REVIEW OF

AUSAID MULTISECTORAL

HIV INITIATIVES

IN

PAPUA NEW GUINEA

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Table of Contents

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMC	Australian Managing Contractor
ARV	Anti Retroviral
AusAID	Australian Agency for International Development
CACC	Central Agencies Coordinating Committee
CIMC	Consultative Implementation Monitoring Council
CRIP	Curriculum Reform Implementation Project
CS	Correctional Services
CSDP	Correctional Services Development Project
DOWI	Department of Works and Implementation
DPM	Department of Personnel Management
DWT	Dead weight tonnage
ECBP	Education Capacity Building Program
EDD	Extension Design Document
EU	European Union
GoPNG	Government of Papua New Guinea
GTZ	Gesellschaft für Technische Zusammenarbeit (Agency for Technical Cooperation)
HAMP	HIV/AIDS Management and Prevention (Act)
HIV	Human Immunodeficiency Virus
HR	Human Resources
HSSP	Health Services Support Program
ICRAF	Individual and Community Rights Advocacy Forum
IEC	Information, Education and Communication
INSTRAW	United Nations International Research and Training Institute for the Advancement of Women
LJSP	Law and Justice Sector Program
MTEF	Medium Term Expenditure Framework
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NCD	National Capital District
NDOH	National Department of Health
NFC	National Fisheries College
NHASP	National HIV/AIDS Support Project
NHP	National Health Plan
NRBMP	National Roads and Bridges Maintenance Project
NTC	National Training Council
PAC	Provincial AIDS Council
PASTEP	Primary and Secondary Teacher Education Project
PLWHA	People Living with HIV&AIDS
PNG	Papua New Guinea
RPNGC	Royal Papua New Guinea Constabulary

PSRMU	Public Sector Reform Management Unit
SAT	Southern African AIDS Trust
SDC	Swiss Agency for Development Cooperation
SMRG	Sector Monitoring and Review Group
STI	Sexually Transmitted Infection
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
VSO	Voluntary Service Overseas

Executive Summary

The Review of AusAID Multisectoral HIV Initiatives in Papua New Guinea was conducted in the context of an escalating HIV epidemic, and a corresponding commitment from AusAID to mainstream a response to HIV&AIDS throughout its program.

To inform the development of a HIV&AIDS mainstreaming strategy for AusAID in PNG, and more broadly to inform the design of future AusAID HIV&AIDS assistance, a review was conducted of eight AusAID-supported projects that incorporated HIV&AIDS initiatives. The projects reviewed were located across a range of sectors as follows:

- Primary and Secondary Teacher Education Project (PASTEP), 1999-2004
- Curriculum Reform Implementation Project (CRIP), 2000-2006
- Health Services Support Program (HSSP), 2000-2005
- Correctional Services Development Project (CSDP) Phase II, 2000-2003
- Royal Papua New Guinea Constabulary Development Project Phase II, 2000-2005
- Bougainville Wharves Project, 2001-2004
- National Roads and Bridges Maintenance Project (NRBMP), 2001-2006
- National Fisheries College Strengthening Project, 1999-2004

The Review involved a literature review, analysis of program documentation and interviews with a range of stakeholders including Government representatives, AusAID staff and Australian managing contractors. These data were analysed by benchmarking project HIV&AIDS activities against the good practice principles for mainstreaming identified in the literature, with the consequent identification of lessons learned. The Review was designed as a rapid, broad brush analysis of the eight projects. The scope did not entail incorporation of the views of program recipients or audiences.

i.   Nature of Mainstreaming

Mainstreaming, wherein each sector and its constituent organisations adapt their core business to address HIV&AIDS is an important element of a *multisectoral* approach to combating the epidemic. Mainstreaming responses may involve, for example, an agriculture ministry adapting its extension work to assist affected families. Such initiatives complement HIV&AIDS specific responses such as treatment to more comprehensively address the epidemic.

Good practice principles for HIV&AIDS mainstreaming derived from the international literature suggest that to be effective mainstreaming needs to be:

- *Strategic and Coordinated:* initiatives in each sector need to be clearly linked to a national strategy for HIV&AIDS, with active coordination between national/ sectoral coordinating bodies and implementing organisations. Development of partnerships for sharing knowledge and resources and filling gaps in service provision is also important.
- *Based on an Organisation's/Sector's Comparative Advantage:* HIV&AIDS initiatives should be mounted following an analysis identifying areas of

organisational/sectoral responsibility and how the most efficient and effective response can be made.

- *Occur in both the Internal and External Domains:* responses need to occur both within an organisation through, for example, training of staff, and externally with clients/beneficiaries in order to reduce risk and vulnerability to HIV&AIDS.
- *Promote Appropriate Capacity Building:* initiatives need to build up the necessary commitment, knowledge and skills required for mainstreaming amongst staff and policy makers. Ideally initiatives need to strengthen existing institutional and community structures, rather than create new structures.
- *Address Other Cross Cutting Issues:* HIV&AIDS responses need to particularly focus on and respond to issues of gender, participation and sustainability.

ii.   Review of Projects

Most of the projects reviewed were considered to have made useful contributions to addressing HIV&AIDS. None of the projects, however, were designed to fulfil an overt mainstreaming strategy. The initiatives did not reflect a modification of the implementing organisation's core business to address HIV&AIDS which is intrinsic to the mainstreaming approach. Rather, HIV&AIDS elements were, in general, added as a complement to existing organisational activities. For example, education projects already undertaking curriculum development added activities relating to HIV&AIDS. Similarly HIV&AIDS components were added within on-going training of police officers.

A more comprehensive response represented by mainstreaming rests on detailed analysis of the epidemic in relation to the organisation concerned, and identification of comparative advantage in responding. In the case of the education sector, for example, this may involve initiatives in curriculum development complemented by activities in community education, pastoral care, counselling and policy and strategy development. While the projects reviewed did not generally equate to mainstreaming, they were considered to be an effective starting point, highlighting strengths and shortfalls that need to be considered if a mainstreaming response is to be advanced in PNG.

Scope of Initiatives

In most cases, HIV&AIDS elements were incorporated in projects during implementation rather than in the design stage. This reflected growing concerns over the epidemic in PNG. Limited responses in the areas of awareness-raising, materials distribution, curriculum development and training predominated. Examples include:

- Inclusion of HIV&AIDS elements in curriculum materials designed for teacher education in Health Studies and Social Science (PASTEP)
- Training of staff and small number of detainees in correction institutions to provide HIV&AIDS awareness raising (CSDP)
- HIV&AIDS awareness raising for construction workers (Bougainville Wharves Project)

In contrast, several more systemic initiatives were noted within the projects including:

- Development of an agency wide workplan to address HIV&AIDS within Department of Works and Implementation (NRBMP).
- Support for diverse initiatives in HIV&AIDS across the health system as part of response to national health priorities (HSSP)
- Development of an agency wide HIV/AIDS and Other Infectious Diseases Strategy (CSDP)

Assessment against Mainstreaming Principles
The following material summarises the assessment of the projects against the mainstreaming principles and highlights areas for future development of HIV&AIDS mainstreaming:

Responses are Strategic and Coordinated:
The HIV&AIDS initiatives reviewed were consistent with recent national plans on HIV&AIDS in that a multisectoral response to the epidemic is broadly supported. The plans do not mention mainstreaming, and pay little attention to support for HIV&AIDS responses by different government departments. Limited evidence was available of active coordination of implementing organisations by the National AIDS Council. Support for further development of national HIV&AIDS strategy to incorporate mainstreaming, and strengthening of the National AIDS Council and its Secretariat to advance mainstreaming were recommended.

Responses are Based on an Organisation's/Sector's Comparative Advantage:
Some of the initiatives occurred within the implementing organisation's area of comparative advantage, as in the case of curriculum development supported by education sector projects. In general, responses did not reflect a strategic analysis and response to HIV&AIDS including identification of organisational responsibilities and appropriate areas of operation. Capacity building and associated central and/or sectorally located technical support were recommended to strengthen this area.

Responses Occur in both the Internal and External Domains:
The strength and overwhelming focus in the projects reviewed was in their response to the internal organisational domain through, for example, education of staff or workers or the development of curriculum. Initiatives focusing on the external environment of organisations and directly assisting clients or community members were the exception. Points of contrast were a focus on protection and care of detainees within Correctional Services as supported by CSDP, and the work of HSSP in promoting externally orientated responses to HIV&AIDS issues in the health system such as in health promotion activities with rural communities. In order to broaden organisational responses, the development and promotion of an organisational model for mainstreaming was recommended.

Reponses Promote Appropriate Capacity Building:
Nearly all of the projects reviewed involved capacity building, introducing new awareness and commitment, and in some cases new approaches to addressing HIV&AIDS. This was most evident in the larger initiatives such as the RPNGC Development Project where new training approaches appeared to have had a broad impact on awareness levels across the Constabulary. With this and many other projects, the extent of achievement in building 'understanding' amongst staff was limited to awareness raising. This typically focused on the epidemic, how the virus is transferred, and personal protection measures. A broader challenge is to assist staff to develop analytical and planning abilities so that they see the relevance of what they do in their daily work to the epidemic. This represents and area of future challenge and recommended program development.

Responses Address Other Cross Cutting Issues: particularly Gender, Participation and Sustainability:
Several projects addressed *gender* directly or indirectly, such as with the RPNGC Development Project where gender elements were introduced into training of police officers. Initiatives in awareness raising and training examined for the review had a primary concern with HIV risk and protection from a medical and/or behavioural perspective. There was far less focus on the broader determinants of HIV&AIDS relating to vulnerability such as endemic gender violence and lack of power of women. In many cases, there was a lack of perceived connection and integration between HIV&AIDS and gender. A need for explicit gender analysis in the design of HIV&AIDS initiatives was highlighted.

A *participatory* approach to the development of HIV&AIDS initiatives was evident in several projects that explicitly aimed to build support amongst staff and policy makers. Support by NRBMP for HIV&AIDS related planning within the Department of Works and Implementation, for example, established a broad based working committee with emphasis on representation and consultation. In many cases, however, initiatives were largely activity orientated and did not emphasise participation or coordination within departments. As very few projects mounted initiatives in the external domain beyond the host institution, there was limited evidence of strategies promoting participation of beneficiaries or other external stakeholders.

Efforts to build staff participation within departments and develop strategies to guide and legitimatise initiatives were perceived by stakeholders as reinforcing *sustainability*. The HIV&AIDS and Other Infectious Diseases Strategy in Correctional Services, for example, was perceived as continuing to provide impetus of HIV&AIDS responses within the agency. A tendency for HIV&AIDS initiatives to wane with the cessation of direct donor and advisor support was noted. This trend highlights the need to reinforce the status of HIV&AIDS in corporate and annual agency plans, and to seek core support in sector budgets.

iii.   Direct Role of AusAID and Contractors
AusAID's initial steps in developing a mainstreaming strategy in PNG were assessed by the review as effective including workshops with government staff and advisers from different sectors, together with responsible AusAID staff. Plans to expand this work through further initiatives such as training, networking, and review of consultant contract arrangements were considered appropriate.

Conclusion
The Review of eight projects across a range of sectors highlighted points of contrast and comparison between the HIV&AIDS initiatives implemented and what is required for a mainstreaming approach. It is hoped that the principles and lessons outlined in this Report will be used as a guide to development of AusAID's mainstreaming strategy within the difficult and challenging context of reducing the incidence and impact of HIV&AIDS in Papua New Guinea.

Summary of Recommendations

Sector Initiatives Demonstrate a Basis for Mainstreaming

Recommendation 1:
That AusAID continues to develop and articulate its strategy for mainstreaming of HIV&AIDS in PNG. It is recommended that the following principles be considered for strategy development:

- *Acknowledgment of the vital role that mainstreaming has to play within a multisectoral response to the epidemic.*
- *Promotion of a developmental orientation within mainstreaming that seeks to address both underlying issues of susceptibility and vulnerability of individuals and communities to infection and risk posed by the epidemic.*
- *Advancement of mainstreaming in a strategic manner, recognising the need to build strong commitment and understanding, and develop responses incrementally with appropriate capacity building strategies for different organisations.*
- *Contextualisation of mainstreaming initiatives by drawing on international good practice including identification of principles, strategies and methods, modified appropriately for the PNG context.*

Clear and Common Understanding of Mainstreaming

Recommendation 2:
That AusAID assists with the development of a clearly defined concept of mainstreaming and an associated methodology guiding its application. That the concept and methodology are based on the following principles:

- *Moving beyond prevention to development of a more systemic and proactive engagement with HIV&AIDS issues including impact mitigation*
- *Responding to the underlying susceptibility and vulnerability of individuals and communities to infection*
- *Identifying and responding to HIV&AIDS within the context of a sector's/organisation's responsibility and comparative advantage*

Need for a System-Wide Response

Strong Leadership and Coordination for Mainstreaming

Recommendation 3:

That AusAID promotes strong leadership and coordination for a mainstreaming approach in PNG through the following strategies:

- *Support for the incorporation and resourcing of a mainstreaming approach within the National Strategic Plan on HIV&AIDS*
- *Building capacity in NACS to guide, promote and provide technical advice regarding the mainstreaming approach*

- *Promotion and support for mainstreaming of HIV&AIDS in sector and departmental plans*
- *Promotion and support for the development of sectoral and departmental focal points for HIV&AIDS to aid coordination, networking and program development*
- *Support for dedicated advisors located in respective sectors and/or centrally to assist with program development and technical issues*

Identifying and Promoting an Approach to Mainstreaming at the Organisational Level

Recommendation 4:
That AusAID supports the identification and promotion of an approach and methodology for mainstreaming within organisations, and further supports its refinement and adoption within the different contexts within which it works.

Entry Points and Incremental Development of Mainstreaming

Recommendation 5:
That the mainstreaming approach supported by AusAID encourages the identification of entry points and an incremental approach in work with organisations, within an overall commitment to addressing both internal and external organisational domains.

Locating and Reinforcing the Role of Workplace Policies in Mainstreaming

Recommendation 6:
That AusAID promotes linkages and coordination between the broader initiative of mainstreaming within departments and other organisations, and the generation of workplace policies for HIV&AIDS.

Recommendation 7:
That AusAID provides support, particularly in sector programs for the reinforcement of departmental sections with key roles in coordinating, planning and delivering departmental responses to HIV&AIDS including Human Resources and Welfare sections.

Decentralised Planning and Multi-Stakeholder Engagement

Recommendation 8:
That AusAID's mainstreaming strategy incorporates measures for a decentralised context including consideration of links between headquarters and subsidiary offices in government departments, linkages with provincial and district planning processes, and multi-stakeholder engagement.

Promoting Consideration of Cross-Cutting Issues

Recommendation 9:
That in the approach to HIV&AIDS mainstreaming developed by AusAID, emphasis is given to analysis of, and responses to the cross-cutting issues of gender, participation and sustainability. That sustainability measures include the promotion of core support

for HIV&AIDS and mainstreaming in sector budgets, with corresponding emphasis in agency corporate and annual plans.

Direct Role of AusAID and Contractors

Recommendation 10:
That AusAID continues and extends its direct engagement with sectors including with government representatives, responsible AusAID staff and contractors in order to advance the mainstreaming approach. Within this focus, it is recommended that AusAID extend opportunities for education and interchange, and reviews guidance and contract requirements for contractors to ensure attention and consistency in addressing HIV&AIDS and mainstreaming.

Monitoring and Evaluation

Recommendation 11:
That AusAID details an approach to monitoring and evaluation for HIV&AIDS mainstreaming in PNG, and promote the incorporation of this approach within existing monitoring and evaluation frameworks utilised by sectors and departments. Support for specialist monitoring and evaluation adviser inputs, particularly to assess outcomes and impact is also recommended.

Introduction

The Review of AusAID Multisectoral HIV Initiatives was carried out in the context of an escalating HIV epidemic in Papua New Guinea (PNG). Government statistics from June 2004 confirm that almost 10,000 people had been diagnosed with HIV, while a National Consensus Workshop in November 2004 suggested that numbers of HIV infected 15 to 49 year-olds could be as high as 69,000.

Many of the factors that are known to drive the epidemic in other countries are also present in PNG, namely high STI prevalence, high levels of partner exchange, high mobility, and the very low status of women. Accordingly, AusAID has determined that HIV&AIDS should be mainstreamed throughout its PNG program. The intention is to maximise the potential of every sector to curtail the epidemic. AusAID has also foreshadowed that it will develop a specific strategy to guide the process of mainstreaming.

To inform the development of the strategy and more specifically to identify lessons learned, AusAID determined that it would review past efforts at addressing HIV&AIDS through different sectors. The sectoral program/projects reviewed differed markedly from specific HIV&AIDS initiatives. Rather, HIV&AIDS was an element of their operation, and not their primary focus. A total of 8 programs/projects were reviewed across a range of sectors, with 5 already completed or in the process of winding up, and 3 operational. All of the projects were in the government sector, with civil society and private sector initiatives not represented. See Appendix 1 for the Review terms of reference.

In line with the projects reviewed, the main intent of this analysis is to contribute to the development of a mainstreaming strategy as it applies to AusAID's assistance to government organisations in improving their response to the HIV epidemic. It is recognised that that a complete mainstreaming strategy will also address a range of elements that are beyond the scope of the review, or which the review only marginally addressed. These include detailed analysis of the national coordination of the HIV&AIDS response in PNG and its relationship to donors, supporting mainstreaming in civil society and the private sector, decentralised responses at provincial and district level, and internal organisational matters in AusAID including aspects such as training and work planning.

In addition to the above, the review was intended to contribute to the design of AusAID's new support program for HIV&AIDS in Papua New Guinea. This included consideration of what was to follow AusAID's main vehicle of support in this area, the National HIV/AIDS Support Project (NHASP) which was due for completion in October 2005 with a possible one year extension. A design team for the development of AusAID's broader HIV&AIDS strategy and program operated concurrently to this review. This review may contribute to the design process for future assistance through assessment and recommendation regarding the mainstreaming approach which is likely to be one aspect of future assistance provided.

Approach and Methodology

The Review was conducted during the period February to April 2005. The following table shows the projects reviewed, their sector and years of operation.

