Papua New Guinea - Australia HIV and AIDS Program

Tingim Laip (Phase 2)

VALUE LIFE!

Project Design Document

January 2010

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ANNEXES

Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
ARVs	Anti-Retroviral drugs
AusAID	Australian Agency for International Development
BAHA	PNG Business Coalition Against HIV and AIDS
BCC	Behaviour Change Communication
BI	Burnet Institute
BSS	Behavioural Sentinel Surveillance
BBSS	Biological & Behavioural Sentinel Surveillance
CBO	Community Based Organisation
CS	Correctional Services
COMATTA	Community Mapping and Theatre Against AIDS
CPM	Country Program Manager
D&A	Drugs and Alcohol
DAC	District AIDS Committee
ET	Evaluation Team
FBO	Faith-based Organisation
FHI	Family Health International
FSW	Female Sex Worker
GIPA	Greater Involvement of People Living with AIDS
GoA	Government of Australia
GoPNG	Government of Papua New Guinea
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
HR	Human Resources
HRSS	High Risk Setting Strategy
IEA	International Education Agency
IRG	International Review Group on HIV/AIDS
M&E	Monitoring and Evaluation
MC	Managing Contractor
MSM	Men who have Sex with Men
MTDS	Medium Term Development Strategy

MOU	Memorandum of Understanding
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NCD	National Capital District
NDoH	National Department of Health
NGO	Non-governmental organisation
NGP	National Gender Plan
NHASP	National HIV/AIDS Support Project
NHATU	National HIV/AIDS Training Unit
NSP	National Strategic Plan
PACS	Provincial AIDS Council
PE	Peer Education
PLWHA	People Living with HIV/AIDS
PNG	Papua New Guinea
PO	Project Officer
PTC	Program Training Coordinator
RC	Regional Coordinator
SC	Steering Committee
SCiPNG	Save the Children in PNG
STI	Sexually Transmitted Infection
TOT	Training of Trainers
TOR	Terms of Reference
UNICEF	United Nations Children's Fund
VCT	Voluntary Testing and Counselling
WV	World Vision

Definitions & Glossary

To ensure consistency of meaning the majority of these definitions are the same as those in the *PNG National Strategic Plan on HIV and AIDS (2006-2010)* (NSP).

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

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

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

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

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

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

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

HIV - Human Immunodeficiency Virus is the virus that weakens the immune system, ultimately leading to AIDS.

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

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

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

Mainstreaming – adapting the core business of a ministry or organisation to ensure that it does not make the epidemic worse either directly or indirectly through increased vulnerability, and that it does exploit every opportunity to contribute to the HIV response.

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

Opportunistic Infections (OI) - infections that invade the body when the immune system is weakened by HIV such as TB, pneumonia and cancers like Kaposis Sarcoma.

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

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

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

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

Prophylaxis - preventive therapy given to at-risk individuals to prevent a first infection such as OI, post-exposure prophylaxis is given after potential exposure, for example through a needle stick injury or rape.

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

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

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

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

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

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

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

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

Tingim Laip – is the pidgin name for the PNG originated activity that started out as the High Risk Setting Strategy. Loosely translated it means "think about your life", "think about life" or 'value life!'

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

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

Executive Summary

History and background

AusAID support to the PNG response to HIV/AIDS began in 1995 with five years funding for the PNG Sexual Health and HIV Prevention and Care Project. This activity was followed by the National HIV/AIDS Support Project (NHASP), with implementation beginning in October 2000 and completion extended until December 2006.

The High Risk Setting Strategy began as part of NHASP in May 2004, designed jointly by NACS and NHASP. It was managed by NHASP until that project's completion in 2006. Key implementing partners were Family Health International focusing on Behaviour Change Communication (BCC) activities, World Vision (WV) focusing on youth at risk in the National Capital District (NCD), and Save the Children (SCiPNG) focusing on female sex workers and men who have sex with men in NCD and Goroka.

To remove the stigma implied by the title HRSS, the strategy was renamed *Tingim Laip*.

Tingim Laip is Papua New Guinea's (PNG) largest community-based HIV prevention strategy operating in 36 sites across 11 provinces. It was designed to respond to the urgent need for a targeted behaviour change intervention focusing on most vulnerable populations in settings throughout the country where HIV transmission was known or likely to be high. *Tingim Laip* is based upon acknowledgement that some people are more vulnerable than others to HIV infection and that there is an urgent need to address those contexts where vulnerability is greatest.

Key features of the strategy are:

- empowering vulnerable communities to develop, implement and monitor their own responses to HIV;
- implementing the nation prevention strategy (currently in final draft stage);and
- forming partnerships with government departments (Defence, Police, CS), the private sector (mining and petroleum, palm oil industry, fisheries, the sugar industry) and civil society (non-government organisations (NGO), community based organisations (CBO), and faith-based organisations in both rural and urban settings.

An independent evaluation of *Tingim Laip* in October 2007 concluded that the project was making a valuable contribution to the national response and that its potential to be effective in the future was high. Factors that were contributing to the potential effectiveness of TL were: highly motivated and committed volunteers driving the program at the community level across the 36 sites; close working partnerships with the Provincial AIDS Committees (PAC) in some locations; and well targeted capacity building efforts to some sites, including regular follow-up and support.

What is Tingim Laip?

The Tingim Laip process begins when people become aware that they or those they care about, are at increased risk of HIV because of where they live or work, through their own or other peoples' behaviour, or as a result of outside influences or pressures. With support from Tingim Laip project staff, male and female community members of good character who are willing to behave according to the TL code of conduct and other relevant TL procedures form a site committee. Efforts are made to involve young people, PLWHA, sex workers and others.

The five pillars that underpin TL2 are: condoms, STI treatment, VCT, care and support, and treatment. TL2 does not provide these services but works with service providers to ensure their availability to their local community. Ideally all of these will be in place either at, or in close proximity to, the site. Where this is not yet possible, TL2 staff and site committees will need to decide which pillars must be available for TL2 to begin, and to plan for the availability of others.

The concept of TL2 is then presented to the community by TL2 staff and site committee members who will provide information about the epidemic, share pertinent findings from local surveys and mapping, and lead discussion of the implications of these for the community.

The site committee is then responsible for implementing interventions according to their plan of action. The committee is strengthened through participation in TL2. This is achieved through access to resources (grants) for the implementation of the activities identified in their plans, and grants for local administration. Ongoing support will be provided by TL2 Program Officers (PO) and Regional Coordinators (RC). Opportunities will be created for sharing experiences, problems and successes with other sites, for example through cross-site visits.

TL2 will continue the work of TL in focusing prevention interventions primarily on settings rather than on individuals or groups. This reflects understanding that the individual is seldom the most effective point of entry for health promotion interventions. A focus on settings also deflects stigma from individuals and groups who may already be vulnerable and offers a practical solution to some of the challenges raised in working with highly mobile populations.

Sites included in the original TL project were selected based on specific criteria: i.e. they were places where sex was known to be negotiated or to take place. Many sites were characterised by mobility or the presence of large concentrations of men with disposable incomes, separated from their families and communities. To date, TL sites have included disciplinary force barracks, private sector industry such as manufacturing, mining or logging, highways, ports and markets.

TL2's focus on settings is about those locations where risks converge to create vulnerability i.e. individual, interpersonal, community and structural factors that affect peoples' ability to protect themselves from the epidemic and to deal with its impact.

TL2 is a community-centred project. There is an important distinction to be made between projects that are community-centred and those that are community-based. The latter refers to the location of an intervention while the former reflects its philosophy or focus. TL2 will be community-centred, working in partnership with local communities. It will be locally planned, negotiated and implemented. Sites will be provided with sufficient resources to conduct and monitor appropriate activities. TL2 will be locally led and sensitive to local culture. Meaningful participation of people living with HIV and AIDS will be promoted at all stages of TL's development.

Goal and Purpose

The Goal is:

> **to contribute to the reduction of HIV prevalence in the general population, to improve care and support for those infected and minimise the social and economic impact of the epidemic on individuals, families and communities.**

This is high level and is directly related to the overall NSP objective. This is intended to reinforce TL2's integration into the national response. Similarly the Purpose is directly related to the NSP Focus Area 2 (Prevention) with Focus Area 4 (Research) reflected in Component 4.

