereotypical images to feel immune to the disease and hence not respond to prevention messages.

Images and concepts that should be avoided include:

- > those focusing on high-risk groups (e.g. seamen, sex workers, drug users, homosexual men) instead of high-risk behaviour (e.g. unprotected sex, sharing syringes);
- > images of people with HIV/AIDS as 'promiscuous' and 'immoral', and as a danger to other members of the community;
- > images of people with AIDS 'at death's door';
- > images of people with HIV/AIDS as unable to live fulfilling lives because of their HIV-positive status;
- > understanding of HIV/AIDS as a 'scourge' or plague;
- > understanding of some people with HIV/AIDS as innocent, which implies that others deserve to be infected; and
- > the language of 'us' and 'them' – we are all involved in this struggle.

HIV/AIDS prevention messages should rather:

- > focus on risk behaviours and not on risk groups;
- > show that HIV/AIDS does affect all people – all ages, cultures, genders and sexual orientations;
- > use positive language that is inclusive and sensitive – for example, using the term *people living with HIV/AIDS* instead of *AIDS victims*; and
- > encourage communities to take active measures to be resilient to HIV by being aware of how it is spread, how to prevent transmission, willing to engage with people with the virus and learn to care for them and themselves and so reduce stigma and discrimination.

This Faith Covenant and Strategies for Action were adapted from a number of sources including *A Covenant for Action*, Ecumenical Advocacy Alliance, (2003); *Faith Community Responses to HIV/AIDS*, CEDPA: Washington (2003); and *Healing Begins Here: A Pastor's Guidebook for HIV/AIDS Ministry through the Church*. Urban Church Task Force: California (2000). Port Moresby, October 2004.

# Appendix 9.1

## National activity grants summary

### SUMMARY OF NATIONAL GRANTS FROM 1 JANUARY 2004 – 30 JUNE 2005.

No	Province	Grant Recipient	Amount Approved	Date Approved	Project activities
1	NCD	Small Grant Scheme for PLWHA	15,000.00	29.01.04	Emergency Support for PLWHA
2	NCD	Youth Leadership Dev. Workshop	50,000.00	29.01.04	Capacity Building of Youth Leaders
3	NCD	Salvation Army	27,100.00	01.04.04	Home Care & Counselling Service- Ela Beach Centre
4	NCD	Save the Children	5,000.00	01.04.04	Legal Aid for CSW in NCD
5	NCD	PNGTUC	35,666.00	29.04.04	TUC HIV/AIDS Program
6	NCD	NACS/NHASP	70,000.00	29.04.04	Capacity Building for PACs: Women Leaders/ Representatives
7	NCD	Simon of Cyrene Centre & Bethany Hospice	126,155.10	29.04.04	San Michel Bethany Hospice Building
8	NAC04 0006	IEC Component	6,000.00	29.04.04	Media Awards.
9	NCD	NACS/NHASP High Risk Committee	700,000.00	27.05.04	Planning and Implementation of High Risk Strategy nationwide – Inception Period
10	NCD	POM Gen Hospital	410,000.00	27.05.04	MTC Counselling & Treatment Centre
11	NCD	Stop AIDS	440,270.00	27.05.04	HIV/AIDS Program/ Operational Costs
12	NCD	Taekwondo PNG	13,000.00	27.05.04	HIV/AIDS through Sports
13	NCD	PNG Chamber of Mines & Petroleum	198,500.00	01.07.04	Private Sector HIV/AIDS Coordination
14	NCD	Save the Children	1,370.00	27.05.04	Balance of legal Aid to defend CSW in NCD.
15	Nationwide	PNG Trade Union Congress	103,300.00	02.09.04	Hetura Project - Union HIV/AIDS Response.
16	NCD	Save the Children	856,174.00	02.09.04	Poro Sapot Project
17	Nationwide	16 Mile Hospice Centre – Fr Jude	80,000.00	25.11.04	Simon of Cyrene Centre Lantern Program