	Program / Project	Sector	Duration
1	Primary and Secondary Teacher Education Project (PASTEP)	Education	1999-2004
2	Curriculum Reform Implementation Project (CRIP)	Education	2000-2006
3	Health Services Support Program (HSSP)	Health	2000-2005
4	Correctional Services Development Project (CSDP) Phase II	Law and Justice	2000-2003
5	Royal Papua New Guinea Constabulary Development Project Phase III	Law and Justice	2000-2005
6	Bougainville Wharves Project	Infrastructure	2001-2004
7	National Roads and Bridges Maintenance Project (NRBMP)	Infrastructure	2001-2006
8	National Fisheries College Strengthening Project	Renewable Resources	1999-2004

The above projects were not designed to fulfil an explicit mainstreaming approach. Rather HIV&AIDS was an element of the project, in most cases added during implementation, reflecting growing concern for the issue in PNG and AusAID. See Section 3 and Appendix 2 for further details of each project.

To provide an analytical framework for the review, a brief international literature review was undertaken to identify major issues, principles and results of the experience of HIV&AIDS mainstreaming. Reference was also made to the literature and experience of gender mainstreaming. On the basis of this analysis, a set of HIV&AIDS Mainstreaming Principles was derived that typify good practice. These principles appear as Appendix 3. The areas covered by the principles were incorporated into the semi-structured questions used to guide interviews with stakeholders for the review which appear as Appendix 4.

The HIV&AIDS Mainstreaming Principles were subsequently applied as assessment criteria for the analysis of the 8 projects. As previously highlighted, the 8 projects were not designed as mainstreaming initiatives, and therefore should not be judged on this basis *in terms of performance*. The experience of the 8 projects, however, is illuminating in identifying strengths and shortfalls and also prevailing conditions in PNG that need to be addressed if an effective mainstreaming approach is to be implemented.

The style of the review was rapid, involving initial desk review of project documentation and two weeks of field work. Due to time constraints, some of the observations in this report on project operations and results represent initial assessments

only. In most cases, it was not possible to assess project implementation or its results directly. No attempt was made to assess the effects of project implementation in a provincial or district context.

Field work involved consultations with three main sets of stakeholders connected with the project, these being:
- Government of Papua New Guinea (GoPNG)
- Australian Managing Contractor (AMC)
- AusAID (activity manager and others)

Additional key stakeholders were also interviewed including from the National AIDS Council Secretariat (NACS) and NHASP. A full list of stakeholders consulted appears in Appendix 5.

Structure of the Report

The following section surveys the international literature to identify a definition and principles to guide good practice in HIV&AIDS mainstreaming. A brief review of AusAID's experience and approach to HIV&AIDS follows including a focus on the PNG experience and initial work on a mainstreaming approach. The 8 projects which are the focus of this review are then assessed against the HIV&AIDS mainstreaming principles derived from the literature review, and lessons learned are identified. Recommendations are made for AusAID to guide the further development of the mainstreaming approach and the preparation of a mainstreaming strategy.

1.   HIV&AIDS Mainstreaming

1.1   The Concept of Mainstreaming

Mainstreaming of HIV&AIDS emerged as a response to the limitations of a uni-focused, health-led response to the epidemic. There was growing recognition that solutions to HIV&AIDS required far more than specific HIV&AIDS interventions, usually delivered within a medical context. HIV&AIDS needed to be addressed far more universally, through a *multisectoral* approach involving the coordinated actions of many sectors such as education, infrastructure, civil society and the private sector (United Nations, 2001; UNAIDS and World Bank, 2001; UNAIDS, 2003(a)&2004). Within the *multisectoral* approach two types of responses are viewed as critical. The first area retains specific HIV&AIDS interventions such as counselling and treatment, while the other adds a *mainstreamed* response where sectors and their constituent organisations adapt their core business to address HIV&AIDS. The historical shift in approach to addressing HIV&AIDS is represented in the following diagram[1]:
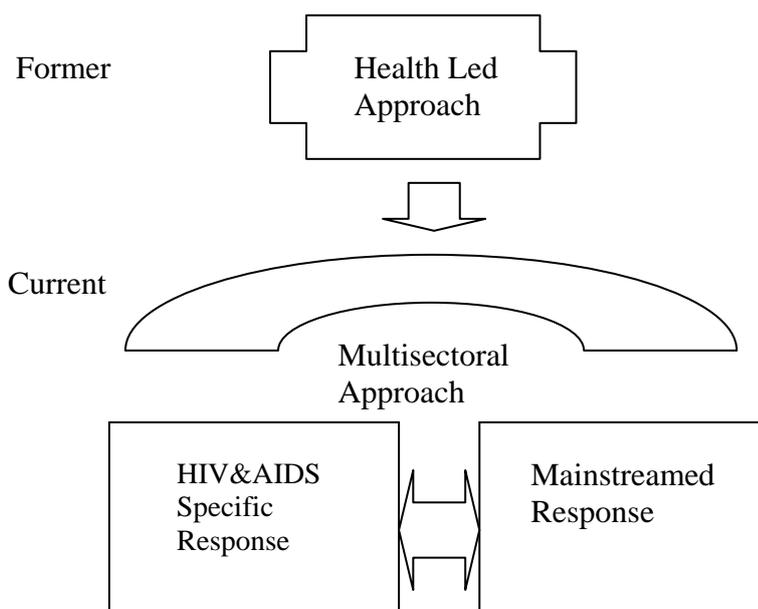
UNAIDS (2004:4) defines mainstreaming *'as a process that enables development actors to address the causes and effects of HIV/AIDS in an effective and sustained manner, both through their usual work and their workplace'*.   In this context, 'development actors' refers to all the people and institutions involved in development, including all sectors and levels of government, the business sector, civil society, and international agencies, while 'usual work' refers to the work that development actors are supposed to do as set forth by their mandate, mission or business interests.

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[1] Adapted from SDC, 2004.

As reflected in the above definition, mainstreaming challenges development actors to broaden the scope of their understanding and analysis of HIV&AIDS. As HIV&AIDS are multi-dimensional in terms of both cause and consequence, those responding to the epidemic need to adopt a similar perspective. HIV&AIDS has medical and behavioural determinants, but it is also highly influenced by broader development conditions. Development actors may contribute, often inadvertently to the spread of HIV. Essentially, a mainstreaming response requires all sectors and their constituent organisations to determine the following:

- How they may contribute to the spread of HIV
- In what areas their sector has a comparative advantage to respond to and limit the spread of HIV and to mitigate the impact of the epidemic. This involves identifying responsibility and also making strategic choices about the most efficient and effective way to respond.
- How the epidemic is likely to affect the goals, objectives and programs of the sector/organisation. This involves clarification and articulation of how HIV&AIDS will affect and alter the core mandate of the sector/organisation.
- What context-specific actions, backed by sufficient resources are needed to address identified areas (UNAIDS&GTZ. 2002:5; SDC, 2004:19).

As part of the above analysis and planning, a sector/organisation may implement a range of measures. These measures may begin with, but need to extend well beyond 'awareness raising' which is a 'classic', superficial and limited organisational response to HIV&AIDS (Wilkins and Vasani, 2002). Elsey and Kutengule (2003), for example, state that the range of organisational responses involved in mainstreaming may include:

- Putting in place policies and practices that protect staff from vulnerability to infection and support staff who are living with HIV/AIDS and its impacts, whilst also ensuring that training and recruitment takes into consideration future staff depletion rates, and future planning takes into consideration the disruption caused by increased morbidity and mortality.
- Refocusing the work of the organisation to ensure those infected and affected by the pandemic are included and able to benefit from their activities
- Ensuring that the sector activities do not increase the vulnerability of the communities with whom they work to HIV/STIs, or undermine their options for coping with the effects of the pandemic.

Examples of specific mainstreaming responses to HIV&AIDS in the context of different sectors appear in Appendix 6.

Another critical aspect of mainstreaming relates to the goal of poverty reduction which unifies all AusAID assistance. HIV&AIDS may be regarded as a *cross-cutting issue*. It is both an aspect and a determinant of poverty, and as such it is vitally linked to poverty reduction outcomes. The rapid spread of HIV epidemic in PNG threatens to reverse living standards on multiple fronts. HIV&AIDS is not a standalone issue, nor an additional concern for poverty reduction strategies. 'The fundamental challenge is to reduce poverty whilst stemming the spread of HIV, and to cope with the multiple impacts of the HIV/AIDS epidemic in such a way that it contributes to poverty reduction (UNDP, 2002:20). The mainstreaming response that promotes HIV&AIDS initiatives within all poverty reduction programs is integral to this outcome.

1.2   Good Practice in Mainstreaming

The international experience of mainstreaming HIV&AIDS is reflected in a wide body of literature, particularly drawing on responses to the epidemic in Africa. It is also informed by experience in mainstreaming gender[2]. There is no standard approach to mainstreaming, which needs to be adapted to the local context and the stage and nature of the epidemic found within it. The literature suggests, however, that the following areas are general characteristics of good practice:

1.2.1   Responses are Strategic and Coordinated

Mainstreaming is intended to produce a system wide impact through addressing HIV&AIDS in multiple contexts. Strong leadership and coordination that stimulates and guides complementary and mutually reinforcing initiatives are essential to this end. Mainstreaming needs to occur within a 'harmonised multi-sectoral national response' (UNAIDS, 2003(a):2) where each initiative is liked to and consistent with a *national action framework*. This approach is further elaborated in UNAIDS' 'Three Ones' principle[3] (UNAIDS, 2003(b)).

The style of interaction between AIDS coordinating bodies (National AIDS Council, Provincial & District AIDS Councils and possible sectoral HIV&AIDS coordination points) and sector-based implementing organisations needs to be dynamic, involving outreach and interchange in both directions.

Another aspect of a strategic approach to mainstreaming HIV&AIDS is the building of partnerships, particularly between organisations with a common approach and interests (UNAIDS&GTZ, 2002). Partnership development may be facilitated by AIDS coordinating bodies. Partnerships can be the vehicle for sharing knowledge and resources such as training, promoting linkages and referral for clients, and collaborating to fill gaps in service provision.

1.2.2   Responses are Based on Comparative Advantage

In order to advance a mainstreaming approach, the literature indicates that individual sectors and their constituent organisations need to identify their comparative advantage in addressing HIV&AIDS. This involves analysis of where an organisation is best placed to make a difference in terms of curbing the epidemic (UNAIDS&GTZ, 2002). This takes into account an organisation's core functions, and human, technical and financial capacity. For example, in the context of rural populations a health ministry may be well placed to mount behaviour change campaigns, while an agriculture ministry may be able to most effectively contribute through targeting skills and income of women and other vulnerable groups for HIV&AIDS (SDC, 2004).

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[2] INSTRAW (2005) defines gender mainstreaming as 'the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres, such that inequality between men and women is not perpetuated.'
[3] One agreed National HIV&AIDS Action Framework, One National AIDS Coordinating Authority, One agreed country-level Monitoring and Evaluation system.

Once comparative advantage is established, it is considered strategic to determine an entry point for mainstreaming. This view suggests that if too many themes are addressed, the risk of diffusing actions and impact will escalate (UNAIDS&GTZ, 2002).

1.2.3 Responses Occur in both the Internal and External Domains to Reduce Risk and Vulnerability

Mainstreaming involves response in the two broad dimensions of sector/organisation/project operation and responsibility – the internal and external. At the internal level, mainstreaming prompts attention to the risks and vulnerabilities of people within the sector/organisation/project and how these may be minimised. Development of workplace policies and guidelines, organisational learning strategies and related changes in workplace culture and practice are common responses. Building of staff knowledge and commitment at this level is an appropriate forerunner to responding to the external domain. In this context, the sector/organisation/project modifies the way it interacts with target clients or communities to reduce risk and vulnerability to HIV&AIDS. This approach is reflected and reinforced in modifications of core mandate and activities. The latter are likely to involve modified or new services to target clients. Examples would be a road project mobilising communities around HIV&AIDS issues and agricultural extension programs promoting participation of affected families, particularly where isolated and marginalised (Mullins, 2002; UNAIDS&GTZ, 2002).

1.2.4 Responses Promote Appropriate Capacity Building

Mainstreaming has an intrinsic connection to capacity building. It involves building up the necessary commitment, knowledge, analytical tools, planning and management ability to enable mainstreaming to progress. Efforts at promoting understanding and commitment regarding HIV&AIDS issues amongst staff and policy makers are a common starting point. This often includes advocacy and sensitisation 'that demonstrates the added value of action by all key stakeholders' (UNAIDS&GTZ, 2002:8). Moving forward with planning with organisations may be constrained by lack of design skills, and lack of sensitivity and experience in dealing with contentious human issues. Many required skills may be regarded as 'core competencies' for development practitioners and include aspects such as social analysis, participatory techniques and community organisation. These, however, may be less familiar to government employees and others, particularly those with technical backgrounds. Training and support strategies are key aspects of the solution (for in-country personnel and consultants), while applied socio-economic research to identify how HIV&AIDS impacts on and relates to particular contexts and sectors is also advocated (Cohen, 2000).

1.2.5   Responses Address Other Cross Cutting Issues – Gender, Participation and Sustainability

While HIV&AIDS is in itself a cross-cutting issue which demands consideration in all aspects of development practice, it is vitally connected and inter-related to three other cross-cutting issues, namely gender, participation, and sustainability.   These areas require particular attention in a mainstreaming approach.

Gender
Widespread analysis has identified how gender relations, and specifically the unequal balance of power between men and women impact on the incidence of HIV (e.g. UNFPA, UNIFEM & UNAIDS, 2000; Commonwealth Secretariat, 2002; Koitelel, 2004).   Women and girls are particularly vulnerable to HIV infection, a condition reinforced by lack of power, and lack of access to services, information and preventive measures.   An understanding of how gender relations contribute to HIV&AIDS, and how addressing gender issues can reduce risk and vulnerability to HIV is considered critical to the mainstreaming approach.   There is a need for mainstreaming of both gender and HIV&AIDS into development initiatives (Commonwealth Secretariat, 2002; Hijab and Lewis, 2003).   The intersection between these two areas is found in a required analysis and response to factors that perpetuate gender inequality and HIV incidence. Examples of these include:

- Myths about male and female sexuality
- Control over sexual relations within and outside marriage
- Issues of blame and rejection based on gender and gender roles
- Disparities in access to information
- Structural inequalities in institutions with regard to gender
- Issues of communication between men and women (SAT, 2004)

Participation
HIV&AIDS are perpetuated by disempowerment of marginalised, vulnerable parts of the community.   Sex workers who are perceived as having no rights, for example, are less likely to advocate for condom use.   Effective mainstreaming of HIV, and more generally, effective development practice requires active efforts to overcome social exclusion (Cohen, 2000; Wilkins and Vasani, 2002).   Mainstreaming needs to involve a collaborative approach to working with affected communities, and with those in implementing organisations to reinforce effectiveness, ownership and sustainability.

Sustainability
Promoting sustainability of HIV&AIDS mainstreaming relies on a participatory approach in which adequate time and effort are applied to build up motivation and commitment for the initiative. It relies on organisations translating their commitment to addressing HIV&AIDS into policies, corporate plans and operational practices, and to building partnerships with other committed organisations.   Organisations promoting mainstreaming most effectively work through existing institutional and community structures rather than creating new structures that lack legitimacy and risk later collapse (Wilkins and Vasani, 2002; UNAIDS&GTZ, 2002; Butcher, 2003).

While support for mainstreaming and other HIV&AIDS related activities need not be expensive, commitment of necessary human and financial resources, particularly for

planning and coordination is required. There is a risk that where donors provide separate 'mainstreaming funds' to government and other organisations, the initiative will cease once funding dries up. A challenge is to build mainstreaming of HIV&AIDS into core sector budgets and associated planning and monitoring functions. It is also important to find ways to provide some insulation for mainstreaming from rounds of budget cuts and stringencies often applied to initiatives viewed as dispensable and non-essential (UNAIDS&GTZ, 2002; Elsey and Kutengule, 2003).

2.   AusAID's Responses to HIV&AIDS in PNG

AusAID has funded HIV&AIDS programs in Papua New Guinea since 1995 and has expanded its response in line with the emergence of the epidemic. Since the mid-1990's, AusAID has sought to promote HIV&AIDS responses within AusAID projects across all sectors. Within AusAID, the Health and HIV Section promoted a cross-sector approach through facilitating an interest group on HIV&AIDS. This group was kept updated on the progress of the epidemic and AusAID's and GoPNG response, and was encouraged to support existing projects to address HIV&AIDS within their area of comparative advantage.

AusAID's major program of support in HIV&AIDS, the 5 year $60 million National HIV/AIDS Support Project (NHASP) commenced in October 2000. NHASP works with PNG's National AIDS Council Secretariat (NACS), other government agencies, the private sector and civil society and in all provinces of PNG. Activities include education and awareness raising, counselling and care, policy development, surveillance systems, clinical services, support for targeting vulnerable groups, and strengthening the capacity of NACS.

Recent developments in AusAID's program in PNG have involved the consolidation of both multisectoral and mainstreaming approaches. In February 2001, a meeting of all project directors and team leaders was facilitated by NHASP and the PNG National AIDS Council. At this meeting, projects and contractors were provided with information about the epidemic and appropriate sectoral responses were explored. A Multisectoral Adviser was subsequently appointed to NHASP to work with the PNG government and all NHASP Advisers were encouraged to support initiatives identified through AusAID projects.

The commitment to a mainstreaming approach to HIV&AIDS is reflected in AusAID's International HIV/AIDS Strategy which emphasises that 'mainstreaming HIV/AIDS into all aid activities will be a feature of Australia's ongoing response' (AusAID, 2004:iii). An initial step taken in PNG, involved mainstreaming HIV responses into the AusAID workplace. Awareness sessions were offered to all Australian High Commission staff in 2002. Several staff members also completed the HIV and Development Course operated by the Burnet Institute.

The next phase was to develop a more structured and systematic approach. A HIV Mainstreaming Strategy was adopted by the PNG AusAID Branch Senior Management in 2004 with a Mainstreaming Adviser contracted in the same year. This Adviser commenced working with government departments and AusAID projects to support greater awareness of the links between HIV and development, and to identify strategic mainstreaming responses that fit within existing GoPNG systems and structures.