The Purpose for Tingim Laip Phase 2 is:

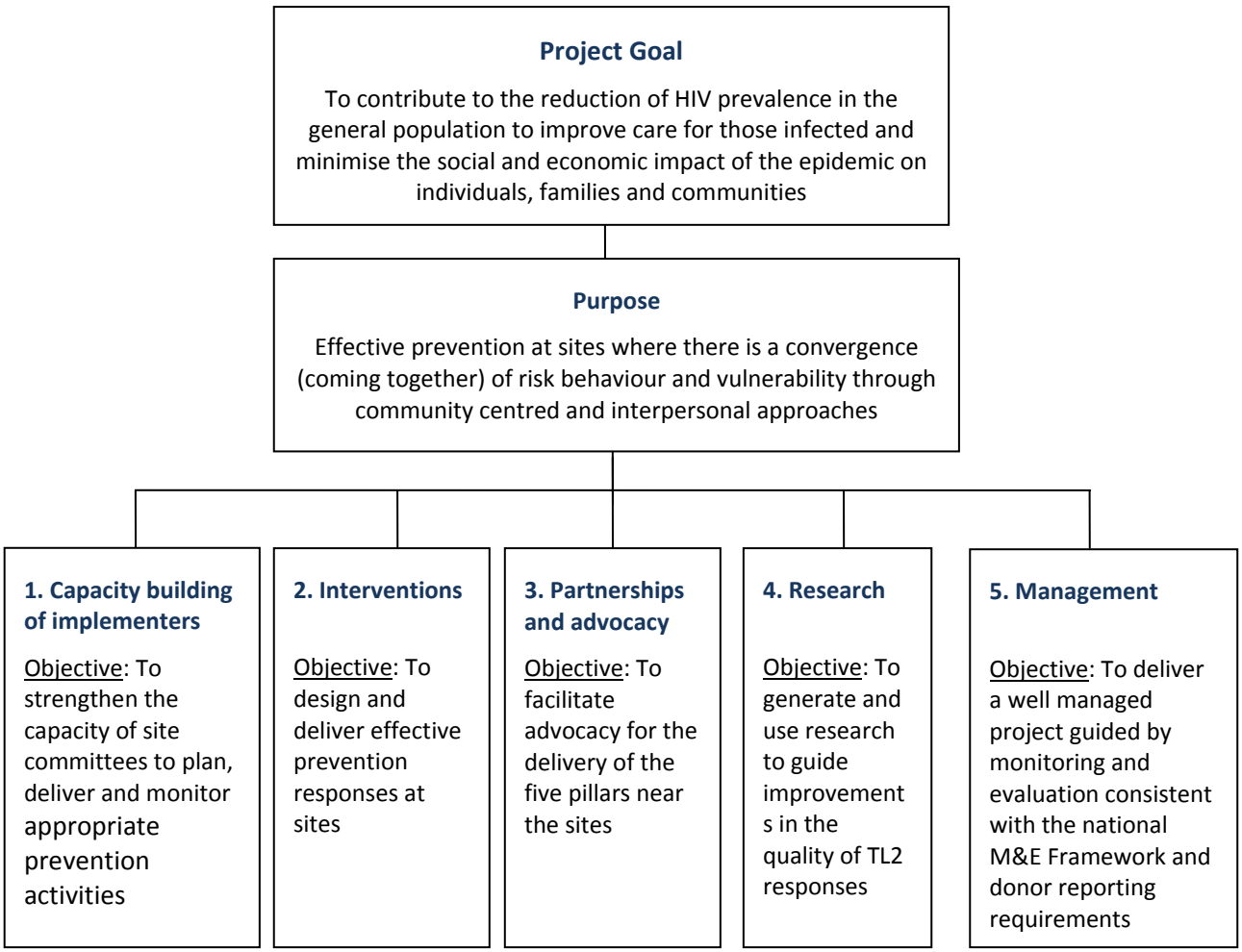
> **effective prevention at sites where there is a convergence (coming together) of risk behaviour and vulnerability through community centred and interpersonal approaches.**

This Purpose captures the philosophy and approach of TL2 by:

- working at sites where risk and vulnerability converge; with
- bottom-up community centred implementation appropriate to the site; using
- interpersonal approaches in the associated community; to achieve
- effective prevention.

Components

The following figure illustrates the relationships of the Goal, Purpose and Components.



TL2 Goal, Purpose, Components and Component Objectives

The five components are:

Component 1: Capacity building of implementers

Objective:	**To strengthen the capacity of site committees to plan, deliver and monitor appropriate prevention activities**

Outputs:

1.1	Revised Procedures Manual
1.2	Site committees are properly established and functioning
1.3	Volunteers are motivated and competent in necessary technical activities
1.4	TL2 staff are motivated and competent in supporting TL2 sites and their interactions with sites are consistent with the core values of TL2.

This component will ensure that:

- site committees are properly established and supported, equipped with the necessary capabilities and resources to plan and monitor TL2 activities;
- volunteers are motivated and competent in necessary administrative and technical activities; and
- project office and field staff (regional coordinators and project officers) are motivated and competent in supporting TL2 sites in relation to their administrative and technical activities, in line with the core values of TL2.

Component 2: Interventions

Objective: To design and deliver effective prevention responses at sites

Outputs:

2.1 Selection criteria are identified and applied to all current TL sites and to potential new sites

2.2 Planned, appropriate activities are implemented in a timely manner.

2.3 New (to site or project) methods, approaches and or groups are identified and piloted.

2.4 Guidance on replication and scaling up developed and implemented.

This component will ensure that:

- site committees and volunteers are able to plan, implement and monitor community-centred prevention activities;
- activities are consistent with established best practice and respond to local need;
- site committees and volunteers are encouraged to pilot and document new methods and approaches; and
- interested parties have access to guidance on replicating and scaling up the TL2 approach.

Component 3: Partnerships and advocacy

Objective: To facilitate advocacy for the delivery of the five pillars near the sites

Outputs

3.1 Repeat stakeholder mapping for existing and new sites

3.2 Supportive/nurturing links with NACS established

3.3 Supportive/nurturing links with NDOH, and HIV and AIDS service providers at the national level established as a platform for the local response

3.4 Linkages established with other key stakeholders

This component is intended to ensure that:

- all potential networks and partnerships are identified and linkages established;
- mechanisms to facilitate ongoing links and communication with partners and networks are clear and actively promoted; and
- all stakeholders identified under this Component support and reinforce TL2.

Component 4: Research

Objective:	**To generate and use research to guide improvements the quality of TL2 responses**
4.1	Baseline data collection completed at sites
4.2	Four operational research activities designed, commissioned and completed within the framework and protocols of the National Research Agenda
4.3	System/processes established, and skills developed, to introduce appropriate international and local research to TL2 sites
4.4	Independent outcome evaluation completed beginning in Years 3, and 5 (if TL2 extended)

A well-managed research program will:

- guide the development of interventions at sites;
- continually update all stakeholders on existing and new tools to strengthen implementation approaches; and
- provide information that allows TL2 to know what is, and is not, working, and respond accordingly.

Component 5: Effective Project Management

Objective:	**To deliver a well managed project guided by monitoring and evaluation consistent with the National M&E Framework and donor reporting requirements**
Outputs	
5.1	Quality inputs procured and delivered with effective and efficient project processes and systems maintained.
5.2	Effective systems of project planning, management, coordination and communication delivered and maintained
5.3	Integrated M&E system delivering a judgement about Tingim Laip outcomes and the quality of the outputs.

A well-managed project delivering the desired outputs and meeting the project purpose through:

- procurement of quality inputs and support and maintenance of quality processes;
- effective project planning, management, coordination and communication; and
- design and implementation of an integrated M&E arrangement that delivers a judgement about outcomes and the quality of the outputs.

Term and Budget

TL2 will be a two-year activity of A$5 million p.a. (subject to budget approval) with an extension option of up to three years at AusAID's sole discretion.

TL2 will concentrate for the initial 12 to 18 months on consolidating and strengthening the current TL sites and their work as described in the design.

During this period an appropriate replication or scaling up approach will be developed for TL2 and/or other competent implementers under Output 2.4. Some additional sites should be considered during this initial phase where conditions are conducive e.g. forestry sites in Sandaun near Wutung village, the new LNG project and mining activities in Madang where local communities are eager to start with existing site committees.

Location

TL2's head office should be in Madang. This will place is closer to the sites and the communities they are supporting. Madang has significant advantages over other locations such as Lae, not the least of which is more convenient airport access, a new Air Niugini service linking the Highlands, Lae and Madang (an aircraft is now based in Madang), road access if needed and better security in the town. (Any location in PNG will require 'hubbing' through Port Moresby given the nature of the airline schedules and routeings.)

TL2 will be implemented through a regional structure with Papua New Guinean regional coordinators and project officers located in the regions and close to the TL2 sites. The current TL1 allocation of staff to sites will need to be reviewed very early in TL2.

TL2 Steering Committee

A TL2 Steering Committee will be established at a strategic level. The Steering Committee will be composed of: NACS, NDOH and AusAID representatives together with up to three others (one of whom will chair) appointed jointly by NACS and AusAID for their expertise in HIV prevention, community mobilisation, project management and M&E/research expertise.

Managing Contractor

An AusAID engaged contractor will manage TL2 under an initial three-year contract with two-year extension available at AusAID's sole discretion. Other service providers may be engaged by the contractor to deliver capacity building and training services.

The core MC team will consist of:

- Project Manager - full-time
- TL2 Field Manager - full-time
- Administration Manager - full-time
- Regional coordinators and site project officers -full-time
- Prevention Development Practitioner – full time
- M&E, Reporting and Research Development Practitioner - full-time
- Gender Development Practitioner - full-time
- Capacity Building Development Practitioner – Short term adviser
- Communications/media/journalist - full-time
- Pool of short term development practitioners
- Support Staff - full-time
- Contract Auditor – short term adviser

Monitoring and Evaluation

The following Table gives a broad high level view of the minimum level of M&E required within TL2:

Table: Schematic of M&E responsibility

Level	Method	Responsibility?	When? How Often?
Goal	Overall evaluation of NSP	• NACS • IRG	As determined by NACS
Purpose	Implementation assessments Quality assessments Operations research Case studies Cost analyses	• Independent Evaluator • IRT	• End 2nd / 4th year • Annual
Outputs	Capturing stories e.g. through traditional mechanisms RC/PO site visits	• MC • Regional Coordinators • Project officers • Site Committees • Annual Audit • IRT	• Quarterly • Annual
Activities	Activity reports	• MC • Site Committees	• Quarterly • Annual • Exception, as required
Inputs	Audit Training reports Contracts Activity grants Site Grant report & acquittals	• MC • Annual Audit • Site Committee	• Quarterly • Annual • Exception, as required

The assessment of project impact is a responsibility of the MC insofar as the MC is responsible for facilitating an integrated M&E arrangement with recipient sites and contractors that delivers a judgement about outputs and outcomes and the quality of inputs and processes.