No	Province	Grant Recipient	Amount Approved	Date Approved	Project activities
18	Sandaun	NACS/NHASP	30,000.00	25.11.04	Syndromic Management Evaluation
19	Nationwide	Public Employees Association	32,894.00	25.11.04	PEA Advocacy and Awareness
20	Nationwide	National Association of People Living with HIV/AIDS	86,600.00	25.11.04	Positive Response
21	NCD	Igat Hope Inc.	2,575.00	20.01.05	Launching of organisation
22	NCD	FHI	805,714.00	20.01.05	BBC Capacity Building
23	Sandaun, Milne Bay, Madang, WHP	NACS/NHASP	315,000.00	31.03.05	PAC Office Improvements
24	Nationwide	NAC/NHASP- HRS	299,820.00	28.04.05	KAP Study in 12 provinces
25	Nationwide	NACS/NHASP HRS	344,290.00	30.05.05	HRS Implementation Phase
26	NCD, EHP, Morobe	Save the Children	40,150.13	30.05.05	HRS Group 1 Focal Point Project (2)
27	Nationwide	NACS/NHASP HRS	2,000.00	30.05.05	Salary top-up for assistant
		<b>TOTAL</b>	<b>K5,094,058.23</b>		

## Appendix 9.2

### Provincial activity grants summary

1 JAN 2004 - 30 JUNE 2005

No	Province	Grant Recipient	Amount Approved	Date Approved	Project activities
1	ENGA	Aipus Mama Group	6,190.00	15.01.04	STI, HIV/AIDS Awareness Among Women in Aipus Village, Enga
2	ENGA	Association of Local Church	8,295.00	15.01.04	HIV/AIDS Peer Education Training
3	ENGA	Catholic Family Life Office	4,415.00	15.01.04	HIV/AIDS Awareness Training
4	ENGA	Laiagam District AIDS Committee	3,727.00	15.01.04	HIV/AIDS Awareness Workshop in the Laiagam District
5	ENGA	Porgera-Paieia Mama Association	4,530.00	15.01.04	Education Awareness & Peer Education among the women's groups
6	ENGA	United Community Group	3,280.00	15.01.04	Condom & IEC distribution
7	ENGA	WAP CAF Women Association	4,520.00	15.01.04	HIV/AIDS Awareness & Peer Education in Wapenamanda
8	ENGA	Pyokole AIDS Awareness Group	5,638.00	07.10.04	Condom Promotion & distribution
9	ENGA	Porgera-Paieia Mama Association	17,000.00	08.11.04	Day Care Centre for PLWHAs
10	Eastern Highlands	ATProjects	59,392.98	01.04.04	Home Care: Community Sanitation & Hygiene Project
11	Eastern Highlands	Mt Michael HIV/AIDS Awareness Group	15,000.00	29.01.04	HIV/AIDS Education & Awareness
12	Eastern Highlands	Aipo Rogo Diocese	33,062.00	27.05.04	HIV/AIDS Training, Education, Awareness
13	Eastern Highlands	National Family Life	10,000.00	29.07.04	HIV/AIDS Community Video
14	Eastern Highlands	EHP PAC	7,697.44	02.09.04	HIV/AIDS Awareness during the GKA Provincial Show
15	Eastern Highlands	Seigu Foursquare Church	5,475.00	08.11.04	Community Counseling

No	Province	Grant Recipient	Amount Approved	Date Approved	Project activities
16	Eastern Highlands	EHP Provincial Health Administration	5, 126.20	25.11.04	Goroka STD/HIV/AIDS Clinic
17	Eastern Highlands	Salvation Army	108, 314.00	25.11.04	Salvation Army HIV/AIDS Response Project
18	East Sepik	Wewak Diocese	900, 000.00	29.01.04	Home Care, Counseling
19	East Sepik	Samaritan Youth	5, 185.00	01.04.04	Training-TOT
20	East Sepik	Samaritan Youths	K7, 300.00	02.09.04	Community Awareness through Theatre in the Ambunti/Dreikir & Maprik
21	East Sepik	ESP Provincial Youth Office	14, 934.00	02.09.04	TOT for 24 Youth Leaders from the Province.
22	East Sepik	Family Life & Youth Office	5, 228.30	02.09.04	Sexual Health, STI & HIV/AIDS Training for Teachers for the Ambunti & Nuku Districts. Would cover 13 villages in both ESP & Sandaun Provinces
23	East Sepik	Graill Women's Movement	14, 946.00	02.09.04	Basic HIV/AIDS Training & Awareness
24	East Sepik	Catholic Meri – Boikin Parish	2, 690.00	02.09.04	Introduction to HIV/AIDS Training
25	East Sepik	Maprik District Women's' Association	3, 635.00	02.09.04	Basic HIV/AIDS Training for women in Maprik District. A lead –up activity for this year's World AIDS Day.
26	East Sepik	Sowom Village Development Committee	2, 970.00	07.10.04	HIV/AIDS Awareness for Ward 22 and surrounding villages
27	East Sepik	Wewak General Hospital	1, 800.00	<b>8.11.04</b>	Basic Facts on HIV/AIDS Training for Boram Hospital Staff
28	East Sepik	HELP Resources	99, 100.00	25.11.04	HIV/AIDS Training
29	Gulf	Home Health Education Service	1,660.00	01.04.04	Home Care Education
30	Gulf	Tairuma HIV/AIDS Group	2, 555.00	27.05.04	HIV/AIDS Awareness
31	Gulf	James Kasau & Volunteers	2, 657.00	27.05.04	IEC & Condom Distribution