3.   Review of Projects

3.1   Projects and their Responses to HIV&AIDS

A total of 8 programs/projects were reviewed, with representation across five different sectors. All of the projects were mounted with different government departments, with the exception of the National Fisheries Authority which is a statutory authority. The sectors represented were Education (2 projects), Health (1 project), Law and Justice (2 projects), Infrastructure (2 projects) and Renewable Resources (1 project).

Of the 8 programs/projects reviewed, 4 had been completed, one was in the process of winding up while the remaining two were due for completion in either 2005 or 2006. Project durations ranged from 3 to 6 years, with an average of just under 5 years. All of the projects were designed in the late 1990's and commenced implementation between 1999 and 2001.

3.1.1   Origin of Initiatives

As previously identified, the projects reviewed were not designed as mainstreaming initiatives. HIV&AIDS was an element of their operation, in most cases added during implementation rather than during the original design. This pattern reflected growing concern and a desire to respond to the mounting epidemic in PNG, and direct advocacy from AusAID with government departments and contractors. Specifically, this change reflected differences in perception and approach to the issue that were prevalent during the design period as compared with the time of implementation. This included commitment to a multi-sectoral approach to HIV&AIDS both in PNG generally, and through AusAID assistance. In several cases, the personal commitment and experience of individual consultants also represented a catalyst for change.

3.1.2   Scope of Initiatives

In nearly all cases, the HIV&AIDS initiatives were not a substantial part of the project and did not have dedicated outputs in relation to this area. The exceptions were the Health Sector Support Program which was charged with supporting work on GoPNG health priorities which included HIV&AIDS. There was also a greater degree of formalisation and emphasis on HIV&AIDS in the two law and justice projects which underwent redesign/extension in 2000/2001.

A description of the 8 programs/projects is presented below, together with an outline of aspects and outcomes in relation to HIV&AIDS. Further details on each project are contained in Appendix 2.

	Program / Project	Project Description	HIV&AIDS Aspects
1	**Primary and Secondary Teacher Education Project (PASTEP)** 1999-2004 Status at time of Review: Completed	Improving primary and secondary teacher education. Strengthening pre-service training of primary and secondary teachers, including special education, gender awareness and equity, upgrading infrastructure and facilities.	*Overall Focus:* Curriculum Development *Scope:* HIV&AIDS aspects were not included in the original design, but introduced during implementation. Limited overall attention. *Activities:* • Support for updating the Health Studies and Social Science primary teacher training curriculum to include a focus on HIV&AIDS • Circulated HIV&AIDS awareness material from NACS to teacher training institutions • Complementary work in developing gender equity in education curriculum material *Main Outcomes at time of Review:* • Revised primary teacher training curriculum involving attention to HIV&AIDS in use in training institutions.
2	**Curriculum Reform Implementation Project (CRIP)** 2000-2006 Status at time of Review: On-going	Supporting the Curriculum Development Division to develop reform curriculum, particularly for elementary and primary schools. Provision of training, technical advice and assistance with the production and distribution of curriculum materials.	*Overall Focus:* Curriculum Development *Scope:* HIV&AIDS aspects were not part of the original design, but introduced progressively. Small aspect of overall project. *Activities:* • Develop curriculum materials containing HIV&AIDS focus for Personal Development (upper primary) and Health (lower primary) study areas. • Future attention to HIV&AIDS in lower secondary curriculum subjects. • Distribution of information and resource packs from NACS. • NAC representative expected to join a Personal Development curriculum committee. • Awareness raising sessions completed for Curriculum Development Division staff by NHASP consultant. *Main Outcomes at time of Review:* • Revised curriculum for Personal Development and Health being circulated. Too early to assess uptake in schools.

	Program / Project	Project Description	HIV&AIDS Aspects
3	**Health Services Support Program (HSSP)** **2000-2005** Status at time of Review: On-going	Support for National Department and Health (NDOH) and other providers of health services to improve the management, coverage, access and quality of services in line with PNG Government health priorities.	*Overall Focus:* Support for HIV&AIDS Activities in different areas of Health System *Scope:* Program provided support to address national health priorities which include HIV&AIDS. In the absence of a NDOH plan for HIV&AIDS, HSSP supported a range of limited, but diverse initiatives on HIV&AIDS. *Activity Areas:* *Planning and Coordination* • Supporting provincial planning for HIV&AIDS response including condom distribution. • Supporting development and coordination between Provincial Annual Health Plans and Provincial AIDS Plans • Refinement of the National Health Information System for HIV&AIDS data *Information and Advocacy* • Regular incorporation of HIV&AIDS into discussions, meetings etc. • Updating and circulating documents relating to HIV&AIDS *Specific Initiatives* • Distribution of condoms and related health promotion materials, and assistance with provincial distribution strategies • Supporting refinement of infection control guidelines • Trialling of HIV/AIDS awareness for construction workers • Promoting incorporation of STI/HIV/AIDS into reproductive health and child health planning and service provision • Promoting a more active role in health promotion for HIV/AIDS issues • Supporting development of sections in NDOH HR policy relating to HIV&AIDS • Incorporation of HIV&AIDS into the training of community health workers • Supporting improved hospital response to HIV&AIDS *Main Outcomes at time of Review:* • Range of limited initiatives implemented across health system, contributing to growing focus, concern and capacity to respond.

	Program / Project	Project Description	HIV&AIDS Aspects
4	**Correctional Services Development Project Phase II** 2000-2003 Status at time of Review: Completed	Institutional strengthening of Correctional Services (CS). Strengthening core operations in correctional institutions; establishing a facilities management capability, strengthening select CS corporate functions, supporting delivery of training within CS.	*Overall Focus:* Strategy Development, Awareness Raising and Training *Scope:* HIV&AIDS focus not in original design, but identified in project extension design document (2000) as an issue for CS. Associated responses included as part of improving conditions for detainees, with dedicated performance indicators. *Activities:* • Development of a CS HIV/AIDS and Other Infectious Diseases Strategy (Sept 2001) in close collaboration with NACS • Preparation of poster and distribution of materials for display in institutions/prison vans • Poster competition amongst detainees • Training courses operated in 2001 and 2002 for staff and a small number of long term detainees to operate awareness raising activities in institutions • Completion of HIV&AIDS awareness training within an institution made a condition of access to support under a project Incentive Fund *Main Outcomes at time of Review:* • HIV&AIDS awareness raising incorporated in some institutions, focusing on staff and detainees • Increased organisational commitment to respond, as guided by HIV/AIDS and Other Infectious Diseases Strategy • Basis provided for consolidation of HIV&AIDS activities in peer education approaches and direct advocacy by PLWHA as supported by GoPNG and other donors.
5	**Royal Papua New Guinea Constabulary Development Project Phase III** 2000-2005 Status at time of Review: Completing	Institutional strengthening of Royal Papua New Guinea Constabulary (RPNGC) Support for improved community policing, human resource management including discipline processes, infrastructure refurbishment, and improved systems and training to enhance capacity to analyse, prevent, investigate and prosecute crime.	*Overall Focus:* Training and Awareness Raising *Scope:* HIV&AIDS focus marginal in original design, but included in project extension design document (2001). Recognition that police community has a high HIV&AIDS risk profile. Several HIV&AIDS related activities, but no dedicated outputs or indicators. *Activities:* • Generation of a HIV&AIDS training package in conjunction with NACS. Became a standard part of training for recruits, the focus of dedicated in-service training and incorporated into most other training including for community policing and decentralised training in provinces/ districts • Limited number of awareness raising events with police families and police women • Review of police operational procedures to identify areas of HIV&AIDS risk

	Program / Project	Project Description	HIV&AIDS Aspects
			• Linkages promoted with outside organisations also addressing HIV&AIDS • Several community theatre events supported *Main Outcomes at time of Review:* • Integration of HIV&AIDS into police training in both central and decentralised contexts • Increased organisational commitment to respond • Basis provided for consolidation of HIV&AIDS activities in peer education and other approaches as supported by GoPNG and other donors. • Initiation of coordination function for HIV&AIDS activities across agency.
6	**Bougainville Wharves Project** 2001-2004 Status at time of Review: Completed	Construction of jetty, shed, weighing and storage facilities across three locations in Bougainville to aid improved sea transport and commerce.	*Overall Focus:* Awareness Raising *Scope:* HIV&AIDS awareness training for project workers, including the temporary skilled workers and local workers (guards and labourers) was carried out by the implementing contractor. *Activities:* • Training conducted by on site nurse and project manager • Provision of condoms to workers, sourced from NACS *Main Outcomes at time of Review:* • Construction project completed. Sub-contractor retained commitment to incorporating HIV&AIDS awareness building for workers in projects.
7	**National Roads and Bridges Maintenance Project (NRBMP)** 2001-2006 Status at time of Review: On-Going	Capacity building within the Department of Works and Implementation (DOWI) in planning, management and implementation of cost-effective maintenance of the national road network in 7 provinces.	*Overall Focus:* Development of Plans and Structures for Organisational Response to HIV *Scope:* Project scope of services specifies provision of HIV&AIDS education and health promotion materials and condoms to project staff. Contractor was further charged with being a 'responsible employer' in line with HAMP Act (2003). Project team explored extending the scope of coverage of HIV&AIDS issues to DOWI itself which was positively received. *Activities:* • Project employed short term HIV&AIDS Advisor as facilitator • DOWI established HIV&AIDS Committee with NACS membership and developed an action plan for integrating HIV&AIDS into different areas of DOWI operation.

Program / Project	Project Description	HIV&AIDS Aspects
		• Action plan was ambitious and the committee therefore determined to prioritise implementation. The plan included developing linkages with PACS for provincial level peer education approach to HIV&AIDS within the department, development of management strategies, access to services for staff, strategies for PLWHA, and outreach and liaison with other government departments • An additional planned measure was introduction of clauses in DOWI contracts requiring contractors to undertake HIV&AIDS education for workers. *Main Outcomes at time of Review:* • Generation of Action Plan for organisational response • Increased organisational commitment and establishment of supporting committee structure
8 **National Fisheries College Strengthening Project** 1999-2004 Status at time of Review: Completed	Strengthening of the National Fisheries College (NFC) located in Kavieng, New Ireland Province to be an effective and efficient training organisation.	*Overall Focus:* Curriculum Development and Training *Scope:* HIV&AIDS initiatives were not specified in the original project design, but introduced as aspect of project's assistance with development of competency based training at NFC. Limited scope in terms of overall project initiatives. *Activities:* • HIV&AIDS segments introduced into courses developed for training of workers in fisheries, and post-harvest processing as part of first aid component. Linkage with Red Cross for sourcing trainers. • Display and distribution of HIV&AIDS promotional material and information and condoms distribution, sourced from NACS. • Support of periodic HIV&AIDS community information events. *Main Outcomes at time of Review:* • Use of HIV&AIDS curriculum in core training at NFC • Organisational commitment to expand HIV&AIDS training to non-core areas often occurring in community context.

3.1.3 Responses to HIV&AIDS across Projects

As evident from the project descriptions above, the projects reviewed did not share a unifying approach or methodology for addressing HIV&AIDS. In most cases, HIV&AIDS was added as a component or content area within existing activities, and did not affect the core business of the institution involved. A wide range of different responses were involved depending on the nature of operations of different institutions. For example, education projects already undertaking curriculum development added curriculum development relating to HIV&AIDS; similarly HIV&AIDS components were added within on-going training of police officers. Within this type of approach, responses in awareness raising, materials distribution, curriculum development and training predominated.

In contrast to the above, there were several examples of more systemic organisational responses to HIV&AIDS. For example, the National Roads and Bridges Maintenance Project supported the development of an organisation wide workplan for addressing HIV&AIDS in the Department of Works and Implementation, while the Health Sector Support Program assisted HIV&AIDS responses across a range of contexts in the health system.

The following table summarises the types of responses to HIV&AIDS found across the 8 projects, and the number of projects in which they were present. Additionally, an indication is provided as to the overall prominence of the specific type of response across the group of 8 projects. For some initiatives such as community outreach, activities in this area were small in both number and size. The area is thus ranked as being of minor prominence.

Type of Response	Overall Prominence Across Projects Reviewed		
	Major	Mod.	Minor
Curriculum development (3 projects)	■		
Formal training with participants/beneficiaries (2 projects)			■
Formal training of staff (2 projects)		■	
Awareness raising with staff and/or staff families (5 projects)		■	
Awareness raising with participants/beneficiaries (1 project)			■
HIV&AIDS materials and condom distribution (7 projects)		■	
Training of staff for HIV education roles (1 project)			■
Training of participants for HIV education roles (1 project)			■
Organisational review in relation to HIV risk and impact (1 project)			■
Strategy development for organisational response to HIV (1 project)			■
Development of structures/plans for organis. response (1 project)			■
Community outreach (2 projects)			■
Support for HIV&AIDS responses in health system (1 project)			■
Promoting linkages with outside organisations (1 project)			■

3.2 Assessment against Mainstreaming Principles

The following provides an assessment of the projects and their HIV&AIDS initiatives against the principles of good practice in mainstreaming identified in Section 1.2 of this report. As previously discussed, the assessment is made to identify areas of need in relation to consolidation of a mainstreaming approach to HIV&AIDS through AusAID assistance in PNG, and not to judge projects which were not explicitly designed as mainstreaming initiatives.

3.2.1 Responses are Strategic and Coordinated

Linked to National Strategy

The initiatives reviewed were consistent with national strategy for addressing HIV&AIDS in PNG in that they represented aspects of multi-sectoral approach. Adopting a multi-sectoral an approach was central to PNG's National HIV/AIDS Medium Term Plan 1998-2002 (GoPNG, 1998) and was reconfirmed in the subsequent National Strategic Plan on HIV/AIDS 2004-2008 (National AIDS Council, 2004).

Beyond this broad consistency, areas of linkage between the initiatives and the National HIV&AIDS Plans are less apparent. Within their multi-sectoral approach, the National HIV&AIDS Plans identify priority areas for intervention such as 'Education, Information and Media', and 'Counselling, Community Care and Support'. Encouraging government departments to respond *per se* in their area of responsibility and comparative advantage is not identified as an approach or priority in the Plans. The 2004-2008 Strategic Plan comes closest to this approach whilst discussing the important role 'leadership' in the HIV&AIDS response. For government, however, the related strategies are confined to general advocacy and development of workplace policies for HIV&AIDS[4]. The two National HIV&AIDS Plans have very little to say regarding mainstreaming, which does not appear as an explicit approach.

Limited areas of coincidence are evident between the Priority Areas identified in the Plans, and the specific initiatives mounted by the different government departments that were examined in the review. The main areas of overlap are in education, community care, welfare and health. For example, education strategies include HIV&AIDS curriculum development for schools and health related strategies include similar curriculum development for training of health workers. Where this overlap occurred, however, there was very little evidence of systematic two way engagement between NAC or NACS and the implementing organisations. In most cases, implementing organisations either did not have knowledge of the contents of National HIV&AIDS Plans and/or did not attempt to integrate their initiative with them. Some stakeholders interviewed in the health system had a greater knowledge of NAC and its priorities, which is understandable given the coincidence of interests between the two areas. This trend also probably reflects the results of advocacy and information distribution by HSSP advisers.

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[4] The Multi-sectoral Planning Framework developed by NHASP (NHASP, 2003) that works in collaboration with NACS is far more explicit about a multi-sectoral approach that aims to strengthen the capacity of and support government, NGOs/CBOs and churches to respond to the epidemic. Interviews conducted with NACS staff suggest that this represents an intended area of policy and program development for NAC.

The above trends highlight the limited levels of knowledge that implementing organisations had of NAC in its leadership role, limited outreach by NAC and NACS, and weaknesses in the National HIV&AIDS Plans which are pitched in terms of broad strategies without an implementation plan (USAID and UNAIDS, 2002; UNAIDS, AusAID and NAC, 2004). Most stakeholders contacted in the review sought more proactive leadership from NAC and NACS, although their predominant desire and expectation was for direct financial and technical support for HIV&AIDS initiatives.

Involve Active Coordination and Harmonisation

As discussed above, NAC and NACS had not appeared to play a strong role in coordination and harmonisation of HIV&AIDS initiatives in the projects reviewed. The main area of active involvement had been in development of training programs which had often occurred in conjunction with NACS. This appeared to reflect limited capacity in NACS, and low priority and lack of delineated approaches attached to supporting a range of government departments to develop responses to HIV&AIDS (PSRMU, 2002; UNAIDS, AusAID and NAC, 2004). Additionally NHASP, in playing a key support role to NACS, had not emphasised planning with different government department in its operations (SMRG, 2002).

Build Partnerships

Development of partnerships to reinforce HIV&AIDS initiatives was not a feature of the projects reviewed, reflecting both the limited size of the initiatives and lack of strong external facilitation in coordination and network building. There were several examples of projects working with departments to develop external linkages for liaison and information sharing purposes on HIV&AIDS. An example is the police developing linkages with NGOs concerned with HIV&AIDS and women's rights. A strong operational linkage occurred between the National Fisheries College and local Red Cross in educational and community liaison roles. These, however, did not represent partnerships for purposes such as joint implementation or resource sharing.

3.2.2   Responses are Based on Comparative Advantage

Developing a mainstreaming approach based on comparative advantage essentially involves a sector/organisation analysing and identifying its relationship and responsibility with regard to HIV&AIDS, and then delineating its most appropriate and strategic response. Modification or refinement of core functions, missions, objectives and programs may follow, in contrast to simply adding on separate HIV/AIDS components to existing programs.

Of the projects reviewed, two had a strategic orientation in that they involved departments identifying an organisation wide response to HIV. The planning process and workplan developed by Department of Works and Implementation (DOWI) with assistance from NRBMP was one example. Similarly, CSDP assisted Correctional Services to develop a HIV&AIDS and Other Infectious Diseases Strategy covering its staff and detainees. Both of these initiatives were progressive and useful in galvanising organisational commitment to HIV&AIDS. The DOWI example was most in line with the mainstreaming approach as it appears to have involved at least implicit analysis of HIV&AIDS impact on the organisation and identified organisational responsibilities to

both staff, and to the public. In the latter case, this involved the progressive step of attempting to change contract conditions with contractors to require HIV&AIDS awareness training for workers.