The MC will design, facilitate and oversee integrated M&E arrangements that at:

a. **activity level**: work with the site to deliver a judgment about their achievements – even if only for one key indicator;

b. **TL2 level**: address the broader questions as discussed above about process evaluation and effectiveness; and

c. **implementation and management level**: contribute to an assessment of the contractor's performance in managing TL2, and contributing to its strategic direction.

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FOREWORD

Tingim Laip (TL) was designed in 2004 by Papua New Guineans to respond to the urgent need for targeted behaviour change interventions focusing on:

- most vulnerable populations in settings throughout the country where HIV transmission is known to be high; through
- empowering vulnerable communities to develop, implement and monitor their own responses to HIV; and,
- through forming partnerships with government departments, the private sector and civil society organisations in both rural and urban settings for targeted interventions around four pillars of intervention: condoms; STI treatment, VCT, care and support.

Tingim Laip has its basis in fundamental PNG beliefs, captured in a constitutional sense in these paragraphs on the **Papua New Guinea Way**, a Goal in the *Constitution*, from the *Constitutional Planning Committee Report 1974:*

> *100. At the heart of our feelings is the Papua New Guinean human person. Full use should be made of the talents, skills and abilities of our people. We must place an unswerving trust in Papua New Guineans and their wisdom.*
>
> *101. Our insistence that development should take place primarily through Papua New Guinean ways, should not be understood in the narrow, structural sense. What we mean is that since development is a process of growth in our people, it must take place through and in our human persons. Our social, political, economic and religious organisations are external manifestations of our human depth. Any development that is pursued outside of our humanity is externally imposed and inherently non-conducive to our human development.*
>
> *102. Development must take place through our people. It must be a process. It must not be a prefabricated, predetermined set of answers, formulae and solutions by foreigners to the problems and hopes we alone can feel and yearn for. Technologies, scientific discoveries and institutions of the most recent times can, in many respects, be inappropriate for us. Proper development should take place through institutions and techniques that are not only meaningful to us, but also recognise our human dignity and enhance it.*
>
> *103 Development through our ways should not be thought to involve stagnation. Papua New Guinean ways, contrary to commonly held views, not only of foreign citizens but also our own people also, are not stagnant and closed. Our ways have always been open to external influences. . . .*
>
> *106. In this goal, we seek to promote our traditional ways such as participation, consultation and consensus and a willingness for privileged persons to voluntarily forego benefits to enable those who are less privileged to have a little more. . . . We do not claim that these values are exclusive to Papua New Guineans. However, they are inherent in our people. Among friends, our way of life was to come to decisions by a long process of consultation and consensus. This process is the central element of true democracy and government by common will. This is a process which is most conducive to social harmony, co-operation and common good.*

The design team[1] records its appreciation and thanks to all those who met with us during our visit. We were extremely impressed and humbled by the dedication and work of the TL site committees. The views in the document are ours, not necessarily those of GoPNG or AusAID.

[1] John Mooney, Team Leader/Design Specialist, Julie Airi, National AIDS Council Secretariat, Manager Peer Education, Alison Heywood, Community/Social Mobilisation Expert, Peter Gordon, Prevention Expert and Steven Ilave, Senior Project Officer, PNG-Australia HIV and AIDS Program, AusAID.

1. CONTEXT

> *From our own weaknesses, mistakes and failures we have acquired experience and wisdom. For a community like ours consisting of leaders who lacked knowledge, skills and experience to manage a centre we sure have learned a lot these past months.*
>
> *We hope to improve so that the youth in our High risk community benefit from this centre and are protected from HIV/AIDS and also living productive lives even if the are infected and also do away with stigma and discrimination. We will strive to do our best.*
>
> *That is all we hope you understand.*
>
> **Ming Tingim Laip, Rebecca Peter Bare, Youth Representative**.

1.1 PNG's development situation

1.1.1 Overall context

High world prices for export commodities accelerated growth in 2007 and government revenues surged, a trend continuing in 2008. A six percent GDP growth rate will see buoyant public spending continue. Inflation is likely to rise. Wind-fall revenues provide an opportunity for government to reduce debt, build infrastructure and support local development projects. Strong economic management from Treasury is expected to continue.

Despite these very positive signs significant development challenges remain, some of which are deeply embedded in weak government public administration and result in poor implementation capacity. A key challenge for the government is to use these current favourable market conditions to secure sustainable development through upgraded infrastructure, enhanced service delivery capacity and the extension of basic services. While the demand will be for high impact and visible infrastructure projects, it is recognised by both governments (i.e. at the April 2008 Madang Ministerial Forum) that extensive work is required to build the capacity of PNG organisations, institutions and sectors to deliver improved development outcomes for both men and women.

Papua New Guinea (PNG) development indicators are still low:

- The current population is 6.25 million and growing at 2.7 percent (2005-2007). Eighty seven percent of the population live in rural areas.
- The Asian Development Bank (ADB) estimates that 30.2 percent of the population live on less than US1 per day.
- Women in Papua New Guinea are less educated than men and therefore less literate and employed less, experience extreme levels of sexual and domestic violence and have less voice in government, with only one female member of parliament. This adds up to severe disadvantages for women in terms of accessing services and participating in the full life of the country.
- Life expectancy is currently 57 years of age. Infant mortality at 61/1000 and maternal mortality at 300/100,000 have not improved since 1980 and may actually have declined.

- PNG faces a major health crisis in managing and preventing the transmission of HIV. The epidemic has the potential for significant socio-economic impact.
- The World Bank's latest governance indicators rank PNG among the weakest 25 percent for regular, quality rule of law and control of corruption.
- Transparency International's latest measure of corruption dropped PNG from 102 out of 145 to 162 out of 179 in the world – an alarming deterioration given how this index is created.
- In 2007, the Work Bank's *Doing Business* indicators rank PNG 84 out of 178 economies as a measure of business regulation and property rights protection.

Clearly, the development challenges are significant. However, if the combination of the sound economic conditions and significant donor assistance can be used to build physical and social infrastructure (including gender equality) and to develop capacity in government, civil society, faith-based organisations and the private sector, Papua New Guinea has an opportunity to avoid the situation of the early 1990s when a similar opportunity led to no real development benefits.

While national government agencies have significant responsibilities for the planning, delivery and monitoring of services, they are not alone. Provinces, faith-based organisations and the private sector all play important roles in service delivery, particularly in relation to the delivery of education and health services, for which they are almost 100 percent responsible. They often have significant advantage over central government in that they are located close to the people and operate with much lower administrative and operational costs.

The Government of Papua New Guinea (GoPNG) and donors have been making significant efforts since early in this decade to design and implement improved development mechanisms to support these organisations in their work. The projects and programs of PNG's development partners are no longer delivered solely through national government agencies. GoPNG agencies are being encouraged through partnerships, networks and funding arrangements to work with a wide range of actors. Strengthening service delivery and engagement in communities, districts and provinces is a high priority.

On 15 February 2008 the GoPNG and its development partners completed what is known as the *PNG Commitment on Aid Effectiveness* - a joint commitment to localise the principles of the Paris Declaration on Aid Effectiveness (March 2005). Specific strategies have been agreed:

- GoPNG defining operational development priorities
- Development partners to align activities with GoPNG strategies
- GoPNG and development partners will strengthen program-based approaches
- GoPNG will strengthen institutional capacity with development partner assistance
- GoPNG systems and process will be used to the maximum extent possible
- Development partners will seek to implement common systems and approaches
- Development partners will seek complementarities in their work and activities
- Results orientated performance management frameworks will guide action
- GoPNG and development partners are mutual accountability for aid effectiveness.

The declaration includes targets and indicators for 2012, an action plan for 2008, and protocols for development partner missions to PNG and the mobilisation of technical assistance.

The *PNG Commitment on Aid Effectiveness* and the associated Record of Discussions can be found at www.aidharmonization.org//actionplans

Further information on PNG's development situation can be found at the following websites:

- PNG government www.treasury.gov.pg and www.pm.gov.pg
- AusAID www.ausaid.gov.au/country/papua.cfm
- UNDP www.undp.org.pg
- World Bank www.worldbank.org under "Papua New Guinea". Of significance is the 2007 report *Strategic Directions for Human Development in Papua New Guinea,* a summary of health, HIV and AIDS and education in the country, and an identification of key issues and priorities.
- Asian Development Bank www.adb.org/papuanewguinea/
- PNG Sustainable Development Fund www.pngsdp.com
- Individual websites for PNG sectors and AusAID development programs.