No	Province	Grant Recipient	Amount Approved	Date Approved	Project activities
32	Gulf	Mapaio Aid Post	2,657.00	27.05.04	HIV/AIDS Awareness
33	Gulf	Gulf PAC Volunteer	5,445.80	29.07.04	HIV/AIDS Awareness
34	Gulf	Orilavi Community Group	3,749.00	29.07.04	Condom Promotion
35	Gulf	Department of Education- GULF	3,000.00	07.10.04	Reproduction & Sexual Health Provincial
36	NCD	Adult AIDS Awareness Group – 9mile	11,140.00	15.01.04	STI, HIV/AIDS Education & Awareness
37	NCD	Bomana Medical Institute (CIS)	4,853.16	15.01.04	HIV/AIDS Awareness
38	NCD	Eight Mile Youth Group	7,500.00	15.01.04	HIV/AIDS Awareness
39	NCD	Frontline Rescue Mission Inter.	4,725.00	15.01.04	NCD PAC HIV/AIDS theme Song
40	NCD	North West Youth Group	27,250.00	15.01.04	TOT on HIV/AIDS in the North West Electorate
41	NCD	SBR Youth Group	5,000.00	15.01.04	HIV/AIDS Awareness & Education
42	NCD	Taurama Defence Force	3,900.00	15.01.04	HIV/AIDS Education & Awareness at Taurama Defence Barracks
43	NCD	Morata Awareness Comm. Theatre Group	7,397.25	29.01.04	HIV/AIDS Awareness through Theatre
44	NCD	United Church PNG E/Papua Mainland	8,000.00	01.04.04	HIV/AIDS Education & Awareness through the Church network
45	NCD	Native Design	7,094.59	01.04.04	HIV/AIDS Awareness through painting of rubbish drums in POM city
46	NCD	Special Youth Project	19,256.74	27.05.04	Three Months operational & program funding
47	NCD	HOPE Worldwide PNG	62,234.00	01.07.04	HIV/AIDS Community Education Program
48	NCD	Special Youth Project	78,693.00	01.07.04	Six Month Operational Work plan
49	NCD	Mathew Turner	K686.40	02.09.04	Condom Promotion & Use
50	NCD	POM Rugby Football League	K10,740.00	25.11.04	Advocacy through Sports
51	Morobe	Kaisa Evangelical Church of PNG	3,066.09	15.01.04	HIV/AIDS Awareness



No	Province	Grant Recipient	Amount Approved	Date Approved	Project activities
52	Morobe	Markham District HIV/AIDS Task Group	12,719.84	15.01.04	HIV/AIDS Awareness Training
53	Morobe	Tambu Toro Theatre	4,160.00	15.01.04	HIV/AIDS Awareness & Education using theatre
54	Morobe	Angau Memorial Hospital	62,988.06	01.04.04	Home Care – Day Care Centre
55	Morobe	Morobe PAC	500.00	02.09.04	Seed funding for formation of a PLWHA Group in Lae
56	Morobe	Heduru AIDS Care	5,950.00	8.11.04	Peer Education / HIV/AIDS Awareness
57	Morobe	Morobe PAC	13,046.00	8.11.04	Workshop for Women & HIV/AIDS
58	Western Highlands	Combined Church Group	5,000.00	15.01.04	Advocacy
59	Western Highlands	Evangelical Church of PNG	4,000.00	15.01.04	HIV/AIDS Awareness & Education for ELC youths
60	Western Highlands	Hagen 'T' Youth Group	1,986.38	15.01.04	Awareness using Video shows and distribution of condoms and IEC
61	Western Highlands	Kanaka Community Youth Group	12,400.00	15.01.04	Mass Awareness on HIV/AIDS to people in the North Waghi District with special emphasis on youths
62	Western Highlands	Kiunga Baptist Church Youth	3,967.00	15.01.04	Public Awareness through the church network targeting youths
63	Western Highlands	Kurumul Nazarene Church	4,737.12	15.01.04	HIV/AIDS Education & Awareness to pastors of the Nazarene church
64	Western Highlands	Lutheran Church	5,000.00	15.01.04	Awareness
65	Western Highlands	Dei Lutheran Youth	4,265.00	15.01.04	Awareness