There is scope, however, for taking such initiatives further. Both strategies and workplans were largely internal and operational in orientation. For DOWI, for example, there was a concern with protection of staff, but only limited strategic response to issues connected with road building and roads per se including issues of mobility of populations, contact with vulnerable rural populations etc. A more broad ranging analysis of HIV&AIDS risk, vulnerability and impact may result in more substantial responses and commitments, at least in the longer term including in organisational objectives and core functions.

The two curriculum development projects, CRIP and PASTEP involved responses to HIV&AIDS in what are core areas of functioning of the Department of Education and teacher training institutions. In this regard, the projects did locate initiatives in an area of comparative advantage. A missing dimension, however, also identified by education stakeholders was that these initiatives were mounted in the absence of detailed analysis of need, responsibility and possible responses. Key stakeholders in the Department of Education, however, anticipated such an approach in future as an initial step in a necessary and considerably expanded response to the epidemic.

Beyond the above examples, the projects reviewed did not involve an approach based on comparative advantage. The addition of training elements in HIV to an existing training program, for example, does not equate to a strategic organisational response to the epidemic. While HSSP provided a range of assistance for HIV&AIDS initiatives across the health system, its effectiveness was somewhat curtailed by the absence of an overall NDOH policy and strategy to direct its response to the epidemic. In the absence of such a strategy, responses were uncoordinated and somewhat fragmented, and thus potentially less effectiveness in impact.

3.2.3 Responses Occur in both the Internal and External Domains to Reduce Risk and Vulnerability

The strength and overwhelming focus in the projects reviewed was in their response to internal organisational domains. Most initiatives involved, for example, education of staff or workers or the development of curriculum within the education system. Initiatives that focused on the external environment of organisations and directly assisted clients or community members were the exception. Where this occurred, initiatives were small such as in organising occasional community theatre events.

Points of contrast to the above were a focus on protection and care of detainees within Correctional Services, but here explicit planning did not cover, for example, assistance for detainees in managing HIV risk in their transition to the community post release. A significant exception was HSSP that worked proactively within the health system in various contexts promoting externally orientated responses to HIV&AIDS issues such as in health promotion activities with rural communities, and multi-stakeholder engagement in planning of provincial HIV&AIDS initiatives.

The absence of a dual internal and external focus in most projects reflected the limited size of initiatives, the early stage of introduction of HIV&AIDS responses in most of the departments, the fact that some initiatives were mounted in divisions or sections of departments/institutions (e.g. CRIP, PASTEP and National Fisheries College Strengthening Project), and the lack of an explicit strategy to promote this end. A more holistic approach within education, for example, may complement initiatives in formal curriculum development on HIV&AIDS focusing on schools and teachers with a strategy for introducing this controversial topic to parents and communities. Further elements from other parts of the education system would complement and reinforce the above such as in community education, pastoral approaches, counselling, and policy and strategy development.

3.2.4 Responses Promote Appropriate Capacity Building

Build Capacity for Mainstreaming
The capacity building that occurred through the projects may be viewed as a precursor for mainstreaming, rather than supporting mainstreaming itself. The required organisational analysis in relation to the epidemic, determination of comparative advantage, and planning of appropriate responses and entry points did not generally occur. Processes and methods for realising the above where neither identified nor introduced in most initiatives. The experience of NRBMP in supporting DOWI, as discussed in Section 3.2.2 was closest to this approach. However, in general, a capacity building approach for explicit mainstreaming remained an area of future challenge and initiative.

Build Understanding and Commitment Regarding HIV Issues amongst Staff and Policy Makers
Nearly all of the projects reviewed involved capacity building from the point of view of introducing new awareness and commitment, and in some cases new approaches to addressing HIV&AIDS. This was most evident in the larger initiatives such as the RPNGC Development Project where new training approaches appeared to have had a broad impact on awareness levels across the Constabulary. Similarly, CSDP support for education and deployment of trainers from each correctional institution reinforced awareness, and possibly reduced stigma and heightened levels of care and support for PLHWA in institutions.

In the case of many projects, however, the extent of this achievement in building 'understanding' amongst staff was limited to awareness raising. This typically focused on the epidemic, how the virus is transferred, and personal protection measures. A broader challenge is to assist staff to develop analytical and planning abilities so that they see the relevance of what they do in their daily work to the epidemic. The required perspective is broad and developmental, and when linked with personal and professional commitment, reinforces shifts in organisational culture and the generation of focused policies and programs. The work of HSSP approximated this approach as evident in a mentoring style of engagement that supported reflection and incorporation of HIV&AIDS responses in the areas of responsibility of NDOH managers.

Build on Existing Institutional and Community Structures, Rather than Creating New Structures

Amongst the projects reviewed, there were no evident issues of generation of new structures for delivery of HIV&AIDS initiatives. All projects utilised existing institutional structures in implementation of HIV&AIDS work.

3.2.5   Responses Address Other Cross Cutting Issues – Gender, Participation and Sustainability

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Gender

Initiatives that explicitly dealt with gender issues appear to be confined to the RPNGC Development Project where gender elements were introduced into training of police officers. This highlighted, for example, the vulnerability of women to HIV&AIDS and its relationship to violence against women. While not in the context of a formal gender analysis or presentation, several projects supported gender sensitive initiatives. These included, for example, recognition of the specific needs of female detainees in the Correctional Services in the HIV/AIDS and Other Infectious Diseases Strategy.

Limited attention to gender across the projects is likely to reflect the limited scale of the initiatives and the lack of specific gender staff or advisor input in many cases. Initiatives in awareness raising and training examined for the review had a primary concern with HIV risk and protection from a medical and/or behavioural perspective. There was far less focus on the broader determinants of HIV&AIDS relating to vulnerability such as endemic gender violence and lack of power of women. In many cases, there was a lack of perceived connection and integration between HIV&AIDS and gender. Curriculum development for teacher training supported by PASTEP contradicted this general trend where the relationship between HIV&AIDS and gender was explored in gender education curriculum. Curriculum for teacher education in health, however, had a medical and epidemiological approach to the issue.

Participation

A participatory approach to the development of HIV&AIDS initiatives was evident in several projects that explicitly aimed to build support amongst staff and policy makers. Support by NRBMP for HIV&AIDS related planning within DOWI, for example, established a broad based working committee with emphasis on representation and consultation with different sections of DOWI. The development of the CS HIV&AIDS and Other Infectious Diseases Strategy involved wide consultation within the organisation including on-going discussion with the CS Executive, a role facilitated by the CS Project Coordinator.

In many cases, however, initiatives were largely activity orientated and did not emphasise participation or coordination within departments. With a training initiative, for example, project activities may have been located directly with a training section, bypassing the potential coordinating and reinforcing role of the broader HR division.

As very few projects mounted initiatives in the external domain beyond the host institution, there was limited evidence of strategies promoting participation of beneficiaries or other external stakeholders. The work of HSSP in supporting multi-

stakeholder participation in provincial planning for HIV&AIDS response is one example.

Sustainability

Efforts to build staff participation within departments and develop strategies to guide and legitimatise initiatives were perceived by stakeholders as reinforcing sustainability. The HIV&AIDS and Other Infectious Diseases Strategy in CS, for example, was perceived as continuing to provide impetus of HIV&AIDS responses within the department. Efforts to systematise HIV&AIDS responses such as with the introduction of HIV&AIDS elements into all police training also reinforced sustainability. Issues concerning sustainability were highlighted in the tendency for HIV&AIDS initiatives to wane with the cessation of direct donor and advisor support. At the time of the review, a funding shortfall in RPNGC threatened to halt all police training including that related to HIV&AIDS. This occurred at the time of winding up of RPNGC Development Project. HIV&AIDS initiatives in CS had a history of decline with the cessation of donor assistance, but were later revived possibly in a different format with alternative donor support. This trend highlights the need to reinforce the status of HIV&AIDS in corporate and annual agency plans, and to seek core support in sector budgets.

4.   Lessons Learned

4.1   Sector Initiatives Demonstrate a Basis for Mainstreaming

The projects reviewed reflect the intrinsic value of a *multi-sectoral* approach through increasing the level of coverage and range of contexts in which HIV&AIDS are addressed. This range is extended considerably beyond that provided by HIV&AIDS specific initiatives alone. In all sectors covered by this review, the HIV&AIDS initiatives represented useful contributions. They built on growing levels of commitment to responding to the epidemic in PNG. The initiatives were generally small in scale in relation to both levels of need, and the size of the overall project in which they were located. In most cases, however, they represented a basis for wider and more systemic consolidation of HIV&AIDS responses within implementing organisations.

The challenge highlighted by this review is to build on this commitment and experience and promote the adoption of *mainstreaming* as a vital aspect of the multi-sectoral approach, and thereby considerably reinforce its effectiveness. Mainstreaming challenges development practitioners both in terms of scope and perspective. It promotes a systemic response to HIV&AIDS, and also prompts organisations to identify and respond to both the causes and consequences of the epidemic. Such a response is challenging, but also essential, as UNAIDS (2004:2) contends:

> HIV spreads 'along the fault lines of failing development', such as poverty, gender inequality, poor social services. Mainstreaming enables development actors to strengthen the way in which they help reduce the susceptibility to HIV infection of the people they serve. This implies that they also try to identify and minimise unintended negative effects of their own work, such as increasing gender inequality.

In a country such as PNG where the threat of a major epidemic is real, there is a clear rationale for mainstreaming. It may be viewed as a pre-emptive step to address underlying susceptibility and vulnerability to infection (UNAIDS, 2004). While any mainstreaming effort will encounter limits in the capacity of government and service providers to respond, the experience of other countries highlights how the challenges of doing so are significantly compounded in the context of a major epidemic.

Recommendation 1:
That AusAID continues to develop and articulate its strategy for mainstreaming of HIV&AIDS in PNG. It is recommended that the following principles be considered for strategy development:
- *Acknowledgment of the vital role that mainstreaming has to play within a multisectoral response to the epidemic.*
- *Promotion of a developmental orientation within mainstreaming that seeks to address both underlying issues of susceptibility and vulnerability of individuals and communities to infection and risk posed by the epidemic.*
- *Advancement of mainstreaming in a strategic manner, recognising the need to build strong commitment and understanding, and develop responses*

incrementally with appropriate capacity building strategies for different organisations.

- *Contextualisation of mainstreaming initiatives by drawing on international good practice including identification of principles, strategies and methods, modified appropriately for the PNG context.*

4.2   Clear and Common Understanding of Mainstreaming

The interviews conducted with stakeholders for this review highlighted the need for a clearer understanding of the meaning, intent and scope of mainstreaming of HIV&AIDS. This is essential given the intention of promoting a mainstreaming approach across different sectors. Such a strategy will involve reinforcing knowledge and practice of mainstreaming within sectors, in many cases incorporating and extending initiatives such as those reviewed within what will generally be a broader and more ambitious approach. The following highlights points of comparison and contrast between the initiatives reviewed and the mainstreaming approach to be developed:

4.2.1   Moving Beyond Integration to Mainstreaming

The literature suggests that is common for government departments when introducing HIV&AIDS into their work, to commence with an integration focus (UNAIDS&GTZ, 2002). This trend was also highlighted in this review, where additional components were often added to existing program such as in training or curriculum development. This approach may be characterised in terms of organisational focus as one of 'status quo with some refinements', in that there is no change to core functions. The broader challenge posed by mainstreaming is for the organisation to review its connection with the epidemic, identify its responsibilities, and delineate its responses in relationship to its core mandate and programs.

4.2.2   Considering and Responding to Risk, Vulnerability and Impact in Mainstreaming

Promoting a response to underlying issues of societal susceptibility to the epidemic will be assisted by the application of an appropriate conceptual framework and methodology in design processes. This will encourage organisations to look outside their immediate institutional concerns in structuring their responses. Examining notions of 'risk', 'vulnerability' and 'impact' and identifying levels of organisational influence over each level may be useful in this process. A framework developed by SDC (2004) incorporates this approach. It is strategic in assisting organisations to identify areas of comparative advantage together with how they may address *individual risk* as determined by behaviours and personal situations, *underlying vulnerability* to HIV of individuals and communities to the epidemic, and *impact* representing long term changes caused by HIV&AIDS. See Appendix 7 for further details.

4.2.3   Moving Beyond Prevention in Mainstreaming

Another common starting point for organisations addressing HIV&AIDS is to focus on prevention activities, and in particular on awareness raising activities and condom distribution (Elsey and Kutengule, 2003). While there were examples of more ambitious and systemic responses amongst the projects reviewed, the experience in

PNG appears to be broadly similar. While it is essential that people are informed as to how to protect themselves from the epidemic, the mainstreaming approach challenges organisations to take into account and respond within their areas of comparative advantage to the broader developmental issues that contribute to societal vulnerability.

A related challenge is to appreciate the limitations inherent to many prevention orientated activities that attempt to 'raise awareness'. It is widely documented that raising awareness does not necessarily translate into behaviour change, especially if one-off training is involved (Bodiang, 2001). A broader perspective is required in order to plan and evaluate prevention activities including consideration of how knowledge, attitudes and practices affect behaviour. In this context, a mainstreaming approach will be able to promote linkages between the required technical knowledge and departments designing and implementing efficient and effective prevention activities.

Recommendation 2:
That AusAID assists with the development of a clearly defined concept of mainstreaming and an associated methodology guiding its application. That the concept and methodology are based on the following principles:
- *Moving beyond prevention to development of a more systemic and proactive engagement with HIV&AIDS issues including impact mitigation*
- *Responding to the underlying susceptibility and vulnerability of individuals and communities to infection*
- *Identifying and responding to HIV&AIDS within the context of a sector's/organisation's responsibility and comparative advantage*

4.3   Need for a System-Wide Response

The projects reviewed have highlighted the potential for the advancement of HIV&AIDS initiatives across departments, and to cumulatively to effect change in sectors and nationally. The achievement of a system-wide response to HIV&AIDS wherein the contributions of individual components are coordinated and mutually reinforcing is a major objective of a mainstreaming approach. The review identified a range of influences on this potential outcome, as follows:

4.3.1   Strong Leadership and Coordination for Mainstreaming

The majority of stakeholders interviewed for this review advocated for strengthened national leadership and coordination of HIV&AIDS initiatives in PNG. In this regard, there is a need for the role of NAC and NACS to be reinforced to provide leadership at the national level. These observations apply equally to the mainstreaming approach which requires a high level of visibility and endorsement within the National Strategic Plan on HIV&AIDS, and further reinforcement through active coordination and provision of technical advice. As identified earlier in this report, national HIV&AIDS plans and programs have previously provided a limited focus on mainstreaming.

At the subsidiary sector level, there is considerable scope for advancing HIV&AIDS mainstreaming. The potential for this to occur was highlighted, for example, within the education sector where initiatives in curriculum development for schools and in teacher education were mutually reinforcing. Support for HIV&AIDS responses in the National Plan for Education 2005-2014, including development of a strategy, represents further

potential for a coordinated approach. Building on such initiatives would potentially involve activities such as ensuring HIV&AIDS is included in each sector plan, promoting development of a dedicated HIV&AIDS strategy for each sector, developing HIV&AIDS focal points in sectors and constituent departments, and providing access to advisor support in HIV&AIDS program development for each sector. Depending on the size, structure and degree of cohesion of respective sectors, this advisor support may be located in the sector itself, or centrally in a dedicated program or unit. In the latter case, this may be located inside or outside the AusAID Post.

The need for sector based coordination and support for HIV&AIDS initiatives was further highlighted in the context of the Constabulary where there were multiple small HIV&AIDS initiatives operating and supported by different donors and NGOs. In this context, there was need for coordination within the department, and for linking with parallel initiatives such as the projected development of a workplace policy on HIV&AIDS. In the latter case, the AusAID-supported Law and Justice Sector Program was considering how best to support development of workplace policies on HIV&AIDS across the 8 main government agencies/offices with which it works[5]. While the law and justice sector is more complex than most, the above issues highlight the need for coordination, efficient delivery of support across a sector, and linking between sector based agencies and specialist HIV&AIDS technical resources. The requirement for such coordination is increasing with additional donors entering PNG and offering support for the mounting HIV epidemic.

Recommendation 3:

That AusAID promotes strong leadership and coordination for a mainstreaming approach in PNG through the following strategies:

- *Support for the incorporation and resourcing of a mainstreaming approach within the National Strategic Plan on HIV&AIDS*
- *Building capacity in NACS to guide, promote and provide technical advice regarding the mainstreaming approach*
- *Promotion and support for the inclusion of HIV&AIDS issues and responses in sector and departmental plans, including a commitment to mainstreaming*
- *Promotion and support for the development of sectoral and departmental focal points for HIV&AIDS to aid coordination, networking and program development*
- *Support for dedicated advisors located in respective sectors and/or centrally to assist with program development and technical issues*

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[5] Department of Justice and Attorney General, the National Judicial Staff Services, the Ombudsman Commission, the Royal Papua New Guinea Constabulary, Correctional Services, Magisterial Services, Office of the Public Prosecutor and Office of the Public Solicitor.

4.3.2 Identifying and Promoting an Approach to Mainstreaming at the Organisational Level

Within sectors, thorough and effective organisational responses contribute to national level efforts to address HIV&AIDS. The projects reviewed revealed a range of different approaches to addressing HIV&AIDS within their host institutions. These were of varying scope and effectiveness. While there were multiple factors evident shaping the types of organisational response mounted, the level of knowledge of different options held by government staff and advisers was a significant variable. For example, some advisors held a greater knowledge of organisational options relating to HIV&AIDS and were aware of the logic and rationale of mainstreaming. This tended to be reflected in programs mounted. Some stakeholders interviewed in the review specifically indicated that it would useful if an optimal approach and methodology for mainstreaming within an organisational context were identified and publicised. If available, the approach and methodology would contribute to improved and more consistent organisational responses; it would also be possible to adapt it according to different contexts and the scale of initiatives involved.