1.2 Government of Papua New Guinea Development Policies

1.2.1 Medium Term Development Strategy

Papua New Guinea's broad goals and development principles are set out in the *Constitution*. The background to the National Goals and Directive Principles within the *Constitution* may be found in the *Constitutional Planning Committee Report 1974,* Chapter Two. The commentary of equality of opportunity, equitable sharing of benefits, the equal status and opportunity for women and Papua New Guinean Ways should be read by all development practitioners. (www.paclii.org/databases.html#PG under PNG Legislation).

The constitutional goals are translated by GoPNG into the *Medium Term Development Strategy 2006-2010* (MTDS) which identifies priority areas. Based on the Government's Program for Recovery and Development, the MTDS establishes the GoPNG sectoral expenditure priorities as:

- Rehabilitation and maintenance of transport infrastructure
- Promotion of income earning opportunities
- Basic education
- Development oriented informal adult education
- Primary Health Care
- HIV/AIDS Prevention
- Law and Justice.

The MTDS has ten guiding principles and implementation strategies:

- private sector-led economic growth

- resource mobilisation and alignment
- improvements in the quality of life
- natural endowments
- competitive advantage and the global markets
- integrating the three tiers of government
- partnerships through strategic alliances
- least developed areas intervention
- empowering Papua New Guineans and improving skills
- 'sweat equity', and Papua New Guinean character.

The MTDS presents strategies that address export-driven growth, rural development and poverty reduction through good governance and the promotion of agriculture, forestry, fisheries and tourism. The MTDS will be implemented by empowering Papua New Guineans, especially those in rural areas, to mobilise their own resources for higher living standards.

The MTDS stresses from outset that "…in considering Papua New Guinea's development strategy and prospects for growth and development, we must openly confront the terrible reality of HIV/AIDS and its rapid spread throughout the country. Unless we bring this disease under control, there will be devastating consequences for PNG's development prospects, from both a social and economic perspective…". Papua New Guinea is faced with many development challenges and the greatest challenge that confronts the nation now is the HIV epidemic. The epidemic has the potential to reverse progress made in developments over the last twenty-five years. The MTDS acknowledges that, "unless the spread of the virus is arrested, the economic and social consequences would prove devastating. In addition to the personal trauma and suffering, the virus has the potential to seriously erode PNG's base of skilled workers, which would have severe consequences for the country's growth prospects. The strategy to eliminate the threat posed by HIV/AIDS will need to be multi-sectoral in approach and will need the support of all sectors of society".

In addition to these sectoral expenditure priorities, there are comprehensive plans in place for PNG's most important sectors. These include

a) *National Women's Policy* (1990)

b) *National Health Plan* (2001-2010)

c) *National Transport Development Plan* (2001-2010)

d) *National Education Plan* (2005-2014)

e) *National Food Security Policy* (2000-2010)

f) *National Law and Justice Policy* (2002)

g) *Papua New Guinea National Strategic Plan on HIV/AIDS* (2006-2010).

Each PNG national department, provincial and local level government has a corporate plan and an annual planning process where priorities are identified. HIV and AIDS is identified in many of these documents as a major development issue. Some agencies have separate HIV and AIDS and plans and strategies.

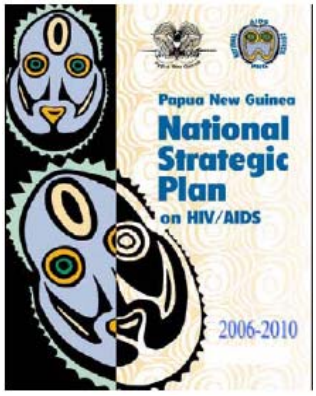
1.2.2 Papua New Guinea Response to HIV and AIDS

Papua New Guinea National Strategic Plan on HIV/AIDS 2006-2010

PNG recognises the threat posed by the HIV epidemic to its development and economic growth prospects and has placed HIV and AIDS as one of the priorities in the MTDS.

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

The National AIDS Council is mandated by Act of Parliament to undertake coordination of all HIV and AIDS activities in the country.



Coordinating a multi-sectoral response is an imposing task. It requires appropriate mechanisms with capacity at all levels. It also requires other entities to do their specific implementation activities. In PNG, although many coordination mechanisms exist on paper; few are functional or effective. Reviewing, strengthening and invigorating the national coordination structures to respond to the epidemic, NAC and NACS included, will go a long way in facilitating overall coordination. The goal is supported by seven focus areas:

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

National Gender Policy and Plan on HIV and AIDS 2006-2010 (NGP)

The *National Gender Policy and Plan on HIV and AIDS 2006-2010* (NGP) recognises that men and women are vulnerable to HIV and AIDS for different reasons and in different ways, and

that gender inequality is a key factor in the vulnerability to HIV and AIDS. Special measures are therefore needed to address these issues and counteract the impacts of the epidemic.

The NSP and the NGP together comprise one national HIV and AIDS plan of action. The NGP supplements and supports the NSP, seeking to reduce the spread and impact of HIV infection by ensuring that all activities of the national response to the HIV epidemic identify and address the needs of males and females, involve and benefit males and females equally, and reduce the gender inequalities that contribute to PNG's high levels of vulnerability to the epidemic. Since women are disadvantaged in many ways relative to men, more interventions for women are needed, many of which will also involve men.

Draft National HIV Prevention Strategy

In 2006 the first National HIV Prevention Summit took place in PNG. Towards the end of that year, a draft behaviour change communication (BCC) strategy was produced with support from the European Union. In its 2007 report the Independent Review Group (IRG) pointed to the need for a national prevention strategy and in line with current international practice the BCC approach has been replaced and a draft national prevention strategy is in the final stages of development.

The aims of the draft *National HIV Prevention Strategy* are to address critical prevention gaps in the national response and to provide a framework that will enable the expansion and scaling up of HIV prevention efforts. The draft strategy promotes full access to effective prevention strategies, together with broader social change to reduce HIV vulnerability.

The draft strategy identifies a number of priorities for action:

- strengthening the Institutional framework
- strengthening the national coordination mechanism
- enhancing service delivery
- linking HIV prevention with sexual and reproductive health services
- strengthening and engaging leadership
- promoting greater Involvement of PLWHA
- establishment of an HIV Prevention Task Force
- changing the behaviours that drive the epidemic:
    - moving beyond the 'ABC' approach
    - addressing concurrent partnerships
    - valuing the role of self identity
- expanding traditional approaches to prevention:
    - considering options beyond condoms
    - adult male circumcision
    - emerging female controlled technologies
- addressing factors that create vulnerability to HIV, including:
    - gender

  - drugs and alcohol
  - youth
  - mobility
- building the research and evidence base
- mobilising and supporting a community based response
- forging partnerships in prevention.

In its most recent report (2008) the IRG welcomed the draft prevention strategy, recommending more balance between biomedical and structural approaches to prevention and greater appreciation of the cultural context of the epidemic in PNG. The finalisation of the prevention strategy is underway.

National Heath Plan

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

The Three Ones

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

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

NACS core activities

The 2008 NACS Development Budget Submission gives an overview of the core NACS activities:

- Strengthening policy and legal environment for effective HIV/AIDS response
- Mobilizing and strengthening leadership capacity in fighting HIV/AIDS
- Strengthening mechanisms for management & coordination of the response
- Learning and sharing of HIV/AIDS information and experiences
- HIV/AIDS and Gender Mainstreaming
- Strengthening provincial response
- National capacity for monitoring and evaluation
- Coordination of peer education and behaviour change communications initiatives
- Medical and surveillance
- Coordination of care and counselling activities
- Research and activity grants
- Strengthening NACS corporate management

- Development grants to Provincial AIDS Committees (PACS)
- Supporting NGO activities

NACS received a substantial Recurrent Budget increase in its 2007 and 2008 Budgets. There is, as yet, no medium-term expenditure framework for HIV/AIDS responses. Donor flows are expected to stabilise or rise slowly. Donor funding committed for 2008 was similar to 2007 at K139 million. Phase 2 Global Fund HIV grant has been approved until 2010. PNG will be submitting for new grants under Round 9

1.3 Government of Australia Development Strategy

1.3.1 Development Cooperation Strategy

Australia's aid objective is for PNG to achieve self-reliance through broad-based and sustainable development. The priorities of the aid program are detailed in AusAID's joint *Development Cooperation Strategy* (2006-2010) (DCS) with the GoPNG which advocates four core pillars:

a) Improved governance and nation-building

b) Sustainable broad-based economic growth and increased productivity

c) Improved service delivery and stability

d) Strengthened, coordinated and effective response to the HIV epidemic

The DCS reflects a desire for a genuine partnership between Papua New Guinea and Australia that is driven by Papua New Guinean ownership and leadership with a strong emphasis on sustainability and capacity building. The DCS responds to the key recommendations identified by the 2004 Joint Aid Review. The Medium Term Development Strategy, as the GoPNG's overarching plan for social and economic development, is central to the DCS. The MTDS recognizes the central responsibility of government to provide a number of core functions and basic services and, together with the MTDS, provides a framework to guide the allocation of PNG resources in both the development and recurrent budgets. Australia is also supportive of PNG's intention to endorse a long term development strategy currently being prepared within DNPM, and the Partnerships for Development initiative currently being progressively implemented jointly across various sectors by both governments.