No	Province	Grant Recipient	Amount Approved	Date Approved	Project activities
66	Western Highlands	Provincial Council of Women	1,358.00	15.01.04	Advocacy to women leaders
67	Western Highlands	Tambul District Youth Council Inc.	5,000.00	15.01.04	Advocacy targeting youths in the Tambul District
68	Western Highlands	WHP Council of Women	21,401.52	15.01.04	Advocacy targeted at the women using the women's network
69	Western Highlands	WHP PAC Working Group	4,136.74	15.01.04	HIV/AIDS Awareness
70	Western Highlands	Nazarene Hospital	19,800.00	29.01.04	Home Care for PLWHA
71	Western Highlands	Shalom Laundry Building	49,000.00	29.01.04	Home Care – Improving facilities for PLWHAs
72	Western Highlands	Shalom House Rice Milling Project	8,012.43	29.01.04	Home Care – Encouraging healthy nutritional eating and providing a means of income generation for PLWHAs & their families
73	Western Highlands	Mt Hagen General Hospital	8,416.80	29.01.04	Clinical Support- improvement of the microbiology section of the Mt Hagen General Hospital
74	Western Highlands	Nunga Lutheran Church	12,476.00	29.01.04	HIV/AIDS Education & Awareness
75	Western Highlands	Lutheran Church Kelorong Paris	5,725.00	01.04.04	HIV/AIDS Education & Awareness
76	Western Highlands	Churches Inter-denomination	4,000.00	27.05.04	Advocacy & Awareness of HIV/AIDS through the church
77	Western Highlands	WHP PAC Working Group	8,000.00	27.05.04	HIV/AIDS Training & Awareness

No	Province	Grant Recipient	Amount Approved	Date Approved	Project activities
78	Western Highlands	Soul Searching Ministry	4, 171.00	27.05.04	HIV/AIDS Training / Education
79	Western Highlands	Thomas Keleya (PLWHA) / WHP PAC	1, 560.00	27.05.04	HIV/AIDS Awareness by PLWHA
80	Western Highlands	Lutheran Church	4, 550.00	29.07.04	STI/HIV & AIDS Training
81	Western Highlands	Catholic Church	313, 971.00	29.07.04	Rabiamul Care & Counseling Centre
82	Western Highlands	Kwiringa SDA church	5, 000.00	29.07.04	HIV/AIDS Basic Facts
83	Western Highlands	Kerepia Lutheran Church	5, 228.90	29.07.04	STI/ HIV& AIDS Workshop
84	Western Highlands	Ambullua Catholic Parish	6, 000.00	29.07.04	Awareness
85	Western Highlands	WHP PAC	1, 600.00	02.09.04	Health Expo PNG Red Cross Society
86	West New Britain	New Britain Palm Oil Ltd	3, 520.00	27.05.04	NBPOL HIV/AIDS Public Awareness at 3x companies sites
87	Madang	Karkar Dist. HIV/AIDS Task Committee	15,000.00	29.01.04	Advocacy, Education & Awareness
88	Madang	Nubanub Theatre Group	TBC	01.07.04	HIV/AIDS Awareness
89	Madang	Tusbab High School	5, 000.00	8.11.04	Arts Toktok Newsletter
90	Manus	Lombrum Naval Base – AIDS Group	3,910.90	29.01.04	HIV/AIDS Education & Awareness at the Naval Base
91	Manus	Manus Tipuke Theatre & Culture Group	3, 090.00	25.11.04	Titpuke HIV/AIDS Awareness through drama and dancing
92	Simbu	Wara Simbu	2,500.00	29.01.04	HIV/AIDS Education & Awareness