The range of steps that are likely to be involved in an organisational mainstreaming methodology include:

Preliminary Awareness Raising
- Issue exploration – in relation to staff, organisation and clients

Initial Identification
- Analysis of HIV&AIDS in relation to the organisation
    - covering internal and external domains
    - considering risk, vulnerability and impact
    - sometimes assisted by research and impact/predictive studies
- Identification of comparative advantage
- Identification of nature of organisational response

Training and Establishment of Structures
- Training of sector staff on HIV&AIDS
- Building commitment with staff and policy makers through continued discussion, workshops etc
- Identification of HIV&AIDS focal points
- Establishing committees, working groups etc

Policy and Strategy Development
- Developing organisational policy and strategy/plan
- Developing workplace HR policy on HIV/AIDS

HIV&AIDS Service Linkages
- Promoting linkages with HIV&AIDS specific services
- Ensuring staff access to HIV&AIDS related services

Detailed Planning
- Incorporating HIV&AIDS in different departmental level plans
- Budgets and expenditure for mainstreaming / HIV&AIDS related activities

Networking and Partnerships
- Promoting networking and partnerships
- Maintaining strong linkages with sectoral and national HIV&AIDS coordination points

- Developing intra and inter-sectoral communication and collaboration between government departments

Recommendation 4:
That AusAID supports the identification and promotion of an approach and methodology for mainstreaming within organisations, and further supports its refinement and adoption within the different contexts within which it works.

4.3.3 Entry Points and Incremental Development of Mainstreaming

While a system-wide impact is required to effectively address HIV&AIDS, coverage and impact will be built up incrementally. The experience of the projects reviewed, and also reflected in the international literature, is that organisations most effectively commence with promoting HIV/AIDS awareness, knowledge and commitment amongst staff. On this basis, organisations commonly undertake further and more ambitious planning. Staff are often more comfortable addressing the internal domain in responses, rather the external, making the former a logical starting point (UNAIDS&GTZ, 2002). When addressing either domain it is important to identify entry points that are effective and lead to early gains. The extension of this approach is to address mainstreaming incrementally with a staged and achievable workplan. It is also important to ensure that initiatives are not limited to the internal domain, and that both dimensions are covered.

Recommendation 5:
That the mainstreaming approach supported by AusAID encourages the identification of entry points and an incremental approach in work with organisations, within an overall commitment to addressing both internal and external organisational domains.

4.3.4 Locating and Reinforcing the Role of Workplace Policies in Mainstreaming

Several of the projects reviewed provided support for planning or development of workplace HIV&AIDS policies. Such policies identified the rights and responsibilities of employees and employers, as established within the HIV/AIDS Management and Prevention (HAMP) Act 2003. The development of HIV&AIDS workplace policies will extend across the public service as guided by Department of Personnel Management (DPM) and NACS[6]. It will be important to link the initiative to the broader focus and intent of mainstreaming, promoting workplace policies as part of a total organisational response. Similarly, it will be important to contextualise and incorporate this step in terms of broader policy development for the public sector response to HIV&AIDS[7].

While both Human Resources and Welfare sections have been historically marginalised within departments, these have a significant role in the future development and coordination of mainstreaming. These sections are charged with significant responsibilities in relation to human welfare, but in the context of the HIV&AIDS epidemic will face mounting challenges in capacity. Focused capacity building for these sections will be useful.

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[6] Department of Personnel Management is developing a Workplace Policy on HIV/AIDS for Public Service (DPM, 2004); and NACS and ILO are developing a related workplace policy toolkit (NACS&ILO, 2004).
[7] See for example CACC's National Strategic Framework on HIV&AIDS (CACC, 2005).

Recommendation 6:
That AusAID promotes linkages and coordination between the broader initiative of mainstreaming within departments and other organisations, and the generation of workplace policies for HIV&AIDS.

Recommendation 7:
That AusAID provides support, particularly in sector programs for the reinforcement of departmental sections with key roles in coordinating, planning and delivering departmental responses to HIV&AIDS including Human Resources and Welfare sections.

4.3.5 Decentralised Planning and Multi-Stakeholder Engagement

Stakeholders interviewed suggested that within a government context, implementation of HIV&AIDS initiatives relied on effective models for operation in a decentralised context. For mainstreaming, such factors have direct ramifications for the achievement of a desired system-wide impact. For example, the role of HSSP in supporting the introduction of HIV&AIDS in provincial plans was important in moving the intent of the national policy on HIV&AIDS towards implementation. Within Correctional Services, the relationship between headquarters and individual correctional institutions was critical to the effective introduction of new IEC approaches for HIV&AIDS. In this case, issues identified with management arrangements and difficulties with monitoring led to patchy results. Another dimension of decentralised operations was represented by the Department of Works and Implementation, which with support from NRBMP planned to link with PACs in order introduce HIV&AIDS education for staff within its provincial operations.

While it is beyond the scope of this review to provide detailed assessment, it appears that mainstreaming in a decentralised context will require guidance from specific strategy and models that take into account and promote the following features:

- Links between head offices and subsidiary offices/institutions, with the latter possibly aligned to provincial and district structures
- Links with provincial /district administrations and related planning processes
- Multi-stakeholder engagement, including with Provincial and District AIDS Councils, Churches, NGOs and CBOs both within initiatives, and in coordination functions

Recommendation 8:
That AusAID's mainstreaming strategy incorporates measures for a decentralised context including consideration of links between headquarters and subsidiary offices in government departments, linkages with provincial and district planning processes, and multi-stakeholder engagement.

4.4   Promoting Consideration of Cross-Cutting Issues

The principles generated to guide this review have emphasised the importance of gender, participation and sustainability as cross-cutting issues in mainstreaming of HIV&AIDS. *Gender* was identified as a critical factor related to HIV&AIDS incidence, and to effective responses. This area, however, received little consideration in most projects. A future challenge is therefore to promote a focus on gender in analysis, selection and design of responses, and in monitoring and evaluation. Similarly, promoting *participation* was identified as an important determining factor in gaining support and ownership for new HIV&AIDS responses. The review confirmed this lesson in the internal organisational domain, but little evidence was available regarding external participation. This reflected the limited scope of most activities. The promotion of broad based participation in organisations, including senior management, reinforced the *sustainability* of initiatives in terms of their legitimacy and ownership. Broader issues identified included an over-reliance on external advisor facilitation and donor funding to maintain momentum of initiatives.

A range of recommendations have been made in this review which reinforce sustainability. These include the enhancement of the role of sectors to plan and support HIV&AIDS activities, the development of HIV&AIDS focal points within organisations, and support for capacity building strategies for national leadership and coordination. Additionally, it has been recommended that sectors are encouraged to include support for HIV&AIDS initiatives and mainstreaming in their budgets, and that this be reflected in agency corporate and annual plans.

Recommendation 9:
That in the approach to HIV&AIDS mainstreaming developed by AusAID, emphasis is given to analysis of, and responses to the cross-cutting issues of gender, participation and sustainability. That sustainability measures include the promotion of core support for HIV&AIDS and mainstreaming in sector budgets, with corresponding emphasis in agency corporate and annual plans.

4.5   Direct Role of AusAID and Contractors

AusAID's strategy of building mainstreaming into different sectors was under development at the time of this review. Early activities included workshops with government staff and advisers from different sectors, together with responsible AusAID staff to provide information about mainstreaming and explore responses. The results of this review confirmed the value of such an approach. Responses to initial activities were very positive. Additionally, the review identified that having advisers who were informed and committed to HIV&AIDS issues and approaches made a critical difference to project outcomes. Consistent with plans under consideration by AusAID, the extension of this approach may involve:

- Regular and more systemic education of AusAID staff and advisors regarding mainstreaming
- Regular engagement between AusAID, government representatives and contractors to discuss progress with mainstreaming
- Ensuring that contractor employment practices educate and support staff in relation to HIV&AIDS, and are also consistent with the HAMP Act 2003

- Ensuring that the approach and methodology contractors employ in design and implementation address HIV&AIDS and mainstreaming issues
- Ensuring that gender and other cross-cutting issues are considered by contractors in relation to HIV&AIDS and mainstreaming
- Review of contracts and scope of services clauses to ensure consistency and attention to HIV&AIDS and the mainstreaming approach

Recommendation 10:
That AusAID continues and extends its direct engagement with sectors including with government representatives, responsible AusAID staff and contractors in order to advance the mainstreaming approach. Within this focus, it is recommended that AusAID extend opportunities for education and interchange, and reviews guidance and contract requirements for contractors to ensure attention and consistency in addressing HIV&AIDS and mainstreaming.

4.6   Monitoring and Evaluation

As mainstreaming is a relatively new approach to service delivery, and particularly so in PNG, it is critical that monitoring and evaluation frameworks are made available to provide feedback as to the effectiveness of this approach, and to aid further organisational learning. As highlighted in the experience of SDC (2004), it is recommended that the approach adopted is to modify existing frameworks that are currently utilised or under development in sectors and individual departments, rather than developing new stand-alone instruments. As mainstreaming is concerned with the incorporation of HIV&AIDS into organisational core functions, an integrated approach to planning and monitoring and evaluation in sectors and organisations would be most effective.

In the design and operation of monitoring systems, monitoring at the level of inputs, activities and outputs will be relatively uncomplicated, while assessment of outcomes and impact may require access to specialist expertise. Consistent with an approach that seeks to identify and respond to HIV&AIDS risk, vulnerability and impact[8], monitoring systems need to also focus on these attributes and how they are affected by mainstreaming. It is possible that monitoring and evaluation systems examining the broader effects of mainstreaming could operate at the sector level. Other aspects of a monitoring and evaluation framework for mainstreaming will involve the regular identification of lessons learned and information sharing both at the sector level and nationally.

Recommendation 11:
That AusAID details an approach to monitoring and evaluation for HIV&AIDS mainstreaming in PNG, and promotes the incorporation of this approach within existing monitoring and evaluation frameworks utilised by sectors and departments. Support for specialist monitoring and evaluation adviser inputs, particularly to assess outcomes and impact is also recommended.

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[8] See Section 4.2.2

Conclusion

The AusAID supported programs and projects that were the focus of this review represented the product of growing concern regarding the HIV epidemic in PNG. Most of the projects achieved valuable outcomes, particularly in education of staff and building a commitment to respond. In some cases, projects had a more systemic orientation and demonstrated the potential for organisations to analyse their relationship to HIV&AIDS and mount a range of relevant initiatives. Responses of this type are intrinsic to the mainstreaming approach, coupled with an orientation that focuses upon the internal and external organisational environment.

The extension of the above initiatives within a wider mainstreaming approach will rest upon identification and promotion of a clear understanding of the nature of 'mainstreaming', its purpose and limitations. Access to viable methodologies and associated analytical tools are necessary for implementation. Mainstreaming will also require access to expertise both nationally and in sectors, and efforts to educate staff of government and other agencies, advisers, and AusAID staff in the approach. It will involve a range of responses, based on different organisations' comparative advantage. Overall, the intent of mainstreaming is to bring these initiatives together within a unified and coordinated approach that cumulatively makes a significant impact.

A significant enabling factor and precondition for advancing a mainstreaming approach is effective national leadership and coordination. At the time of the review, the approach had strong informal endorsement. It will be necessary, however, to ensure that this approach is consolidated in formal plans and policies. Beyond this, it is critical that capacity levels at the national level for supporting mainstreaming are further enhanced, particularly in NACS.

Mainstreaming is a new approach for PNG, but a necessary one. The HIV epidemic in PNG is escalating in the context of development challenges such as gender inequality, lack of education and weak governance. Mainstreaming necessarily involves organisations responding to HIV, but also to associated development issues. Both dimensions are inter-related and mutually reinforcing. Mainstreaming assists organisations, within the bounds of their comparative advantage, to take concerted action to address the epidemic.

Appendix 1 Terms of Reference - Review Of AusAID Multisectoral HIV Initiatives in Papua New Guinea

Background

Papua New Guinea is facing a serious HIV/AIDS epidemic. Although the most recent government statistics (June 2004) confirm that almost 10,000 people have been diagnosed with HIV, the World Bank has estimated that the total number of HIV infected people in PNG could be as high as 50,000.

With many factors present in PNG that are known to drive the epidemic in other countries, namely high STI prevalence, high levels of partner exchange, high mobility, and the very low status of women, AusAID has determined that HIV should be mainstreamed throughout its PNG program to maximise the potential of every sector's engagement in the country. To inform the process of mainstreaming, past efforts at addressing HIV through different sectors need to be reviewed in order to determine lessons learned from these exercises.

Objective

To review selected previous HIV initiatives in the PNG program from **1995 to 2004**, in order to inform the development of an effective strategy for HIV mainstreaming.

Scope of work

- For this exercise, eight (8) sectoral activities have been chosen in collaboration with AusAID staff and are listed at Annex 1.
- For each activity:

(1) Desk Review
- Conduct a desk review of project documentation, including Project Completion Reports, relevant milestone reports and monitoring and evaluation material (this will be provided by the HIV Unit in Canberra).
- Obtain additional information from stakeholders based in Australia, in particular the Australian Managing Contractor staff and AusAID staff involved in each project.

(2) In-Country Mission
- Interview relevant stakeholders, including AusAID staff, Government of PNG, civil society representatives, and project staff to determine:
    - How and why the initiative was conceived and designed
    - What the counterpart involvement was/is in the design process and implementation
    - Who has driven the initiatives
    - The extent to which the initiative is still relevant and/or operational
    - What were the outcomes and what were the facilitating or inhibiting factors.

<u>Outputs</u>

A document of no more than fifteen (15) pages that includes:
- An outline of each HIV/AIDS sectoral initiative reviewed. This should include a brief description of the overlying project, and the scope, duration, and funding of the specific HIV/AIDS activities.
- An assessment of the quality, suitability and sustainability of the HIV/AIDS initiative in each sectoral area, using the "mainstreaming criteria" described below.
- An analysis and discussion of "lessons learned" from each HIV/AIDS initiative.
- Recommendations about future sectoral initiatives, with regard to AusAID's mainstreaming strategy.

<u>Mainstreaming Criteria</u>: the following criteria should be used to assess how each initiative fits into a mainstreaming framework:
- Demonstrated comparative advantage of the sector to do the work
- Demonstrated link with core functions of the implementers
- Demonstrated link to vulnerability reduction
- Possible matched funding/sustainability
- Demonstrated strategic partnerships between the project and GoPNG

<u>Timing and Duration</u>

It is estimated that this exercise will take 25 days in total:
- 6 days in Australia for a desk review
- 14 days in PNG
- 5 days in Australia for report writing

This activity will need to be completed by 24 March 2005.

<u>Specific Expertise Required</u>

- Experience in designing or managing HIV/AIDS programs in developing countries
- Understanding of the principles of HIV/AIDS mainstreaming
- Understanding of the PNG context with regard to HIV/AIDS
- Previous experience in PNG is desirable

<u>Background Documents</u>

- Plan of Action for HIV/AIDS Mainstreaming into AusAID's PNG Program.
- Papua New Guinea's National HIV/AIDS Medium Term Plan 1998-2002
- Papua New Guinea's National Strategic Plan for HIV/AIDS 2004-2008

<u>Annex 1</u>

Specific HIV/AIDS Activities Undertaken by Sectoral Projects

1. Correctional Services Development Project Phase II
2. Royal Papua New Guinea Constabulary Development Project Phase III
3. National Fisheries College Strengthening Project
4. Primary and Secondary Teacher Education Project (PASTEP)
5. Curriculum Reform Implementation Project (CRIP)
6. Bougainville Wharves Project
7. National Roads and Bridges Maintenance Project Phase II
8. Health Services Support Program (HSSP)

Appendix 2   Summary of Programs/Projects Reviewed including Aspects Related to HIV&AIDS

Name of Program/Project	Primary and Secondary Teacher Education Project (PASTEP)
AusAID Sector	Education
Years of Operation	1999-2004
Budget	$38 million
Government Department	Education
AMC	GRM
Project Summary	
The five year Primary and Secondary Teacher Education Project contributed to the quality of primary and secondary teacher education in PNG. The project worked to strengthen the pre-service training of primary and secondary teachers, including in the area of special education, develop and strengthen teachers' ability to actively promote and implement gender awareness and equity in education, as well as upgrade and renovate existing infrastructure and facilities.	
Project Components and Objectives	
Goal: To contribute to the socio-economic development of Papua New Guinea through an improvement in the quality of general education. Purpose: To assist GoPNG raise the quality and relevance of teacher education to meet the requirements of the Education Reform Agenda by strengthening and improving teacher education in Primary, Secondary and Special Education areas, and by promoting and implementing gender equity and change management.	

Goal: To contribute to the socio-economic development of Papua New Guinea through an improvement in the quality of general education.
Purpose: To assist GoPNG raise the quality and relevance of teacher education to meet the requirements of the Education Reform Agenda by strengthening and improving teacher education in Primary, Secondary and Special Education areas, and by promoting and implementing gender equity and change management.

In order to achieve the Goal and Purpose, PASTEP had six components, each with its own focused objective:
- Component 1: Primary Teacher Education
To strengthen the pre-service training of primary teachers.
- Component 2. Secondary Teacher Education
To strengthen the pre-service training of secondary teachers.
- Component 3. Special Education Teacher Education
To strengthen the pre-service training of teachers in the area of special education at both primary and secondary levels.
- Component 4. Gender Equity Program
To develop and strengthen primary and secondary teachers' ability to actively promote and implement gender awareness and equity in all aspects of education.
- Component 5. Infrastructure Support
To support teacher education activities by the provision of additional infrastructure and renovation of existing facilities.
- Component 6. Distance Education
To review the policy and institutional framework as it relates to distance education and teacher education in PNG, prepare terms of reference for a design study on distance education and teacher training, and conduct the design study.
HIV & AIDS aspects mainly related to Components 1 and 4 above.

HIV&AIDS Aspects

HIV&AIDS aspects were not included in the original design, but introduced during implementation. The area received limited overall attention, reflecting both the design and the status of HIV&AIDS within the curriculum which unlike areas such as gender equity was not a defined curriculum strand. Aspects covered include:

- Support for updating the Health Studies and Social Science primary teacher training curriculum to include a focus on HIV&AIDS. Some information on STDs was already in the Health curriculum. The process involved awareness raising and issue exploration with curriculum developers. Some limited support for implementation of this curriculum in the teacher training institutions was also provided.
- Circulated HIV&AIDS awareness material from NACS to teacher training institutions
- Complementary work in developing gender equity in education material, but little explicit reference to HIV/AIDS issues

Outcomes in Relation to HIV&AIDS

- Wide use and acceptance of teacher education curriculum material that contain HIV&AIDS aspects
- Contribution to increased awareness and concern about HIV&AIDS in the education system.