Specific AusAID strategies and programs in Papua New Guinea of direct relevance to TL2 include:

- *PNG –Australia HIV and AIDS Program* (2006) – more detail in **Section 1.3.2**
- *Australian Aid: Promoting Growth and Stability* (2006)
- Australian sector frameworks for assistance
- *Gender equality in Australia's aid program – why and how* (2007)
- *Tackling Corruption for Growth and Development* (2007)
- *Meeting the challenge: Australia's international HIV/AIDS strategy* (2004)
- *PNG Sub-National Strategy*

1.3.2 PNG-Australia HIV and AIDS Response in PNG

While the NSP is the primary policy framework guiding Australian support for HIV in PNG, in 2006 AusAID developed a new strategy document *Responding to HIV/AIDS in PNG: Australia's Strategy to Support PNG (April 2006)* identify the following sectoral objectives as specific priorities for 2006-2010:

- strengthening leadership and coordination within national, provincial and local governments and within the non-government sector
- mobilising communities on HIV prevention
- promoting gender equality and reducing sexual violence
- expanding the health sector response by improving the capacity of primary health services to prevent and treat HIV & STIs
- mainstreaming HIV in development initiatives
- building the evidence base for action.

These priorities reflect a stronger focus on gender, mainstreaming and performance monitoring, particularly in the area of capacity development.

The Australian response is mainly funded through its health program, the HIV and AIDS program and responses in various government sectors. The PNG–Australia HIV and AIDS Program is focusing on direct support for the non-health elements of the response. There is some overlap and a consequential need for close coordination with the AusAID health program, particularly in relation to support for faith-based organisations, VCT, health promotion, behavioural surveillance and the Global Fund.

Priorities for the AusAID HIV Program include:

- Developing capacity building strategies with key partners
- Continuing to strengthen NACS organisational capacity
- Working with partners to streamline NSP planning, monitoring and review processes
- Continuing to build partnerships with donors and implementing agencies
- Finalising a practical and effective Monitoring & Evaluation system for the Program
- Establishing sound management practices within program offices and with Implementing Service Providers
- Ensuring a coherent HIV response across the agency in PNG
- Maintaining and strengthening an effective mainstreaming response.

Major AusAID Health Program initiatives are:

- support to Global Fund HIV program implementation and the Clinton Foundation
- support for surveillance systems, VCT, STI and sexual health programs
- procurement including condoms, medical supplies.

1.4 HIV and AIDS in PNG today

HIV was first reported in PNG in 1987. By 2003, when HIV prevalence among women attending antenatal services at Port Moresby General Hospital rose above 1%, the country became the fourth country in the Asia Pacific Region to be classified as experiencing a generalised epidemic.

National HIV prevalence among adults was estimated at 1.28% for 2006 and 1.61% for 2007, translating to an estimated 46,275 people living with HIV in PNG. The *2007 Estimation Report on the HIV Epidemic in PNG* reports that by the end of 2006 a total of 18,484 people had been diagnosed with HIV, with 4,017 people testing positive in 2006 alone, a 30% increase on the previous year.

HIV infection has been detected in all provinces and continues to increase, particularly in rural areas where 85% of the population lives. By 2007, rural prevalence had overtaken urban prevalence (at 1.65% and 1.38% respectively) and is projected to reach 5.74% by 2012, compared to an urban prevalence estimate of 1.44%.

While serious limitations exist in relation to the rigour of data collection and reporting, HIV infections have now been reported in every province, with most reported infections diagnosed in Port Moresby.

Distribution of infections between males and females (at 46% male, 48% female and 6% sex not recorded) is close to equal. However, women and girls are diagnosed at a younger age than their male counterparts, reflecting their biological, social and cultural vulnerability.

The HIV epidemic in PNG is understood to be sexually transmitted, and driven by:

- High unemployment and poverty contributing to the exchange of sex for cash or goods;
- Mobility and rural-urban drift;
- Drugs (particularly marijuana) and alcohol (legal and homebrew) associated with sexual violence and failure to use condoms;
- Pervasive gender inequality and high levels of physical and sexual violence;
- Early sexual debut, multiple and concurrent sexual partnerships and unprotected anal and vaginal intercourse;
- High prevalence of untreated sexually transmitted infections (STIs);
- Stigma and discrimination fuelled by misconceptions concerning HIV transmission;
- Inadequate infrastructure, services and resources.

According to Jenkins (2006), the HIV epidemic poses a particularly intense challenge in PNG because it has emerged at a time of rapid cultural and social change when traditional frameworks of sex, gender, and family life are rapidly disappearing as sexual networks and opportunities are expanding, and frank discussions about sexuality are most needed.

In terms of the response to the epidemic, the National AIDS Council (NAC) and its Secretariat (NACS) were established in 1997. A National Medium Term Plan (1998-2002) and the National Strategic Plan on HIV/AIDS (2006 – 2010) were then developed. Other milestones in the national response have included the establishment of Provincial AIDS Councils (PAC) and their Secretariats (PACS); a Special Parliamentary Committee on HIV/AIDS; appointment of a Minister responsible for HIV/AIDS (Minister for Health and

HIV/AIDS) and the *HIV/AIDS Management and Prevention Act* (2003) which provides a legal framework for addressing HIV-related stigma, discrimination and screening.

1.5 Origin of Tingim Laip

1.5.1 HRSS & TL

AusAID support to the PNG response to HIV/AIDS began in 1995 with five years funding for the PNG Sexual Health and HIV Prevention and Care Project. This activity was followed by the National HIV/AIDS Support Project (NHASP), with implementation beginning in October 2000 and completion extended until December 2006.

The High Risk Setting Strategy (HRSS) began as part of NHASP in May 2004, designed jointly by NACS and NHASP. It was managed by NHASP until that project's completion in 2006. Key implementing partners were Family Health International (FHI) focusing on Behaviour Change Communication (BCC) activities, World Vision (WV) focusing on youth at risk in the National Capital District (NCD), and Save the Children (SCiPNG) focusing on female sex workers (FSW) and men who have sex with men (MSM) in NCD and Goroka.

To remove the stigma implied by the title HRSS, the strategy was renamed *Tingim Laip*.

As part of the transition to AusAID's new program of support, Burnet Institute (BI) was contracted to manage *Tingim Laip* from January 2007– April 2008. NACS and AusAID agreed to maintain the existing initiative's management structures and participatory approaches, including NGO partnerships, over this transition period while an evaluation was conducted to determine longer-term management arrangements and options for scaling up the activity.

Tingim Laip is Papua New Guinea's (PNG) largest community-based HIV prevention strategy operating in 36 sites across 11 provinces. It was designed to respond to the urgent need for a targeted behaviour change intervention focusing on most vulnerable populations in settings throughout the country where HIV transmission was known or likely to be high. *Tingim Laip* is based upon acknowledgement that some people are more vulnerable than others to HIV infection and that there is an urgent need to address those contexts where vulnerability is greatest.

Key features of the strategy are:

- empowering vulnerable communities to develop, implement and monitor their own responses to HIV; and
- forming partnerships with government departments (Defence, Police, CS), the private sector (mining and petroleum, palm oil industry, fisheries, the sugar industry) and civil society (non-government organisations (NGO), community based organisations (CBO), and faith-based organisations (FBO)) in both rural and urban settings.

1.5.2 Consideration of a second phase

An independent evaluation of *Tingim Laip* in October 2007 concluded that the project was making a valuable contribution to the National Response and its potential to be effective in the future was high. Factors that were contributing to the potential effectiveness of TL were: highly motivated and committed volunteers driving the program at the community level across the 36 sites; close working partnerships with the Provincial AIDS Committees

(PAC) in some locations; and well targeted capacity building efforts to some sites, including regular follow-up and support.

1.5.3 Design mission

The 2007 evaluation recommended that a design for a new phase be developed as quickly as possible, with a view to addressing the conceptual drift that had occurred, putting in place a more effective management structure, and consolidating the work being done in current sites before considering scaling up to further sites. The evaluation highlighted the need for minimal disruption to the current implementation activities whilst a new design was developed and put out to tender.

The Design Team started work in Port Moresby on 2 June 2008 with a briefing by AusAID and a discussion with the acting Director of the National AIDS Council Secretariat. The Terms of Reference for the design mission are **Annex 1.** Meetings followed with the Burnet Institute management team (the main managing contractor for TL) and employees: the TL Manager, TL regional coordinators and some TL project officers. A day-long workshop was held with TL delivery partners, other donors and Burnet Institute staff. The team also met with Port Moresby TL site volunteers, representatives of relevant AusAID sectors, and with representatives of the National Capital District Provincial AIDS Council.

Regional visits:

- Madang – separate meetings with: site volunteers and project officers from eight provinces who were attending a TL BCC training workshop**;** stakeholders; members of five site committees; and a discussion with the Director and staff of Family Health International (FHI) on their experience as a TL partner.
- Mount Hagen – separate meetings with site volunteers representing four sites and stakeholder representatives; together with a visit to a local VCT clinic.
- Lae – a stakeholder and site member workshop with people from five sites, with ten stakeholders/partners represented. A separate meeting was held with the Madang project officer.
- Vanimo – a stakeholder meeting with 24 people and a visit to the site at Wutung village. Wutung is an important site because of its location as the border post with Indonesia, with associated issues, and the extensive surrounding forestry operations.