No	Province	Grant Recipient	Amount Approved	Date Approved	Project activities
93	Simbu	FOSED	25,000.00	29.01.04	HIV/AIDS Education & Awareness
94	Simbu	Saint Alois Youth Group	10,240.00	29.07.04	Awareness
95	Simbu	Gembogl District HIV/AIDS Office	12,811.89.	07.10.04	HIV/AIDS Training
96	Simbu	Catholic Diocese - Mingedé	4,435.00	25.11.04	Launching Strategic Plan
98	Oro	Namia Community Development Assn.	5,000.00	15.01.04	HIV/AIDS Awareness through Sports
99	Oro	Deboin Peoples Foundation Inc	26,400.00	01.04.04	HIV/AIDS Education & Awareness
100	Oro	Oro PAC	11,890.10	02.09.04	HIV/AIDS Awareness during the Tufi Festival
102	Bougainville	Awara District Task Group	4,800.00	29.04.04	STI/ HIV/AIDS Awareness Training
103	Bougainville	Siwai District Task Group	5,070.00	29.04.04	STI/ HIV/AIDS Awareness Training
104	Bougainville	Sikeo Village United Church Womens' Fellowship	1,000.00	02.09.04	HIV/AIDS Awareness
105	Bougainville	Kevi's Signage	18,457.00	02.09.04	Painting of seven (7) HIV/AIDS Awareness messages & graphics on walls of buildings & other selected strategic sites in Central, North Bougainville and Buka District
106	Bougainville	Bougainville Community Based Integrated Development Agency	30,922.88	02.09.04	Community Based Health Care Program
107	Bougainville	Bougainville Youth Workshop	10,500.00	07.10.04	Basic HIV/AIDS training for youths in the Arawa & Kieta areas
108	Bougainville	Buka Theatre Troupe	3,950.00	07.10.04	HIV/AIDS awareness using theatre
109	Bougainville	Central Bougainville Theatre Group	4,350.00	07.10.04	HIV/AIDS theatre performances in 4 villages in Central Bougainville

No	Province	Grant Recipient	Amount Approved	Date Approved	Project activities
110	Bougainville	Siwai Drama Group	4, 220.00	07.10.04	Theatre training & HIV/AIDS awareness in schools in the Siwai area of Bougainville
111	New Ireland	Matariri Cultural Group	11, 235.00	01.04.04	IEC Workshop on Performing Arts for HIV/AIDS
112	New Ireland	Niu Ailan Provincial Scout Group	8, 500.00	01.04.04	Training- for Adult Leaders
113	New Ireland	Caritas PNG Justice, Peace & Development	5,000.00	01.04.04	HIV/AIDS & Drug Education & Awareness
114	New Ireland	BOL HSC Health Committees	5,500.00	01.04.04	HIV/AIDS Awareness at the BOL Health Centre
115	New Ireland	SDA Church Lavongai LLG Council Areas	1,000.00	01.04.04	HIV/AIDS Education & Awareness
116	New Ireland	NIP Provincial Council of Women	4, 400.00	07.10.04	Basic HIV/AIDS Training targeting women in the Kavieng Urban LLG area
117	New Ireland	NBC Radio New Ireland	3, 600.00	07. 10. 04	HIV/AIDS Radio Programs
118	Sandaun	Green Rivers Sports Committee	2,578.91	01.04.04	HIV/AIDS Education & Awareness through sports
119	Sandaun	Sandaun Youths for positive Living	4,200.00	01.04.04	HIV/AIDS Education & Awareness
120	Sandaun	Aitape District AIDS Task Group	5,311.95	01.04.04	HIV/AIDS Education & Awareness through sports
121	Sandaun	Lumi District AIDS Task Group	5,074.30	01.04.04	HIV/AIDS Education & Awareness through sports
122	Sandaun	Ananas Country Soccer Association	4,621.20	01.04.04	HIV/AIDS Education & Awareness through sports
123	Sandaun	PNG CIS - Vanimo	2, 509.00	07.10.04	HIV/AIDS awareness in the Vanimo prison
124	Sandaun	Yangkok Youths for positive living	6, 321. 40	07.10.04	STI, HIV/AIDS & Youth Leadership
125	Sandaun	Namblo Community	20, 876.00	07.10.04	STI, HIV/AIDS & Youth Leadership
126	Sandaun	Nuku District AIDS Task Group	7, 266.40	07.10.04	STI, HIV/AIDS – Basic HIV/AIDS Training
127	Milne Bay	Canoe Festival Committee	3, 400.00	02.09.04	Kundu & Canoe Festival Racing