It is not possible to be more specific without the conduct of more extended review and/or dedicated M&E activities.

Issues in Relation to HIV&AIDS Identified by Stakeholders

- The area needs greater and specific attention both in the context of teacher education and curriculum development for schools, through designated, compulsory study areas. This reflects increasing national priority attached to the issue, reinforced by concern of donors. The limited attention to the area under PASTEP is understandable given prevailing conditions during the time the project was formulated.
- Teachers need well developed and specific skills to teach issues related to HIV and sexuality which will be provided with dedicated, compulsory training. Teachers will need to address community sensitivities regarding discussion of HIV&AIDS, and be able to build community knowledge and support for this curriculum area. This has further implications for the type of teacher training that is required, and suggests that specialist training staff will need to be engaged at teacher's colleges.
- The Department will need access to specialist expertise in relation to HIV&AIDS, child development and appropriate learning strategies to appropriately plan curriculum and teacher education.
- The Department needs to advance plans for development of a HIV&AIDS policy, and develop, coordinate and support appropriate strategies for implementation.
- Stronger leadership and coordination are needed from NACS, which should also be in the position to provide advisory services and resources.

Relationship to Broader Planning in Department (at March 2005)
The National Plan for Education 2005-2014 gives significant attention to the issue of HIV&AIDS and provides a broader framework for consolidation and coordination of initiatives in this area. A departmental HIV&AIDS policy is to be developed 'as a matter of urgency', as an 'essential way of demonstrating the commitment education has to educating its employees and young people about this disease (Department of Education, 2004:7). Related strengthened curriculum and teacher education initiatives are detailed, but the scope of human resource response is not specified. These initiatives are expected to be reinforced through the AusAID supported PNG Education Capacity Building Program (ECBP) which envisages engaging a short term consultant to promote a systematic response to HIV within the Department and including developing a strategy for promoting HIV mainstreaming through ECBP activities and other key education projects (Department of Education and AusAID, 2004:19-20).

Primary and Secondary Teacher Education Project (PASTEP)

Name of Program/Project	Curriculum Reform Implementation Project (CRIP)
AusAID Sector	Education
Years of Operation	2000-2006
Budget	$27 million
Government Department	Education
AMC	SAGRIC

Project Summary

This project supports PNG's major education reform program by assisting the Curriculum Development Division of the National Department of Education to effectively develop, implement and gain support for reform curriculum, particularly in elementary and primary schools. The project provides training, technical advice and assistance with the production and distribution of curriculum materials. CRIP originally targeted the primary curriculum only, but later the project extended to lower secondary.

Project Components and Objectives

The project has six components each with its associated objective:
- Component 1: Reform curriculum development

To develop appropriate and relevant curriculum and assessment materials to support the PNG curriculum reform.
- Component 2: Reform curriculum production and distribution

To produce and supply PNG curriculum reform materials to schools in a cost effective and timely manner, with a longer shelf life.
- Component 3: Reform curriculum in-service

To skill those staff required to support and implement the reform curriculum.
- Component 4: Monitoring and communication

To generate understanding and support for the PNG curriculum reform and establish systems that monitor and evaluate its effectiveness.
- Component 5: Project management

To manage the project resources effectively and efficiently.
- Component 6: Lower secondary curriculum

To develop appropriate and relevant curriculum and examination and assessment practices for lower secondary and support their implementation.

HIV&AIDS aspects relate to Components 1-5 above, with envisaged activities under Component 6.

HIV&AIDS Aspects

HIV&AIDS aspects were not part of the original program design, but were introduced progressively. This followed broader planning in the education sector, and specifically the preparation of the National Plan for Education 2005-2014 and the National Curriculum Statement (2002). Both documents contain reference to HIV&AIDS, as an issue that education needs to address.

Under the reform curriculum being introduced, as supported by CRIP, HIV&AIDS issues will be taught within the new subject of Personal Development at the upper primary level and within Health at the lower primary level. HIV&AIDS issues will also be addressed in several revised lower secondary curriculum subjects. CRIP, along with the Population Education Project (assisted by United Nations Population Fund), provide support for the implementation of the Personal Development syllabus and related teacher support materials. In 2005, CRIP will provide student and teacher resources to all schools to support the new Personal Development syllabus. These resources will include information packs from NACS.

A NAC representative was expected to join a committee that oversees the Personal Development Curriculum. Awareness raising sessions were also being completed with Curriculum Development staff by NHASP consultants with the intention of reinforcing the personal capacities of staff to act as advocates for the new curriculum.

Outcomes in Relation to HIV&AIDS

The new Personal Development and Health curricula for use at the primary level have been developed, and are being rolled out amongst primary schools during 2005 together with HIV resources. While this is significant step and will have a national level impact, results will take some to be evident. Uptake in the school system of the new curriculum will be tracked in Department and CRIP monitoring systems. Curriculum development and roll out for lower secondary will be a later initiative.

Issues in Relation to HIV&AIDS Identified by Stakeholders

- Implementing the new Health and Personal Development curricula will require high levels of skills and personal resources from teachers. Primary school teachers are generalists and teach all curriculum areas for an age group. Teachers must overcome widespread taboos concerning discussions of sexuality, and will be best equipped if they can liaise with communities/families regarding the intent and scope of this curriculum area in order to win acceptance and increase efficacy. This has significant implications for teacher education, both in formal training and in-service, and demands increased attention and coordination.
- The urgency of the HIV issue prompts giving further attention to the HIV area within the primary and secondary curricula. This may involve, for example, developing a discrete strand within Personal Development curriculum rather than the more integrated approach for HIV at present. A related response may involve making HIV a compulsory area of study within Human Development where taught in the secondary system. An early review of new curriculum would provide an opportunity for this type of refinement.
- Increased leadership and coordination is expected from NACS to guide and reinforce initiatives in the HIV area, and provide linkages with resources and specialist expertise.
- Curriculum developers would have benefited from greater access to specialist knowledge regarding the inter-related areas of child development, sexuality and learning approaches. There was an expectation that such expertise should be available through NACS
- The knowledge of curriculum development staff regarding HIV, and their readiness to engage with associated issues needed to be reinforced so that they could become advocates for the new curriculum.

Relationship to Broader Planning in Department (at March 2005)
The National Plan for Education 2005-2014 gives significant attention to the issue of HIV&AIDS and provides a broader framework for consolidation and coordination initiatives in this area. A departmental HIV&AIDS policy will be developed 'as a matter of urgency', as an 'essential way of demonstrating the commitment education has to educating its employees and young people about this disease (Department of Education, 2004:7). Related strengthened curriculum and teacher education initiatives are detailed, but the scope of human resource response is not detailed. These initiatives will be reinforced through the AusAID supported PNG Education Capacity Building Program (ECBP) which envisages engaging a short term consultant to promote a systematic response to HIV within the Department and developing a strategy for promoting HIV mainstreaming through ECBP activities and other key education projects (Department of Education and AusAID, 2004:19-20)

Curriculum Reform Implementation Project (CRIP)

Name of Program/Project	Health Services Support Program (HSSP)
AusAID Sector	Health
Years of Operation	2000-2005
Budget	$115 million
Government Department	Health
AMC	JTA International, GRM and IDP

Project Summary

The Health Services Support Program is designed to achieve sustainable improvements in the health of PNG's population, particularly in rural areas. This program works with the Government and other providers of health services in PNG to improve the management, coverage, access and quality of services, and to facilitate a transition from project assistance to a sector wide approach in line with PNG Government priorities.

Project Components and Objectives

The goal of HSSP is 'To improve the health of the population of PNG'. This is achieved through supporting the National Department of Health (NDOH) to work towards the priority objectives of the National Health Plan (NHP) 2001-2010. The NHP objectives are further focussed in the Medium Term Expenditure Framework (MTEF) 2004-2007 which prioritises funding for the sector based on greater burden of disease. Priorities include a focus on HIV&AIDS as follows:

- Program/Service Delivery
  - Immunisation
  - Malaria prevention
  - Safe motherhood/ family planning
  - HIV/AIDS
  - Water supply and sanitation
- Organisational Priorities
  - Outreach services
  - Supervisory visits
  - Sector monitoring, review and performance agreements
- Reform Priorities
  - Human resource planning/ capacity mapping and building
  - Streamlining of provincial health services
  - Securing minimum levels of provincial health funding
  - Improving hospital efficiency
  - Medical supply logistics management reform

HSSP has contributed to each of ten NDOH program budget categories as well as providing direct support to the provinces and to hospitals. The budget category areas are as follows:

- Program One: General Administration
- Program Two: Urban Health Facilities
- Program Three: Rural Health Facilities

- Program Four: Family Health Services
- Program Five: Disease Control
- Program Six: Environmental Health and Water Supply
- Program Seven: Health Promotion and Education
- Program Eight: Medical Supplies and Equipment
- Program Nine: Human Resource Development
- Program Ten: Support Services

In all of the above categories, HSSP has provided assistance that relates to HIV/AIDS.

HIV&AIDS Aspects

The role of the NDOH in relation to HIV&AIDS is influenced by its former designated leadership role on the issue in Papua New Guinea. Following the establishment and consolidation of the National AIDS Council, NDOH has not defined a clear role or strategy on the issue. The National Health Plan provides only limited direction. In this context, NDOH has undertaken a range of limited initiatives in the area of HIV&AIDS. Many of these are in an early stage of development, and building on growing staff awareness and commitment. The role of HSSP has been to support and also seek to advocate and influence in relation to advancing health priorities, including HIV&AIDS. HSSP has provided support in this regard centrally to NDOH, and also to the provinces. The following list of activities, for which HSSP has provided assistance is indicative, covering many but not all activities:

Overall Planning and Coordination
- Encouraging integration of HIV&AIDS topics into training conducted in the provinces
- Supporting provincial planning in relation to HIV&AIDS response including condom distribution. Assisting in development and coordination between Provincial Annual Health Plans and Provincial AIDS Plans
- Supporting multi-stakeholder engagement in planning and strategy meetings at provincial level in relation to HIV&AIDS
- Supporting refinement of the National Health Information System in relation to HIV&AIDS data

Information and Advocacy
- Regular incorporation of HIV&AIDS into discussions/meetings/workshops with advisers, NDOH personnel, and provincial and district health staff
- Updating and circulating documents relating to HIV&AIDS e.g. NACS materials, statistics, articles, laws
- Supporting NDOH personnel to present at relevant forums
- Supporting development of National Health Radio Network which will promote discussion of HIV&AIDS issues and responses

Specific Initiatives
- Distribution of condoms and related health promotion materials through provinces and NGOs, and related assistance with development of provincial strategies to maximise distribution
- Supporting refinement of infection control guidelines by NDOH Curative Health Services Branch including for HIV&AIDS risk management
- Promoting the correct and safe use of injections, particularly in mass immunisation campaigns

- Supervising the construction of STI/HIV/AIDS clinics
- Trialling of HIV/AIDS awareness building of construction workers as part of program support for construction of health facilities
- Promoting incorporation of STI/HIV/AIDS into reproductive health and child health planning and service provision through work with NDOH Family Health Section
- Promoting a more active role in health promotion for HIV/AIDS issues through support for NDOH Health Promotion Branch to develop initiatives relating to community planning, breastfeeding, and ARVs, and to support a general rural health promotion focus in relation to HIV/AIDS
- Supporting development of sections in NDOH HR policy relating to HIV&AIDS, for example, relating to HR planning, confidentiality, lack of discrimination
- Supporting mainstreaming of HIV&AIDS into the pre-service training curriculum of community health workers through work with the Training and Curriculum area of NDOH Human Resources Management Branch
- Supporting improved hospital response to HIV&AIDS through development of an educative/advocacy role as complement to existing treatment orientation through work with the Curative Health Services Branch

Outcomes in Relation to HIV&AIDS

HSSP has promoted integration of HIV&AIDS responses into a range of different areas as part of its engagement with PNG's health system. Change has been promoted from the centre, encouraging national policy and systems to reflect HIV&AIDS priorities, but also more directly influencing change at a local level with provinces and hospitals. The work of HSSP in this area has reflected a high level of commitment from HSSP senior management, and the program's ability to advocate and influence in the absence of a detailed plan or strategy for response from NDOH. Overall levels of health personnel involvement and the scope of activities have been limited, but have grown with increasing engagement, knowledge and exposure. Efforts by HSSP to work in coordination with NACS and NHASP appear to have reinforced impact.

Issues in Relation to HIV&AIDS Identified by Stakeholders

- Lack of a comprehensive policy or strategy by NDOH in relation to HIV&AIDS
- Inadequate coverage and attention to HIV&AIDS in the National Health Plan which has a predominant focus on screening and treatment. There is a need for greater attention to educative approaches, and also to explicit mainstreaming of HIV&AIDS through health policy, planning and service provision
- Lack of clarity in respective roles of NDOH and NACS/PACS in relation to HIV&AIDS
- Limited staff knowledge and associated technical skills throughout the health system in relation to HIV&AIDS

Relationship to Broader Planning in Department (at March 2005)
The designation of HIV&AIDS as a Program/Service Delivery Priority in the Health Sector Medium Term Expenditure Framework (2004-2006) occurred at a late stage in the development of the document. This reflects the lack of clarity and definition present concerning the role of the NDOH and the broader health system in relation to the issue. Further clarification should occur through policy and strategy development, and consolidation of initial efforts by NDOH to mainstream HIV&AIDS. The development of a sector wide approach will be reinforced through AusAID's health initiatives with GoPNG including the Capacity Building Service Centre from 2006. This will provide additional opportunities to mainstream HIV&AIDS.

Health Services Support Program (HSSP)

Name of Program/Project	**Correctional Services Development Project Phase II**
AusAID Sector	Law and Justice
Years of Operation	2000-2003
Budget	$20 million
Government Department	Correctional Services
AMC	ACIL

Project Summary
The review was of Part A of the Correctional Services Development Project (CSDP) Phase II which focused on Institutional Strengthening. Part B involved Infrastructure, and Part C involved a Project Monitoring Group. Part A was concerned with revitalising and strengthening the operation and management of core activities in correctional institutions, establishing a Correctional Services (CS) facilities management capability to ensure the refurbishment and maintenance of buildings and facilities, strengthening select CS corporate functions, supporting effective operations in the correctional institutions, and supporting the delivery of training within CS.

Project Components and Objectives
CSDP Phase II built on AusAID support delivered to CS from 1992. Part A operated from 1996 to 2003, with an initial period of operation of three years. Following a mid term review, an Extension Design Document (EDD) was prepared that covered the period from 2000-2003. The objective of Part A, as revised and included in the EDD was 'to increase the responsiveness of the PNG justice system to community needs'. This reflected the inter-relationship and interdependence of many parts of the justice system, and supporting technical assistance projects to improve conditions on the ground. The project purpose was 'to develop an effective and well managed correctional service in PNG.' Phase II under the EDD had four components, each with an associated objectives: • Component 1 Correctional Institution Operations and Management To revitalise and strengthen the operation and maintenance of core activities in correctional institutions • Component 2 Facilities Management To establish a CS facilities management capability to ensure the refurbishment and maintenance of buildings and facilities • Component 3 CS Corporate To strengthen select CS corporate functions to support effective operations in correctional institutions • Component 4 Training and the College To support the delivery of training within CS • Component 5 Project Management To ensure the effective achievement of project outputs Under the EDD, HIV&AIDS initiatives occurred in Components 1, 3 and 4 above.

HIV&AIDS Aspects
The extension of CSDP Phase II included specific initiatives on HIV&AIDS. This contrasted to the original design, where HIV&AIDS was not highlighted. A poverty analysis included in EDD made reference to poverty and the connection between good personal health practices and HIV&AIDS. A specific output was therefore included in the EDD to address increased awareness of HIV&AIDS issues, focusing on staff, their families and detainees. Specific HIV&AIDS related activities under the project were: • Development of a CS HIV/AIDS and Other Infectious Diseases Strategy (Sept 2001) in close collaboration with NACS, and consistent with the national HIV&AIDS strategy. Distribution of the Strategy to all GoPNG agencies as a model. The Strategy included comprehensive measures relating to HR, education, prevention, treatment, counselling, testing and care for AIDS suffers, and support for affected families. • Preparation of a poster and distribution of other materials for display in institutions. Display of HIV&AIDS awareness materials in prison vans. • Poster competition amongst detainees • Training courses operated in 2001 and 2002 to train staff from institutions and a small number of long term detainees. The intention was that the trainees would in turn operate awareness raising activities in institutions. Training was developed in conjunction with NACS. • Completion of HIV&AIDS awareness training within an institution was also made a condition of access to funds under an Incentive Fund developed under the project The above initiatives built on previous training of CS offices on HIV&AIDS that occurred from the mid-1990s under support from WHO and South Pacific Commission.
Outcomes in Relation to HIV&AIDS
Results under the project were innovative and significant in terms of an agency-wide response to the emerging epidemic. The Strategy represented a comprehensive commitment of the agency to staff and detainees. Results were patchy, however, with well developed and enthusiastic responses occurring in some institutions, particularly larger institutions which also hosted formal training programs. In some case, well-developed peer education programs and complementary awareness raising sessions were apparently mounted. Work with staff and detainees predominated, with little attention to staff families as intended. Support from institution commanders was essential, for what was often perceived as a sensitive topic. Attitudes towards the acceptability of condom distribution in institutions, for example, differed widely. While evidence largely relies on personal impressions, senior CS staff suggest that HIV&AIDS activities in institutions may have led to better care of AIDS suffers in prisons, and reduced stigmatisation. The HIV&AIDS initiatives implement with support from CSDP provided a firmer basis for several subsequent initiatives supported by other donors/projects. These include a trial Peer Education project (EU) and awareness raising sessions by Anglicare (involving PLWHA) within all institutions and surrounding communities.