Finally, towards the end of the mission, further consultations were held with the National Research Institute, Catholic Health Services (HIV and AIDS), Burnet Institute, TL staff, ADB, International Education Agency (IEA) and FHI. A list of documents reviewed by the design mission is **Annex 3.**

The team was provided with an extensive portfolio of documents, including the first two reports of the Independent Review Group, the draft PNG National Prevention Strategy (2008-2013), the key National HIV/AIDS Support Project (NHASP) milestones, the 2007 TL Evaluation Report and TL operational documents. All relevant policy documents from both governments were available. AusAID and NRI also provided access to a broad range of relevant research data.

The design mission conducted separate debriefs for NACS and AusAID based upon the draft **Aide Memoire** attached as **Annex 2.** The final version of the Aide Memoire was circulated by the AusAID Post to key stakeholders in late June 2008.

1.5.4 Next Steps

The draft Activity Design Document (ADD) for TL2 was submitted to AusAID on 14 July 2008, and the Peer review held in late August.

During the 1st quarter of 2009 AusAID intends to go to open competitive tender for the TL2 managing contractor. It is intended that TL2 will begin in the 2nd quarter of 2009.

1.6 Related activities funded by AusAID and other donors

1.6.1 AusAID funded projects/programs

Tingim Laip 2 will be funded from within the PNG-Australia HIV and AIDS Program and will work within the framework set out for this Program.

A wide range of HIV projects/programs are funded directly by AusAID through its health sector program and HIV Program. The following represent some of the major projects/programs funded through the Australian Government's program of support to PNG's response to the HIV epidemic.

The PNG-Australia Sexual Health Improvement Program (PASHIP) works with communities and existing health services to increase access to improved sexual health services, including STI detection and treatment, prevention advice, education and counselling. The program is focused on eight provinces: East New Britain, Western Highlands, National Capital District, Southern Highlands, Oro, Simbu, Eastern Highlands, and Morobe and is delivered through partnership with seven NGOs: Caritas Australia (CA), Save the Children Australia (SCA), Marie Stopes International Australia (MSIA), Adventist Development Relief Agency (ADRA), Anglican Board of Mission (ABM), Sexual Health and Family Planning Australia (SHFPA), the PNG Institute Medical Institute and the Burnet Institute.

The *Poro Sapot Program* is implemented by Save the Children PNG (SCiPNG). Its purpose is to reduce the impact of HIV among young people and other vulnerable groups, specifically FSW and MSM. The program uses a range of strategies including peer outreach, condom, lubricant and Information, Education and Communications (IEC) materials distribution; promotion of health services; sensitization of police and other gatekeepers, advocacy and partnership building. Porot Sapot staff and volunteers work in NCD, Goroka, Kainantu, and Lae.

Anglicare-Stop AIDS and Hope World Wide (PNG) conduct education programs for schools in Port Moresby. The Hope World Wide program targets children aged 13-15 years. Anglicare implements a similar program among young people aged from 16-19. A peer education strategy is used providing basic information about HIV. Peer educators have been trained in a number of provinces with particular attention to urban settlements. Leaflets and condoms have been distributed by peer educators to settlements and communities across the country.

Community and Home-Based Palliative Care (CHBC) is managed by Family Health International and expands access to community, home-based palliative care for people living with HIV and AIDS and their families.

The Catholic Church National Health Services (CNHS) and the National Catholic HIV/AIDS Office implements a series of community based preventive and care programs and activities at diocese level in several provinces. Interventions support infected and affected persons, particularly women, youth and orphans.

As noted above key implementing partners for the current TL are Burnet Institute, Family Health International, World Vision and Save the Children.

1.6.2 AusAID Partnerships

Australia's HIV program in PNG is complemented by key partnerships with international HIV/AIDS partners and the private sector including:

- the Clinton Foundation HIV/AIDS Initiative to support increased access to life saving drugs for HIV positive people in PNG, including drugs being provided by the Global Fund to Fight AIDS, TB and Malaria.
- the Asian Development Bank, co-financing condom social marketing as part of the Asian Development Bank's HIV/AIDS Prevention and Control in Rural Development Enclaves Project
- the Asia Pacific Business Coalition on HIV/AIDS to expand the private sector response to HIV/AIDS in PNG.

Australia also contributes to the activities of UNAIDS and the Global Fund in PNG to fight HIV/AIDS, Tuberculosis and Malaria.

1.6.3 Other donors

UNAIDS supports leadership initiatives including the Asian Pacific Leadership Forum (APLF) and Special Parliamentary Committee on HIV/AIDS . UNAIDS also supports a range of activities with people living with HIV, sex workers and men who have sex with men.

UNFPA has funded HIV prevention in schools and has supported the development of a reproductive and sexual health curriculum for primary level. UNFPA also supports a peer education project through which young people conduct HIV awareness and discussions about sexuality with their peers in tertiary institutions.

UNICEF, together with the Department of Education, has developed a school-based HIV program that targets teachers and parents of young people in and out of school. The program has been piloted in six provinces where it is assisting parents to communicate more openly with their children about HIV-related issues. UNICEF also supports community mapping and theatre against AIDS (COMATAA), whereby young people are trained in community theatre and as school-based facilitators. UNICEF is also active in supporting Prevention of Parent to Child Transmission activities with NDoH.

Population Services International (PSI) is supported by the ADB (and AusAID) to implement behaviour change interventions in rural development enclaves with most at risk populations. Interventions include condom social marketing together with education about the correct and consistent use of male and female condoms and lubricants.

1.6.4 Other related programs

Igat Hope is the national network of people living with HIV and AIDS in PNG and is increasingly involved in the national response to the epidemic. It provides training in public speaking for its members and is engaged in treatment advocacy and education.

PNG Friends Frangipani is a national network of male and female sex workers devoted to advocating for human rights and improved service provision for FSW and MSM. The network provides peer support and sexual health education, and is involved in legal

advocacy. Frangipani has received support from Australia's Scarlet Association, supported by AusAID.

The Youth Outreach Project (YOP), managed by Save the Children PNG is a peer-mediated sexual health improvement and HIV prevention project which works with young people (aged 15 – 25 years) who are out-of-school and unemployed. The project delivers information about HIV and AIDS through formal and informal networks, including schools, settlements, village and urban communities in Madang, Kainantu, Goroka and Megabo.

The Oxfam Youth Program is a three year program (2007-2010) directly linked to the Oxfam International Youth Partnership Program and works with local partner organisations to develop young people as leaders and to support them in developing and implementing plans for HIV prevention, care and support within their communities.

The PNG Business Coalition Against HIV and AIDS (BAHA) leads the private sector response to the epidemic and assists in the development of workplace policies and provides training and information services for its members.

Table 1 below shows funding contributed by a range of organisations to the PNG HIV response. Australia is, by far, the largest contributor, with almost USD26 million (of a total

Focus Areas	U. N.	GFATM	Clinton Ffoundation	ADB	Ausaid	USA ID	World Bank
Treatment counselling & support	547,000	3.2 million	2.3 million	1.693 million	9.68 million	-	-
Education & prevention	855,000	746,000	-	3.158 million	6.23 million	1.6 million	-
Epidemiology & surveillance	90,000	-	-	720,000	-	-	100,000
Social & behavioural research	140,000	60,000		30,000	2.047 million	-	-
Leadership partnership & coordination	240,000	-	-	105,000	4.45 million	-	-
Family & community support	820,000	-	-	-	1.78 million	-	-
Monitoring & evaluation	275,000	373,000	-	165,000	1.335 million	-	-
Total	**2.967 million**	**4.379 million**	**2.3 million**	**5.871 million**	**25.81 million**	**1.6 million**	**100,000**

Source: UNGASS 2008 Country Progress Report, Papua New Guinea. Reporting Period: January 2006–December 2007

Table 1: Summary of funds committed to the 2008 NSP Implementation Plan

1.7 Lessons Learned

Many lessons have been learned from observation and experience over the four years that HRSS/Tingim Laip has been running. Most of these are not new and have been documented in the evaluation of NHASP (2005), the evaluation of Tingim Laip (2007) and reiterated by the Independent Review Group in their two reports of September 2007 and March 2008. Lessons presented below draw upon these documents and include observations made during the current design process. They are presented as a guide to areas that need to be addressed in a new Phase of the project.

Project and Contractor Management

Single contractor to provide services: TL was managed by one core contractor supported by a number of service providers all under separate contracts with AusAID. In the opinion of the Independent Review Team, and others, this contributed to a number of significant

weaknesses, mostly identified in this section. While it is not an ideal solution TL2 will be contracted to a single managing contractor for the reasons discussed in Section 2.9.

Timely financial support to site activities: TL is a community based HIV prevention project. Its success is dependent upon activities identified in the site plans (i.e. in communities) receiving funding in a timely manner, depending of course on acceptable acquittal of funds already received. Sites have experienced problems acquitting funds in accordance with donor requirements. Hands-on support by managers/supervisors has been more effective in assisting site volunteers in this task.

More recent reports from site personnel indicate that funds are still not being dispersed even when acquittals are approved. A new project must ensure that funds are dispersed in a timely fashion.