No	Province	Grant Recipient	Amount Approved	Date Approved	Project activities
128	Milne Bay	Samarai HIV/AIDS District Group	11, 000.00	02.09.04	Basic HIV/AIDS Training
129	Milne Bay	PAC Office	2, 750.00	8.11.04	HIV/AIDS Awareness targeting young children
130	Southern Highlands	SDA Youths	2, 975.00	07.10.04	HIV/AIDS awareness targeting in-school youths in the Kagua & Nipa Districts of SHP
131	Southern Highlands	Counseling & Care Centre	56, 285.00	8.11.04	Counseling & Care Centre
132	East New Britain	ENB Theatre Troupe	3, 950.00	8.11.04	Awareness through Theatre
133	East New Britain	Bitapaka Theatre Group	3, 000.00	8.11.04	HIV/AIDS Theatre awareness
134	East New Britain	Yunakokor Theatre	3, 000.00	8.11.04	HIV/AIDS Theatre awareness
135	East New Britain	Catholic Health Office	4, 500.00	8.11.04	HIV/AIDS Training targeted at women
136	East New Britain	Family Health International – Catholic Church	3, 500.00	8.11.04	HIV/AIDS Training targeted at youth
137	East Sepik	HELP Resources	99, 000.00	25.11.04	Rights & Respect based behaviour change campaign with men, women and children
138	Manus	Manus Tipuke Theatre & Cultural Group	3, 090.00	25.11.04	HIV/AIDS Awareness through drama and dancing.
139	NCD	POM Rugby Football League Inc.	10, 740.00	25.11.04	Advocacy through Sports
140	EHP	Salvation Army	108, 314.00	25.11.04	HIV/AIDS Response Project

No	Province	Grant Recipient	Amount Approved	Date Approved	Project activities
141	ESP	National Catholic AIDS Office	185,000.00	25.11.04	HIV/AIDS Care Centre
142	EHP	Provincial Health Admin – Dept of EHP	3,000.00	25.11.04	Goroka STI/AIDS Clinic education & awareness program
143	SIMBU	Catholic Diocese	4,435.00	25.11.04	Launching of strategic plan
144	EHP	Provincial Health Administration- Department of EHP	8,241.43	20.01.05	Extension/Renovation STD/AIDS Office
145	Morobe	Morobe Provincial Youth Council	5,779.47	20.01.05	Provincial Youth Peer Education Project
146	Bougainville	United Church Women Fellowship East Buka Circuit	4,880.00	20.01.05	Mothers & Daughters Seminar
147	Western	Diocese of Daru/ Kiunga	350,000.00	20.01.05	Care Centre for PLWHA
148	Central	Bereina Catholic Diocese	532,552.80	20.01.05	Family, Counselling Centre- Veifa'a
149	East Sepik	Marin Youth	2,940.00	20.01.05	HIV/AIDS Awareness
150	Enga	Laiagam District AIDS Committee	1,789.00	20.01.05	Public Educational Awareness
151	Gulf	Gulf Christian Services	34,923.00	20.01.05	HIV/AIDS and Sexual Harassment Awareness
152	ENB	St Mary's Vunapope	80,000.00	03.03.05	Care Centre for PLWHA
153	NCD	HOPE Worldwide	59,379.14	03.03.05	Bal of approved funding for HIV/AIDS Program in NCD.
154	NCD	University of PNG	35,086.40	03.03.05	Educational trip to USP, Fiji to study the counselling program with an objective of replicating it at UPNG.
155	Morobe	ADRA PNG	160,046.00	31.03.05	VCT Centre Extension
156	WHP	North Waghi Faith Based Association	9,060.00	31.03.05	Church Leaders Capacity Building on HIV/AIDS
157	East Sepik	Angoram District Committee	5,159.00	31.03.05	HIV/AIDS Awareness in Angoram District
158	Morobe	Salvation Army	65,314.00	28.04.05	Salvation Army HIV/AIDS Response Project
160	East New Britain	Tovarekrek Theatre Troupe	5,000.00	28.04.05	HIV/AIDS Awareness using theatre