Issues in Relation to HIV&AIDS Identified by Stakeholders
• Issues with effectiveness of HIV&AIDS initiatives intersected with those affecting all of CS. These included lack of resource and inadequate systems for monitoring and support for new initiatives, and poorly developed management systems. More recent initiatives within CS such as new management arrangements to improve linkages between the centre and institutions may improve the quality of future programs.   • Lack of resources to support in-service training, and absence of new recruits and associated training mean that there are fewer opportunities to reinforce HIV&AIDS awareness and commitment.   • HIV&AIDS initiatives developed in CS with donor support during different periods show a pattern of subsiding after donor funding ceases. This in part reflects lack of resources, and also lack of stimulus, but also broader issues relating to management commitment.   • The existence of the CS HIV/AIDS and Other Infectious Diseases Strategy has reinforced commitment to the issue across the agency. There is now a need to translate aspects of the strategy into other areas of agency policy making, particularly in HR and to develop a clearer idea of how to implement the strategy.   • The existence of an officer in CS who has a part-time, but dedicated responsibility for HIV&AIDS has been valuable in stimulating concern and responses to the issue in the agency   • Subsequent to CSDP, other donors/projects particularly the EU and NHASP have supported HIV&AIDS initiatives in CS. There is a need to coordinate these initiatives across the agency, and also coordinate with possible future support for this area under the Law and Justice Sector Program (LJSP).
Relationship to Broader Planning in Department (at March 2005)
CS is considering way to consolidate HIV&AIDS initiatives particularly by extending activities to every institution, and promoting greater direct involvement of prisoners in education particularly through peer education models. The LJSP may provide support for such initiatives.

Name of Program/Project	**Royal Papua New Guinea Constabulary Development Project Phase III**
AusAID Sector	Law and Justice
Years of Operation	2000-2005
Budget	$60 million
Government Department	Royal Papua New Guinea Constabulary
AMC	ACIL

Project Summary

This five year project built on 12 years of Australian assistance to the Royal Papua New Guinea Constabulary (RPNGC). The project was delivered in two components with Part A focusing on institutional development and Part B involving capital works. Part A is the focus of this review. Key areas of support in Part A included community policing, human resource management including discipline processes, infrastructure refurbishment, and improved systems and training to enhance RPNGC capacity to analyse, prevent, investigate and prosecute crime.

Project Components and Objectives

The Project Goal was 'to improve the capability of the RPNGC to enforce the law effectively and in an impartial manner, and to work with the community to preserve peace and good order.' In 2001, the project was redesigned to provide a streamlined and more flexible approach. It included an emphasis on 'integrating HIV/AIDS awareness into project activities', although this was not reflected in a specific output. The Phase III (Redesign) components relating to Part A, and their associated objectives were as follows:

- Component 1: Policing in the Community
To support the Constabulary to develop effective strategies, programs and practices to implement the Commissioner's philosophy of Community Policing.
- Component 2: General and Specialist Policing
To improve the Constabulary's general policing capabilities and to strengthen in select areas the investigation and prosecution of crime, especially in fraud and corruption
- Component 3: Headquarters Support for Effective Policing
To assist in the continued development and strengthening of selected essential Constabulary management systems
- Component 4: Project Management
To ensure the effective achievement of Project outputs

Initiatives relating to HIV&AIDS occurred in Components 1,2&3 above.

HIV&AIDS Aspects

Earlier AusAID projects supporting the Constabulary included limited initiatives relating to HIV&AIDS including awareness talks and condom distribution, and development of procedures in relation to handling of detainees.

The Project Re-Design Document (2001) increased the overall emphasis on

HIV&AIDS, recognising that the police community has a high HIV&AIDS risk profile. A range of initiatives focusing on awareness raising, education, and support were therefore incorporated. A broader context for the introduction of HIV&AIDS initiatives in the Constabulary is also represented by attempts to promote a community policing approach that involves all levels of the community in partnership with the police to develop a safer and crime free society, to improve corporate planning, and to address gender bias and inequality in the Constabulary and minimise crime against women.

The approach envisaged in the EDD was to 'integrate' HIV&AIDS into all appropriate project activities, and more generally into police training and operations.
Specific initiatives included:
Training
- Generation of a HIV&AIDS training package in conjunction with NACS. Areas covered included basic HIV&AIDS facts, modes of transmission, relationship with other infectious diseases particularly hepatitis, police operational contexts for HIV&AIDS particularly cell hygiene, professional conduct, and gender issues. This content became a standard part of training for recruits, and the focus of specific in-service training.
- In addition, HIV&AIDS elements were incorporated into most other training programs which include, for example, training of detectives, Dog Squad officers, prosecutors, reserve and auxiliary officers etc., and in decentralised training occurring in provinces and districts.
- Elements on HIV&AIDS were also incorporated into community policing training, but this did not extend to the operational area in, in general, community police do not intentionally engage the public about this issue.
- The systemic incorporation of HIV&AIDS training throughout the police was reflected in annual training plans
Other
- A limited number of awareness raising events with police families and police women about HIV&AIDS and domestic violence were conducted by welfare staff.
- A review of police operational procedures may have been carried out to identify areas of HIV&AIDS risk, with the intention of reflecting this analysis in associated training
- Linkages were promoted with outside organisations also addressing HIV&AIDS and associated gender issues such as treatment of sex workers and domestic violence. Examples included NACS, CIMC (Family Sexual Violence Committee), Department of Health, Anglicare, ICRAF (women's human rights focus).
- Several community theatre events were supported that aimed to increase awareness of HIV together with other social issues

Outcomes in Relation to HIV&AIDS

- Wide scale incorporation of HIV&AIDS into training
- Indications that levels of HIV&AIDS awareness amongst police have improved, and that police perceive the connection between their operational practice, personal behaviour and HIV&AIDS more clearly. This perception may also extend to the connection between gender and HIV&AIDS
- Unclear whether there has been a significant shift in personal attitudes and behaviour of police in relation to HIV&AIDS

- Indications that some operational practices may have altered as a result of HIV&AIDS training, e.g. safer handling of detainees
- Less effective in terms of awareness raising amongst families of police, particularly in the barracks due to methods used – didactic presentation and infrequent activity
- Indications that HIV&AIDS is taken more seriously by management
- Firmer basis provided for mounting further initiatives in HIV&AIDS, as supported by other donors/projects such as peer education (EU), awareness training in NCD (Save the Children Fund).

Issues in Relation to HIV&AIDS Identified by Stakeholders

- While awareness may be increased, there is a need to take HIV&AIDS initiatives to a new level to promote changes in attitudes, and operational and personal practice in order to reduce risk.
- HIV&AIDS issues and concerns need to be better reflected in agency policy and strategy (for example corporate plans and HR policy) in order to give further prominence to the issue, and promote consistent attention
- Senior management need to give the issue of HIV&AIDS a higher priority to ensure that the response moved beyond awareness raising
- The RPNGC Phase III project has a significant focus on gender. There may have been missed opportunities to reinforce the connection between HIV&AIDS transmission and gender inequality in the project, although other reviews indicate that gender related bias in the Constabulary was entrenched and difficult to address.
- Across the Constabulary and its different division, there is a range of activities operating that relate to HIV/AIDS. These represent initiatives supported by RPNGC Phase III, and other donors/NGOs, and also section/individual initiatives. There is now a strong need to coordinate these activities to promote further integration, coordination and consistency in approach.
- The sustainability of HIV&AIDS activities is affected by resource constraints in the Constabulary. For example, shortfalls in the overall budget for training obviously affect HIV&AIDS training provision.

Relationship to Broader Planning in Department (at March 2005)

The need for further consolidation of HIV&AIDS responses within in RPNGC was indicated by a range of stakeholders. Associated initiatives underway at the time of the review included:

- Initial work by the Policy and Planning Division of RPNGC to develop an agency policy on HIV&AIDS, specifically in response to the HIV/AIDS Management and Prevention (HAMP) Act (2003).
- Discussion of establishment of a designated coordinator position within the agency based in the HR Division to pull together and link various HIV&AIDS initiatives across the agency
- Planned support for development of HR policy consistent with the HAMP Act (2003)

Name of Program/Project	**Bougainville Wharves Project**
AusAID Sector	Infrastructure
Years of Operation	2001-2004
Budget	$14 million
Government Department	Bougainville Administration
AMC	Connell Wagner Sub-contractor for implementation - Curtain Brothers

Project Summary

The project aimed to improve sea transport facilities to allow the effective importation of essential goods to South-west Bougainville and the marketing and exportation of cash crops from this region. This was achieved through (i) construction of a jetty, shed and weighing facilities at Kangu Beach and a shed, hardstand and weighing facilities in the Siwai District of South-western Bougainville and (ii) construction to rehabilitate and extend the main wharf and facilities at Buka.

Project Components

The three major project components were:

1. Buka Wharf
    - 90m extension of existing land backed berth.
    - Barge berth and ramp cut into fringing reef with small craft berthing
2. Kangu Beach Jetty and Wharf , Barge Ramp and Storage Shed
    - Jetty and wharf for berthing 2,000 DWT ships and also small craft jetty.
    - Barge landing ramp.
    - 4,000 tonne storage shed and concrete pavements, office and weighing machine
3. Siwai Storage Shed
    - 4,000 tonne storage shed, and concrete pavement office and weighting machine.

HIV&AIDS Aspects

The project involved taking a skilled workforce from Port Moresby to the project site. The reliance on and presence of this temporary workforce raised concerns in the design phase of the project. HIV&AIDS awareness training for project workers, including the temporary migrants and local workers (guards and labourers) was therefore carried out by the implementing contractor. It is unclear whether a formal requirement for HIV&AIDS awareness training was included in the scope of services/contract for construction works. It is reported that HIV&AIDS activities in the project included the following:

- Engaging a full time nurse on site who amongst other duties provide information to workers on HIV&AIDS risks and protection
- Provision of condoms to workers, sourced from NACS
- Weekly Toolbox meetings conducted by the Project Manager where HIV&AIDS was discussed regularly

A major concern, common to contexts where there is a temporary male workforce, is that risks of HIV/AIDS transmission would be heightened through 'partying' behaviour

with local people and unprotected sex.
Outcomes in Relation to HIV&AIDS
Lack of information and difficulty in accessing personnel makes results very difficult to ascertain. It is unclear whether provision of information and condoms led to any changes in behaviour. The site was reported to be characterised by some instances of inappropriate/wild partying and inappropriate use of project resources for sexual relations. These issues were dealt with management, and their degree was not atypical compared to similar contexts in PNG.
Issues in Relation to HIV&AIDS Identified by Stakeholders
- The use of trained health personnel on the project site to convey health messages including those regarding HIV&AIDS was useful to reinforcing their importance   - Difficult security situations such as those that prevailed in Bougainville may have heightened risks in that it was more difficult to manage local staff, and local populations had little access to knowledge/education about HIV&AIDS
Relationship to Broader Planning in Department (at March 2005)
Not applicable.

Name of Program/Project	**National Roads and Bridges Maintenance Project (NRBMP)**
AusAID Sector	Infrastructure
Years of Operation	2001-2006
Budget	$107 million
Government Department	Department of Works and Implementation (DOWI)
AMC	SMEC

Project Summary

The project involves capacity building within the Department of Works and Implementation (DOWI) in planning, management and implementation of cost-effective maintenance of the national road network in rural areas, to be achieved through a program of assistance with the maintenance of road assets in the 7 provinces of East Sepik, Sanduan, Milne Bay, East New Britain, West New Britain, New Ireland and Madang. A key focus of the project is on human resource development to upgrade professional, technical, supervisory and operator skills in road maintenance.

Project Components and Objectives

Project goal: To assist in the economic and social development of PNG by supporting the effective maintenance of the national road network in rural areas.

Project purpose: To increase the capacity of the DOWI to plan, manage and implement cost effective maintenance of rural roads in the National road network in six [later 7] provinces.

The Project consists of 3 components each with its associated objective:
- Component 1: Road Maintenance
To improve the quality, standard of service and economic life of road and bridge assets through increased funding and improved maintenance practices.
- Component 2: Human Resource Development
To revitalise and upgrade the level of professional, technical, supervisory and operator skills in all aspects of planning, managing, constructing and maintaining road assets.
- Component 3: Project Management and Monitoring
Efficient provision and management of Australian inputs and coordination of all inputs.

HIV&AIDS activities occurred within Component 2 above.

HIV&AIDS Aspects

HIV&AIDS activities were only included in the project scope of services to the extent of providing HIV&AID education sessions for all project staff and to make available health promotion materials and condoms to those staff. The contractor was further charged with being a 'responsible employer' in line with HAMP Act (2003). Having undertaken those requirements, the project team explored extending the scope of coverage of HIV&AIDS issues to DOWI itself. This reflected, in part, concern that the work that it supports involves introduction of itinerant workers to rural communities in PNG.

The Secretary of DOWI and PMC was supportive of the idea of developing a

HIV&AIDS initiative within the department reflecting concern and also commitments under the HAMP Act (2003). To take the work forward a HIV&AIDS Advisor was employed under a short term facility within NRBMP, and a DOWI HIV&AIDS Committee established involving different sections of the department. HIV&AIDS awareness raising training was provided to the Committee. The Committee met monthly and developed an action plan. At the time of the review, a supportive policy directive was to be issued by the Department, with the intention of establishing sub-committees or action groups in the provinces that would link with the PACs to develop a local peer education approach to HIV&AIDS within the department.

Other components of the action plan included developing complementary management strategies to reinforce HIV&AIDS responses, developing access to HIV&AIDS services for staff, developing care and support strategies for PLWHA and promoting outreach and liaison with other government departments to promote interchange and coordination. A related, but separate activity involved exploring how a requirement for HIV&AIDS education could be built into all DOWI contracts, thereby applying to all locally contracted work. The project/committee recognised that the above areas needed to be prioritised with regard to order and capacity for implementation.

Outcomes in Relation to HIV&AIDS

The key results were:
- Training of project staff and provision of HIV materials for staff as per the Project scope of services.
- Extension of this initiative within DOWI involving confirmation of the necessary management support and developing structures to advance a mainstreaming initiative within DOWI.
- Establishment of linkages with NACS and involvement of a NACS member on HIV&AIDS sub-committee

The further development of this initiative will occur over 2005/2006.

Issues in Relation to HIV&AIDS Identified by Stakeholders

- The initiation of a mainstreaming strategy within DOWI was innovative, but well beyond the scope of the original intent of NRBMP. Issues arose as to whether this initiative should be supported by NRBMP or through some other means (such as NACS or NHASP) that is more directly related to HIV&AIDS. Some stakeholders believed that pragmatically NRBMP was well placed to continue support and that clarification of other stakeholder responsibilities and roles could take some time and result in a hiatus in support.
- Related to the above point, the broader initiative required external facilitation, which prompted questions regarding how long a short term consultancy position for this purpose could be maintained through NRBMP.
- The planned initiative in DOWI needed stronger involvement of the HR section, and consideration of developing supportive HR policies.
- The International Federation of Consulting Engineers was referred to as a source of model clauses in relation to HIV&AIDS awareness training provision, for possible incorporation in DOWI contracts.

Relationship to Broader Planning in Department (at March 2005)
The initiative described above was under development at the time of the review and represents initial steps in a mainstreaming strategy for HIV&AIDS with DOWI. Its future development and scope is a matter of interest and an innovative step.

Name of Program/Project	**National Fisheries College Strengthening Project**
AusAID Sector	Renewable Resources
Years of Operation	1999-2004
Budget	$8 million
Executing Agency	National Fisheries Authority
AMC	ACIL

Project Summary
The project supported the reorganisation and upgrading of the National Fisheries College (NFC) located in Kavieng, New Ireland Province to be an effective and efficient training organisation with the capacity to identify industry needs, prioritise training, develop appropriate and accredited training curricula and deliver cost-effective competency-based training.

Project Components and Objectives
Project goal: To improve the availability of appropriately qualified PNG nationals to participate in and promote the development of the PNG fisheries sector. Project purpose: To assist GoPNG in the reorganisation and upgrading of the National Fisheries College so that it becomes an efficient and effective training organisation with the capacity to identify industry needs, prioritise training, develop appropriate and accredited training curricula and delivery cost-effective, competency-based training. The Project was divided into five components, each with an associated objective: • Component 1: Institutional Strengthening & Personnel Management To establish an effective institutional capacity and planning framework together with a human resource development plan to support the training function of the NFC. • Component 2: Training Development To establish a sustainable capacity to develop, coordinate and deliver appropriate and accredited training to meet the needs of the rapidly growing fisheries sector. • Component 3: Student Support To provide interim funding for the support of fisheries and seafood handling cadetships to assist the transition to fee based training and to satisfy immediate industry needs for appropriately qualified fishing deckhands and seafood handlers through the provision of regionally based short induction courses. • Component 4: Facilities Development Objective: To repair and upgrade the existing facilities and construct new facilities so that the NFC can meet accreditation standards for the training of Qualified Deckhands and Seafood Handlers to NTC competency standards. • Component 5: Project Management To provide an efficiently and effectively managed Project to achieve objectives and standards, ensure accountability and to monitor Project progress and impact. HIV&AIDS initiatives occurred as part of Component 2 above.

HIV&AIDS Aspects
HIV&AIDS initiatives were not specified in the original project design, but were introduced subsequently as part of the project's assistance with development of competency based training at the College. The impetus for this change was growing national concern with HIV&AIDS and also recognition that the fishing industry was a high risk context, particularly with high numbers of largely male itinerant worker employed on fishing boats. The project supported development of a total of 6 core courses, 3 focusing on fisheries, and 3 on post-harvest. As part of this development, a HIV&AIDS segment was introduced into all of the above courses as part of training in first aid. The college initially utilised a staff member who had received HIV&AIDS training through the South Pacific Commission to deliver the training. Following the departure of this staff member, the Red Cross were engaged for this role. The Red Cross were already active in the college in first aid training, and active in the PAC. At the college, HIV&AIDS promotional material was displayed, and condoms and information sourced from NACS was distributed. Training within courses was complemented by community events operated in conjunction with the Red Cross that focused on HIV&AIDS. These operated 3-4 times a year.

Outcomes in Relation to HIV&AIDS
Through support delivered through the project, HIV&AIDS was reinforced as an issue of concern within the NFC, and all college based students provided with relevant education on the issue. HIV&AIDS awareness training was introduced into core training delivered on the NFC site, and further reinforced with promotional material and community outreach events in Kavieng.