Management structure: A streamlined management approach is essential, with one point of accountability for implementation of activities. All implementing parties need to be within one contract and report to a single managing contractor, who in turn reports to the donor through regular, consolidated progress reports. Reporting needs to occur against one single implementation plan.

Higher level oversight: The role of the Steering Committee (SC) or equivalent over-sight body is best realised if its responsibilities are clearly defined and strategic. These need to include responsibilities to: review progress towards achieving the purpose of the project, review the portfolio of activities and progress towards their implementation and completion, review and assess the operating performance of the project, operational performance of the managing contractor, and provide recommendations regarding the project to the GoPNG and GoA. The SC composition must include appropriate GoPNG and GoA members and other experts appointed for their HIV, community mobilisation, project management and M&E/research expertise.

Contractor reporting: standardised quarterly reporting ensures that the contractor clearly reports on progress against the logframe outputs and activities. The incrementally updated monitoring and evaluation framework should be part of this reporting. This assists the SC to fulfil its responsibilities and potentially strengthens the accountability of the contractor.

Staff management practices: confidence and commitment from the project team is enhanced if the contractor demonstrates transparency in the application of best practice in terms of hiring project personnel, articulation of clear and comprehensive TOR for all positions, and the development of codes of conduct for paid personnel and volunteers alike.

Management at sites

Site committees: site committees are strong and effective if there is careful choice of leadership, clearly articulated TOR, and every committee member agrees to a Code of Conduct that reflects the project's values and its purpose.

Capacity building for management: appropriately targeted training and follow-up support in all aspects of management of grants contribute to uninterrupted delivery of activities.

Bottom-up planning: a community-centred and community owned program of prevention is optimised when planning of activities truly starts from the bottom (community) and works up.

Technical

Open discussions on traditional practices: Some traditional practices predispose to increased risk of HIV infection. These include: sexual practices associated with rights of passage; group circumcision among men; women exchanging sex for everyday commodities; male visitors to communities being offered sex with young women. Preparedness to discuss these practices openly provides an entry point for HIV prevention at national, provincial and district levels. This preparedness can be enhanced with access to tools specifically designed for such discussions.

A comprehensive technical program: An effective program must include prevention, treatment and care. No single element will be sufficient. The challenge is to ensure harmonisation between the three elements, and secure commitment of all players with responsibility for delivery of each.

Comprehensive targeting: an effective program will address the following key programmatic areas: predisposing, reinforcing, and enabling factors. For example, where there is persuasion there is also enablement; where there is work with women there is also work with men; where there is education about HIV and AIDS for young people there is also access to health services; where there is a workplace response by the private sector this is paralleled by government action; and where there is counselling and care there is also access to ARVs. As these areas are dealt with by numerous agencies and programs, donor harmonisation, clearly aligned to the national government response, is essential.

Training: effectiveness of training is enhanced when the following occurs:

- quality assurance processes are in place and applied;
- training occurs close to or at sites;
- training is provided in the appropriate language for the target group;
- training includes practice in the use of any tools intended to be implemented in the community, together with follow-up at sites; and
- training is targeted, managed by the project and includes maintenance of a relevant training database.

Educational materials: must be evaluated for relevance and appropriateness. An efficient system for approving production of locally developed materials needs to be established, thereby eliminating the current bottleneck that exists in NACS. Materials need to be readily available and there needs to be clarity among all partners as to who is responsible for their distribution. In some areas, especially among low literate populations, theatre and drama may have much greater relevance as a means of disseminating information and triggering discussion about prevention.

Structural barriers: correct and consistent use of condoms is a key message of the project. A consistent supply of condoms is essential to support this message. If barriers exist they need to be overcome, and arguments about which government body has responsibility for this function need to be resolved.

The elements of key HIV prevention messages: these need to be regularly informed by local and international research, and ongoing evaluation of the project itself to ensure that messages are effective. Research may indicate the need to increase the emphasis on certain behavioural factors and prevention strategies e.g. the positive impact of reducing concurrent partners. The project must have the flexibility to respond to existing and emerging research.

The prevention message needs to be delivered consistently by all stakeholders participating in the project. There is no place for personal or organisational bias, beliefs or doctrines to compromise a comprehensive and well informed approach to prevention.

Unconditional inclusion of gender in the program: In PNG, gender inequalities and inequities play a key role in fuelling the epidemic and gender violence (to which both women and some men are subjected) is strongly linked to the risk of HIV infection. For a program to be effective gender must be central to every HIV prevention strategy. It must be one of the pillars around which all AusAID support is organised, and be clearly evident in every aspect of the program.

Tools for implementation: numerous tools have been developed to facilitate the implementation of HIV prevention interventions. These are of potential value to volunteers in addressing sensitive topics such as: Gender-Based Violence (GBV), MSM, stigma and positive prevention.

Research: while research must underpin interventions, appropriate methods for disseminating and discussing research findings to key stakeholders, including site committees, are essential.

Leadership

Research: international experience has shown that effective leadership at all levels is a key component of successful responses.

Levels of leadership: while leadership at the national level is critical, active leadership by politicians and leaders at the provincial and local level enhances the success of lower-level responses. Lessons from successful provinces need to be shared with others that are still struggling. Leadership includes not only speaking out in support of prevention programs but also providing the physical and financial resources necessary at provincial and district levels (PACs, DACs).

Monitoring and evaluation

M&E to inform program development: Data gathered through the M&E process is essential to monitoring progress and troubleshooting, as well as ensuring resources are efficiently and effectively utilised. This requires the establishment of effective, simple M&E systems that reflect national systems, and which are in place from the start of TL2. Clearly defined project goals and objectives inform this process.

Research: was not a strong point of TL in the first phase. PNG's response is evolving and it appears that this is the case now and TL2 can incorporate a research element involving international best practice and an evidence base in terms of HIV community engagement and preventions methods

Capacity building in M&E: reporting back to management on performance is more likely to be reliable and understood if those collecting information are trained and supported to do it. Feedback by management to those who have collected information with collated data completes the "feedback loop" and supports people at lower levels to continue this important task and to understand better how their interventions are progressing, or not.

1.8 Building on strengths and addressing weaknesses

This design supports the strengths and addresses the weaknesses that have been identified in the project so far by:

- better supporting the cadre of highly motivated volunteers, including site committee members
- ensuring TL staff are clearer about how they can better support sites
- retaining the four pillars, with the recommendation to add a fifth, by separating “treatment” and “care”
- improving capacity building with a more targeted program, occurring at or near sites, with incremental implementation and improved follow up to consolidate learning
- putting in place mechanisms to streamline the disbursements of activity grants
- re-focusing and strengthening the community-centred approach
- ensuring activities are informed by research
- supporting stronger partnerships with stakeholders who constitute the enabling environment
- replacing a fragmented management approach with a streamlined one with a single point of accountability;
- implementing best practice HR management whereby the contractor is wholly accountable.
- implementing sound, simple, participatory M&E systems with the project team trained and supported in their use; and
- strengthening the decentralised nature of the program with the possibility of taking central management out of Port Moresby.

2. TINGIM LAIP PHASE 2

Elite Leaders-Role Models

We were very angry about ABCs documentary on our community. We felt that we were stigmatized, by people from other Provinces and other countries that our home was the home of all un-safe sex practices. We did not want to have anything to do with Tingim Laip Project; we just hated the project for giving us a bad image.

But all young elites discussed that, if we turn down and close the project in Yang Creek, then we will be total failures. Instead, as young leaders in the community, we decided to be fully involved in the Tingim Laip Project. Of course this meant we as leaders had to be Role Models. Some of us have stopped paying for sex; some of us have stopped drugs and home-brew. We are leaders of change, and we would like to show the world that Yang Creek has really changed with Tingim Laip-Behavior Change Communication Intervention.

Yang Creek TL Site, Markham Highway,
Morobe Province.

2.1 Philosophy of TL2

Tingim Laip Phase 2 is based upon the principles of effective prevention identified by UNAIDS and articulated in the June 2005 Policy Position Paper *Intensifying HIV Prevention*. The principles are that HIV prevention programs:

- Must have as their fundamental basis the promotion, protection and respect of human rights including gender equality;
- Must be differentiated and locally adapted to the relevant epidemiological, economic, social and cultural contexts in which they are implemented;
- Must be evidence-informed, based on what is known and proven to be effective, and investment to expand the evidence base should be strengthened;
- Must be comprehensive in scope, using the full range of policy and programmatic interventions known to be effective;
- HIV prevention is for life; therefore, both delivery of existing interventions as well as research and development of new technologies require a long-term and sustained effort, recognising that results will only be seen over the longer-term and need to be maintained;
- HIV prevention programming must be at a coverage, scale and intensity that is enough to make a critical difference;
- Community participation of those for whom HIV prevention programs are planned is critical for their impact.

Effective prevention programmes are contextually relevant and sensitive. They address the structural factors that underlie HIV-related risk and vulnerability in their physical, socio-economic, cultural, community, economic, legal, and policy dimensions.