No	Province	Grant Recipient	Amount Approved	Date Approved	Project activities
161	Enga	National Catholic Family Life	17,370.00	28.04.05	Porgera Film on HIV/AIDS
162	WHP	EBC Health Services	80,000.00	30.05.05	HIV/AIDS Home Base Care
163	Manus	Manus Theatre	3,689.40	30.05.05	Theatre in reproductive health aimed school students and the community
164	NIP	Manggai Community Barbs RFC	7,145.25	30.05.05	Community awareness on HIV/AIDS and condom distribution in Ward 7 of Tikana LLG of Kavieng District, of NIP
165	NCD	Lakatoi Theatre Troupe	5,150.00	30.05.05	Drama on HIV/AIDS
166	WHP	ELC- Hagen District	12,994.60	30.05.05	Training of leaders and Pastors in HIV/AIDS
167	NCD	Hirimu 3A Angels	27,597.56	30.05.05	Providing care and counseling for PLWHAs in NCD
168	EHP	Goroka Theatre Youths	5,000.00	30.05.05	HIV/AIDS Awareness – Drama/ Theatre
169	EHP	Oliguti Theatre Group	5,000.00	30.05.05	HIV/AIDS Awareness- Drama / Theatre
170	Madang	Mawat Kola	26,700.00	30.05.05	HIV/AIDS community training and awareness for people of Nayudo LLG area
171	NCD	Hope Worldwide PNG	69,431.25	30.05.05	HIV/AIDS Program in Settlements in NCD
172	EHP	National Catholic HIV/AIDS Office	155,000.00	30-06-05	VCT + Care Centre Goroka
173	WNBP	Catholic Diocese Kimbe	380,000.00	30-06-05	VCT + Care Centre
174	Sandaun	PAC Volunteers	8,470.00	30-06-05	Public Awareness campaign
175	Morobe	Morobe Network Theatre Group	6,000.00	30-06-05	Theatre HIV/AIDS Awareness
176	WHP	WHP PAC & Volunteers	5,920.00	30-06-05	Mt Hagen Show HIV/AIDS Awareness
		<b>TOTAL GRANTS FUNDED</b>	<b>K5, 264,091.12</b>		

\* data supplied by NHASP, July 2005



## Appendix 9.3

### Research grants summary

#### JANUARY 2004 – 31 MARCH 2005

No	Project Location	Grant Recipient	Amount Approved	Date Approved	Type of Research
1	Eastern Highlands	PNGIMR – Dr Tony Lupiwa	39,780.00	28.05.04	Clinical
2	NCD	Centre for Public Health – UPNG	35,000.00	01.07.04	Behaviour
3	NCD	UPNG School of Medicine & Health Sciences & PMGH	77,228.60	01.07.04	Clinical
4	NCD	NACS/NHASP Medical & Surveillance Component	58,986.00	01.07.04	Rapid testing Trial
5	Western	Dr Charles Wilde – PNGIMR	35,137.00	01.07.04	Behavioural
6	Southern Highlands	Mendi Hospital	4,000.00	01.07.04	Behavioural
7	Manus	Centre for Public Health – UPNG: DR P. Sapak	152,550.00	05.11.04	Behavioural
8	EHP	AT Projects Living with Dignity (3)	15,060.00	05.11.04	Clinical
9	EHP	Samson Taul & Team	15,000.00	05.11.04	Behavioural
10	NCD	University of Canberra	24,402.80	05.11.04	Behavioural
11	NIP	Centre for Public Health – UPNG: R.Kitau	10,830.00	26.11.04	M & E
12	NCD	University of Auckland	5,000.00	04.03.05	Behavioural
13	Madang	Modilon Hospital	13,000.00	04.03.05	Clinical
14	EHP	Ken Kandap Wai	2,000.00	29.04.2005	Behavioural
15	NCD	School of Medicine-UPNG	50,000.00	29.04.2005	Clinical
16	Madang	Divine Word Institute	5,000.00	29.04.2005	Behavioural
		TOTAL	K542,974.40		

Data supplied by NHASP, July 2005