Issues in Relation to HIV&AIDS Identified by Stakeholders
- Not all training delivered by NFC contained HIV&AIDS elements. Some NFC core and non-core training was delivered outside of Kavieng, and HIV&AIDS elements were not included in it.   - The training style for HIV&AIDS at NFC was didactic in approach and would be improved by a participatory focus.   - Awareness raising training did not necessarily lead to behaviour change. Some informants were sceptical, for example, that boat crews changed their behaviour when engaged in sexual activity in port even after they had received training.   - The impetus for some initiatives appeared to partly rely on the presence of advisers, particularly in the context of organisational problems and change at the NFC. Community outreach events, for example, ceased following the departure of advisers.

Relationship to Broader Planning in Department (at March 2005)
In 2004, the National Fisheries Authority determined to develop a policy on HIV&AIDS. The policy, which is under development is likely to specify that all core and non-core training delivered by NFC should contain a HIV&AIDS component. It is also likely that literature on HIV&AIDS in relation to fisheries will be developed. Consideration is also being given to developing a HIV&AIDS policy specifically for the NFC. Another initiative being considered is the introduction of a peer education approach to overcome the limitations of classroom type education, by placing peer educators in the workplace, including on fishing boats.

Appendix 3   Principles for Good Practice in HIV&AIDS Mainstreaming

1. Responses are Strategic and Coordinated

- Linked to national strategy

- Involve active coordination and harmonisation

- Build partnerships

2. Responses are Based on Comparative Advantage

3. Responses Occur in both the Internal and External Domains to Reduce Risk and Vulnerability

4. Responses Promote Appropriate Capacity Building

- Build capacity for mainstreaming

- Build understanding and commitment regarding HIV issues amongst staff and policy makers

- Build on existing institutional and community structures, rather than creating new structures

5. Responses Address Other Cross Cutting Issues – Gender, Participation and Sustainability

- Gender

- Participation

- Sustainability

Appendix 4   Semi-Structured Questions for Stakeholder Interviews

A. Background

1.   What is the background of the initiative and why was it established?

2.   Who was involved in establishing and maintaining the initiative?

3.   What is the relationship between the initiative and HIV/AIDS?

4.   How is/was this reflected in activities/documentation/project design/contract?

B. Overview

5.   Please comment on the process of implementation and any issues faced?

C. Strategic Linkages

6.   Is the initiative linked to national policy and/or strategy on HIV/AIDS?

7.   Has there been a connection between the National AIDS Council and/or any other coordinating body involved with HIV/AIDS? If so, please comment on the impact and effectiveness of this connection?

8.   Have there been specific contacts or inputs in relation to the HIV/AIDS initiative? If so, from what part of AusAID? If so, please comment on the impact and effectiveness of these contacts/inputs?

9.   Has the initiative/project developed any partnerships with others/other organisations/other donors in relation to HIV/AIDS? If so, for what purpose and how effective have these been?

D. Relationship between Initiative and Implementer

10.   How appropriate do you feel the fit is between the initiative and the program/institution/sector in which the initiative is located? Are there advantages or disadvantages about the initiative been operated by these particular entities? Is there a natural fit?

E. Institutional and Community Orientation

11.   Does the initiative build on existing institutional and community structures and/or establish new structures?

12.   Does the initiative involve capacity building? If so, in what way?

13.   Does the initiative involve actions that attempt to protect staff from vulnerability to HIV and/or address the vulnerability to HIV of those with whom the staff work?

14.   Does the initiative attempt to build understanding and/or commitment regarding HIV issues amongst staff and/or policy makers?

F. Cross Cutting Issues

15.   Have local people been involved in establishing / maintaining the initiative?

16.   Have gender factors been involved in designing or implementing the initiative?

17.   Have measures been considered to encourage the sustainability of the initiative?

G. Overall

18.   How would you rate the overall effectiveness of the initiative? What have been the outcomes?

19.   Is the initiative still relevant?

20.   To what extent do you feel that the initiative has had an impact on/been taken up by local organisations/communities?

21.   What would you say are the main factors that have assisted the implementation of the initiative?

22.   What would you say are the main constraints on the initiative?

23.   Are there plans to update/extend/evaluate the initiative?

Appendix 5   Stakeholders Consulted

NACS	• Dr Ninkama Moiya, Director
National HIV/AIDS Support Project	*Australian Managing Contractor (AMC)* • Barbara Smith, Team Leader • Thomas Lisenia, Institutional Strengthening Advisor – Multisectoral • Kim Benton, Faith Based Advisor
CACC	• Alua Kobale
AusAID, PNG Health&HIV	• Tracey Newbury, Firs Sec. (Port M.) • Peter Lockey, Second Sec. (Port M.) • Angela Clare, Second Sec. (Port M.) • Anna Dorney, Policy Officer (Canberra)
AusAID, Other	• Michael Hunt, Contract Manager (Port M.)
Sector: Education	
Primary and Secondary Teacher Education Project (PASTEP) [1999-2004]	*Government of Papua New Guinea (GoPNG)* • Dr. Joe Pagelia, Deputy Sec, Standards and Human Resource Development • Dr. Michael Tapo, Asst Sec for Staff Development and Teacher Training • Jerry Kuhea, Teaching Service Commission • Erama Ugaia, Asst Sec., GAP Division • Loana Mave, Staff Development Officer, Secondary and National High Schools • Mary Toliman, Gender Desk Officer
	AMC • Steve Pickford, Team Leader
	AusAID • Majorie Andrew, Activity Manager
Curriculum Reform Implementation Project (CRIP) [2000-2006]	*GoPNG* • Fabian Mokulabeta, Superintendent Curriculum • Gabriel Marimyas, Project Coordinator • Collette Modegai, Curriculum Officer, Personal Development-Primary • Rodney Sumale, Curriculum Officer, Personal Development–Secondary • William Mollomb, Population Education Project • Harold Ure, Curriculum-Officer Health Education-Primary • Jane Pagelio, Coordinator, Science Curriculum

	• Dr. Joe Pagelia, Deputy Sec, Standards and Human Resource Development • Dr. Michael Tapo, Asst Sec for Staff Development and Teacher Training • Jerry Kuhea, Teaching Service Commission • Erama Ugaia, Asst Sec. GAP Division • Loana Mave, Staff Development Officer, Secondary and National High Schools • Mary Toliman, Gender Desk Officer
	AMC • Mostyn Coleman, Team Leader
	AusAID • Takon Jones, Activity Manager
Sector: Health	
Health Services Support Program (HSSP) [2000-2005]	*GoPNG* • Lindsay Piliwas, Director, Health Promotion Branch • Loto Losenamo, CAP Officer • Dr. Daoni Esorom, Technical Adviser, STI/HIV/AIDS • Florien Yambilafuan, Director, Human Resources • Mary Roroi, Principal Adviser, HR Training and Curriculum
	AMC • Maxine Whittaker, Senior Technical Coordinator • Mali Endolo, Community Development Adviser
	AusAID • Dorothy Luana, Activity Manager
Sector: Law and Justice	
Correctional Services Development Project Phase II [2000-2003]	*GoPNG* • Dominic Tomar, Asst Commissioner, Policy and Planning (former Project Coordinator) • Solomon Kai, Asst Commissioner, Welfare and Rehabilitation • Molly Moihau, Coordinator, HIV/AIDS
	AMC • Michael Heaven, Team Leader • Libby McMillan, Team Leader • Michael Ward, Former Project Coordinator & Law and Justice Sector Program

	AusAID • Romias Waki, Post contact • Anna Dorney, Activity Manager
Royal Papua New Guinea Constabulary Development Project Phase III [2000-2005]	*GoPNG* • Jim Wan, Assistant Commissioner, Policy and Planning • Francis Takura, Director, HR
	AMC • Peter Pascoe, Team Leader • Fay Williams, HR Adviser • Abbey McLeod, Gender Adviser • Mick Burke, Community Policing Adviser • Ian Hopley, Training Adviser •
	AusAID • Romias Waki, Activity Manager
	Other – Law and Justice • Kim Eiby, HR Adviser, Law and Justice Sector Program • Tony Voss, Correctional Service Operations Adviser, Law and Justice Sector Program
Sector: Infrastructure	
Bougainville Wharves [2001-2004]	*GoPNG* • John Kolan, Provincial Works Officer, Bougainville Administration
	AMC • Charlie Miller, Project Director, Connell Wagner • Colin Millar, Curtain Brothers (sub-contractor)
	AusAID • Cathie Hurst, First Sec., Rural Development and Disaster Management • Charlie Vee, AusAID project contact • Niki Ruker (former First Sec.)
National Roads and Bridges Maintenance Project [2001-2006]	GoPNG • Andrew Buna, Assistant Sec., Plant and Transport Branch • Lawrence Fong, Senior Research Officer, Public Affairs
	AMC • John Jarvis, Team Leader • Niki Ruker, Coordinator

	• Keith Tuckwell, former Coordinator
	AusAID • Cathie Hurst, First Sec., Rural Development • Charlie Vee, Activity Manager
Sector: Renewable Resources	
National Fisheries College Strengthening Project [1999-2004]	*GoPNG* • Roboam Paka, National Fisheries College Principal
	AMC • Hugh Walton, Team Leader
	AusAID • Hannah Birdsey, Third Sec., Rural Development

Appendix 6   Examples of Mainstreaming Initiatives in Particular Sectors

Agriculture
- Emphasis on labour-saving technologies
- Clear attention to nutritional value of agricultural production
- Extension methodologies specifically seek to identify and reach individuals and families affected by chronic illness and death of adults who might otherwise be excluded

Humanitarian response
- Design refugee camp layout to reduce physical risks for women and girls
- Distribute essential goods in ways that minimise sexual dependence of women and children upon others
- In quick-onset emergencies, ensure identification and symptomatic treatment of sexually transmitted diseases

Education
- Integrate attention to HIV and AIDS in all curricula
- Address particular difficulties of orphans
- Plan for high workforce attrition among teachers, teacher trainers, managers, staff

1. Source: Mullins (2002)

Appendix 7 Sectoral Responses to HIV Risk, Vulnerability and Impact

Matrix of Influence (Source: SDC (2004))			
Shaded areas show stronger comparative advantage	**Risk**	**Vulnerability**	**Impact**
Health	– Behaviour change campaigns – Information, Education, Communication Promote VCT and – condom use and availability	– Promote access to services and information for rural populations	– Provide testing and treatment services and care
Education / Professional skills development	– Behaviour change campaigns for teachers and students – Information, Education and Communication campaigns – Life skills development – Promote condom use and availability	– Promote literacy and education – Change gender relations through education and literacy – Teacher posting policies that reduce mobility	– Address the psychosocial needs of children, teachers, parents and school governing bodies affected by HIV/AIDS – Promote access to schools for orphans
Agriculture	– Information campaigns and condom distribution through extension workers	– Poverty reduction by strengthening peoples' livelihoods – Strengthen skills and income of women and other vulnerable groups	– Develop labour saving technologies – Work with youth to fill knowledge gap left by AIDS
Infrastructure / Mobility	– Information campaigns and condom distribution through extension workers	– Plan for strategies with reduced labour migration – Reduce isolation (information, economic, etc) of rural communities by road construction and access to social services	– Target towns with HIV/AIDS treatment centres for road construction – Give family contracts rather than individual contracts in areas heavily affected by HIV/AIDS
Governance	– Develop workplace policies for the sector ministries	– Develop policies that promote gender equality and human rights – Poverty reduction strategies	– Ensure that HIV/AIDS is addressed in PRSPs, HIPC and SWAPs – Debt relief for heavily affected countries – Ensure donor coordination around impact mitigation
Humanitarian Aid	– Information campaigns and condom distribution, e.g. linked with food distribution	– Building latrines and water taps in a way that prevents sexual violence and rape	– Ensure that the most vulnerable, including PLWHA, not excluded from food aid & other services

Bibliography

AusAID 2004 *Meeting the Challenge: Australia's International HIV/AIDS Strategy*, Canberra, AusAID. http://www.ausaid.gov.au/publications/pdf/aids_strategy.pdf

Bodiang, C. 2001 *The Multisectoral Approach: A Focus on Africa*, Berne, SDC. http://www.sdc-health.ch/priorities_in_health/communicable_diseases/hiv_aids/the_multisectoral_approach_-_a_focus_on_africa/view

Butcher, K. 2003 *Lessons Learned from Mainstreaming HIV into the Poverty Action Plan in Uganda*, London, John Snow International Research and Training. www.jsiuk.com/docs/lessons_learned_peap_uganda.pdf

CACC (Central Agencies Coordinating Committee) 2005 *National Strategic Framework: Theme and Key Action*, Port Moresby, CACC

Cohen, D. 2000 *Mainstreaming the Policy and Programming Responses to the HIV Epidemic*, Issue Paper No. 33, New York, UNDP. http://www.undp.org/hiv/publications/issues/english/issue33e.htm

Commonwealth Secretariat 2002 *Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach*, London, Commonwealth Secretariat. http://www.thecommonwealth.org/shared_asp_files/uploadedfiles/%7B735AB75B-7A3A-4FC0-BC39-A342BB570D7B%7D_HIV%20AIDS%20gender%20manual.pdf

Department of Education 2004 *A National Plan for Education 2005-20014 (draft)*, Port Moresby, DOE.

Department of Education and AusAID 2004 *Second Annual Program Plan (January-December 2005) PNG Education Capacity Building Program*, Port Moresby, DOE.

DPM 2004 *Workplace Policy on HIV/AIDS for Public Service (Draft)*, Port Moresby, DPM.

Elsey, H. and Kutengule, P. 2003 *HIV/AIDS Mainstreaming: A Definition, Some Experiences and Strategies*, HIV-AIDS-STI Knowledge Programme and HERD, University of Natal, South Africa http://www.nu.ac.za/heard/papers/2003/DFID%20mainstreaming%20report_Jan031.pdf

GoPNG 1998 *Papua New Guinea National HIV/AIDS Medium Term Plan 1998-2002*, Port Moresby, GoPNG.

Hijab, N. and Lewis, K. 2003 *Transforming the Mainstream: Gender in UNDP*, New York, UNDP. http://www.undp.org/gender/docs/publication-transforming-the-mainstream.pdf

INSTRAW 2005 Glossary of Gender-related Terms and Concepts http://www.un-instraw.org/en/index.php?option=content&task=view&id=37&Itemid=76

Koitelel, P. 2004 *Mainstreaming Gender into HIV/AIDS Action: Priorities for Interventions Focusing on Women and Girls*, Keyna, Aztramade. http://www.peacewomen.org/resources/HIV-AIDS/mainstreaming.pdf

Mullins, D. 2002 *Mainstreaming HIV/AIDS into Development: What it can look like*, Oxford, OXFAM. http://www.oxfam.org.uk/what_we_do/issues/hivaids/mainstreaming.htm

NACS&ILO 2004 *Developing a Policy on HIV/AIDS for your Workplace: A Toolkit for Employers and Workers in Papua New Guinea (Draft)*, Port Moresby, NACS

National AIDS Council 2004 *Papua New Guinea National Strategic Plan on HIV/AIDS 2004-2008,* Port Moresby, National AIDS Council.

NHASP 2003 *Multi-Sectoral Planning Framework: Milestone 30*, Port Moresby, NHASP.

PSRMU (Public Sector Reform Management Unit) 2002 *Functional and Expenditure Review of the NACS*, Port Moresby, PSRMU.

SAT (Southern African AIDS Trust) 2004 *Training and Practice Manuals: Mainstreaming Gender in HIV and AIDS Work*, Harare, SAT.
http://www.satregional.org/html/list_publications.html

SDC (Swiss Agency for Development Cooperation) 2004 *Mainstreaming HIV/AIDS in Practice*, Berne, SDC. http://www.deza.ch/ressources/deza_product_en_1280.pdf

SMRG (Health Sector Monitoring and Review Group) 2002 *Review of PNG National HIV/AIDS Support Project*, Port Moresby, SMRG.

UNAIDS, AusAID and NAC 2004 *HIV/AIDS Stakeholder Mapping in PNG*, Port Moresby, AusAID.

UNAIDS 2003(a) *Progress Report on the Global Response to the HIV/AIDS Epidemic, 2003. (Follow-up to the 2001 United Nations General Assembly Special Session on HIV/AIDS)*, Geneva, UNAIDS.
http://www.unaids.org/ungass/en/global/ungass00_en.htm

UNAIDS 2003(b) *Coordination of National Responses to HIV/AIDS Guiding Principles for National Authorities and their Partners*, Geneva, UNAIDS.
http://www.unaids.org/html/pub/una-docs/coordination_national_responses_en_pdf.htm

UNAIDS 2004 *Support to Mainstreaming AIDS in Development. UNAIDS Secretariat Strategy Note and Action Framework 2004-2005*, Geneva, UNAIDS.
http://www.unaids.org/html/pub/una-docs/mainstreaming_strategynote_en_pdf.pdf

UNAIDS and World Bank 2001 *AIDS, Poverty Reduction and Debt Relief: A Toolkit for Mainstreaming HIV/AIDS into Development Instruments*, Geneva, UNAIDS.
http://www.unaids.org/html/pub/publications/irc-pub02/jc536-toolkit_en_pdf.htm

UNAIDS/GTZ 2002 *Mainstreaming HIV/AIDS: A Conceptual Framework and Implementing Principles*, Accra, Ghana, UNAIDS.
http://www.eldis.org/static/DOC11450.htm

UNDP 2002 *Conceptual Shifts for Sound Planning. Towards an Integrated Approach to HIV/AIDS and Poverty*, Pretoria, UNDP.
http://www.sarpn.org.za/documents/d0000130/Conseptual_shifts_for_sound_plannig.pdf

UNFPA, UNIFEM and UNAIDS 2000 *Gender, HIV and Human Rights: A Training Manual,* Geneva, UNIFEM.
http://www.unifem.org/index.php?f_page_pid=73

United Nations 2001 *Declaration of Commitment on HIV/AIDS. United Nations Assembly Special Session on HIV/AIDS 25-27 June 2001*, Geneva, United Nations.
http://www.unaids.org/html/pub/publications/irc-pub03/aidsdeclaration_en_pdf.htm

USAID&UNAIDS 2002 *Review of PNG's Medium Term Plan on HIV/AIDS*, Port Moresby, USAID.

Wilkins, M. and Vasani, D. 2002 *Mainstreaming HIV/AIDS: Looking Beyond Awareness*, London, VSO.
http://www.vso.org.uk/Images/position_papers_exf_mainstreaming_aids_tcm8-1600.pdf