TL2 will be implemented within the overall conceptual framework provided by the (draft) PNG HIV Prevention Strategy. Priorities identified in the strategy include: enhancing service

delivery, linking HIV prevention to sexual and reproductive health services, strengthening and engaging leadership and greater involvement of people living with HIV and AIDS. The strategy draws attention to the need to move beyond the simplistic and individually-oriented 'ABC' approach to addressing people within the reality of the social, economic and cultural contexts in which they live. The strategy also highlights the need to focus on concurrent sexual partnerships and building upon the value and potential social capital of self-defined identities.

As well as encouraging preparedness to engage with new prevention technologies, such as male circumcision and female controlled methods of prevention, the strategy also emphasises the importance of addressing structural dimensions of vulnerability including: gender, alcohol and drugs, youth, mobility and stigma and discrimination.

The new Prevention Strategy represents a considerable, more nuanced (and timely) conceptual shift for TL2 with its focus on the five pillars. It will be critical that provincial coordinators and other staff recruited by the managing contractor are familiar with these new concepts and are able to work collaboratively with sites in translating them into relevant local strategies that are understandable and avoid the danger of over-loading already hard-pressed volunteers and site committees. Integrating these appropriately within training/capacity building will be essential.

Implementing TL2 within the overarching framework of the Prevention Strategy will also require some flexibility in monitoring and evaluation as sites focus their work to become more contextually sensitive and relevant.

This Strategy is being finalised however this process is not expected to be completed before early 2009. More specific priorities will be developed with an implementation plan which will provide guidance to TL2.

2.2 Tingim Laip on the ground in a PNG rural community

At this stage in the design documentation it is useful to explain how Tingim Laip volunteers get started, are organised and become engaged in HIV prevention work in their community.

Recognition of the problem

The Tingim Laip process begins when people become aware that they or those they care about, are at increased risk of HIV because of where they live or work, through their own or other peoples' behaviour, or as a result of outside influences or pressures. This awareness may be the result of participation in TL social mapping activities or in the NDoH BSS survey. Concern about local risk will lead to discussions between community members, and thereafter with the PAC, Provincial Administrator and Health Adviser, church leaders, and local health care providers.

Core group identified

These discussions will confirm the need to address the problem and will identify potential key stakeholders who might support the community in addressing it as well as enthusiastic and committed community members who will form the core of the TL committee and its volunteers.

TL site committee established

With support from Tingim Laip project staff, male and female community members of good character who are willing to behave according to the TL code of conduct

and other relevant TL procedures will form a site committee. Efforts will be made to involve young people, PLWHA, sex workers and others.

Pre-requisite services to support the five pillars

The five pillars that underpin TL2 are: condoms, STI treatment, VCT, care and support, and treatment. Ideally all of these will be in place either at, or in close proximity to, the site. Where this is not yet possible, TL2 staff and site committees will need to decide which pillars must be available for TL2 to begin, and to plan for the availability of others.

Introduction to TL2

The concept of TL2 can then be presented to the community. This will be done by TL2 staff and site committee members who will provide information about the epidemic, share pertinent findings from local surveys and mapping, and lead discussion of the implications of these for the community.

Local plan, local action

The site committee and volunteers, with guidance and ongoing support from TL2 staff, will then conduct structured activities with community members, ideally divided according to age and sex, in order to identify their most important concerns and to elicit suggestions for addressing these. On the basis of this activity, they will then develop, and share for community feedback, a provisional plan of action to address the most common and pressing concerns. The plan will provide a clear answer to the question: 'what will TL2 look like in our community?'

Once finalised, the plan will be documented, costed and submitted to management for approval. TL2 staff will be involved throughout this process as technical advisers, facilitators and supporters/mentors of the committee members and volunteers as they conduct the community consultation process.

Induction of site volunteers

Site committee members will undergo formal induction to TL2. This will include clarification of their respective responsibilities as committee members, clarification of the values that underpin TL2 together with the code of conduct to which they are subscribing as TL2 participants.

Proceeding with TL2 interventions

The site committee is then responsible for implementing interventions according to their plan of action. The committee is strengthened through participation in the national TL2 project. This is achieved through access to resources (grants) for the implementation of the activities identified in their plans, and grants for local administration. Ongoing support will be provided by TL2 Program Officers (PO) and Regional Coordinators (RC). Opportunities will be created for sharing experiences, problems and successes with other sites, for example through cross-site visits.

Capacity to account for spending

Capacity will be built to manage local bank accounts, expend money, and acquit grants. Personal costs incurred by committee members will be reimbursed. Systems will be in place to ensure that volunteers are not "out-of-pocket".

Capacity building at sites

Volunteers will be provided with relevant training to be able to fulfil their responsibilities. For example, all volunteers will need to have basic knowledge about HIV and related issues in order to be able to respond appropriately to questions put to them by community members. Depending upon the activities undertaken at their site, they will also need more specialised skills-based training on particular themes, such as: peer education, drama, promoting safer sex, challenging stigma and discrimination, promoting VCT or STI treatment. Some volunteers will also need training in administrative skills, such as report writing. TL2 staff will work with sites to identify their specific needs in terms of capacity building, to prioritise these and to find ways of meeting them. In order to help volunteers test out and apply their new skills in real-life, relevant settings, wherever possible, training will be provided on site.

Support to the activities as volunteers

Volunteers will be reimbursed for relevant travel expenses, for example to and from the TL2 office. Volunteers need to know that their contribution is valued. This will be demonstrated through feedback and encouragement from staff as well as in opportunities to participate in capacity building and to share experiences with other sites.

Participatory feedback and monitoring

Monitoring of site activities and feedback on progress are important processes. TL2 staff will support volunteers to plan, implement and monitor their activities in ways that are inclusive and participatory.

Some research will be undertaken at sites. Volunteers will be encouraged and supported to contribute in order to build their capacity in terms of understanding the value of research and its role in generating useful knowledge.

Figure 1 shows how one Tingim Laip site committee - Higaturu Oil Palms in Oro Province - is expanding to create two sub-sites with the assistance of the TL2 Regional Coordinator.

Figure 1: Extracts, Higaturu Oil Palms, Oro, *Health Watch* June 2008 staff newsletter

2 more sites for PPTL

By. Benson McRubin's

There is consideration for two additional sites to be accredited to Popondetta Plains Tingim Laip Project which will add to four with the current two by the National Tingim Laip Office according to Joan Ganoka, regional cordinator responsible for sites under Higaturu Oil Palms and OPIC

This will enable the provided resources to be concentrated on specific target settings in order for better impact and achievements of Tingim Laip goal and objectives. Currently there is only one site each under HOP and OPIC which are organisations and cover a wide geographical area making it difficult to coordinate and monitor its activities.

As a result Sangara and Ambogo estates will become the two recognized sites under HOP while Igora and Isivini for OPIC. Mamba and Embi estates and other small block holders under OPIC will continue to be supported with every means possible until such time when the project will expand based on the experiences learnt and with sufficient resources made available.

Tingim Laip Project is based on Behavior Change concept that focuses on High Risk Settings within the oil palm growing communities under HOP and OPIC in Oro Province. The Projects main goal is to Facilitate and Sustain Behavior Change to Minimize

HIV/AIDS and STI transmission and Increase Awareness in High-Risk Settings and Communities with main objectives to Increase Safer Sex Practices among members of prioritized High-Risk Settings in various sectors across Papua New Guinea.

Joan Ganoka regional coordinator for Tingim Laip Project during her 1st familiarization visit to Oro Province in May 2008

TL partners Family Health International officers meet with Ambogo Estate management in a recent visit in May.

The following is an example of how they report on their work:

IEC Materials distributed out of Tingim Laip Office					
Types of IEC Materials Distributed	Months in 2008				
	Jan	Feb	Mar	Apr	May
Pamphlets	265	203	123	278	153
Posters	106	213	55	135	36
STI HIV Cards	355	200	159	45	522
Male Condoms	3456	3650	2350	1860	1250
Female Condoms	163	382	89	35	150
HIV/AIDS Facts	250	100	35	55	63
Audio Materials	15	20	7	-	17
Story Books	23	5	-	-	-
Set Flash Cards	-	-	-	-	10

All HIV Tests done and registered at Siroga Clinic						
Types of Services	Months in 2008					
	Jan	Feb	Ma	Apr	May	Tot
VCT Services	4	4	3	5		16
A/Natal Sero	48	64	2	57		171
Positive	3	5	3	6		17
Negative	47	61	2	56		166
On ART	0	0	0	1		1
AIDS Deaths					1	
Referrals						
STIs treated						
Total HIV+	3	5	3	6		17

Source: Joan Ganoka, TL Regional Coordinator and Benson McRubin's TL, Popondetta, Oro

2.3. Intended Outcomes and Key Approaches

TL2 will assist participating communities to personalise awareness of the epidemic and the risks it poses. The intended outcomes will be to:

- improve condom distribution;
- increase demand for condoms;
- increase demand for STI services;
- increase demand for VCT services;
- increase demand for ART services;
- increase uptake of available services.

The focus of TL2 is on prevention of HIV transmission. TL2 will reflect recognition that prevention needs to include consideration of the needs of people living with HIV and AIDS, for example, through so-called 'positive prevention'.

Also, in recognition of the importance and increasing availability of ART together with its role as a gateway to prevention for people living with HIV and AIDS, TL2 will extend the current four 'pillars' to include 'promoting access to treatment' as a fifth pillar. Just as sites do not directly provide VCT or STI services, but rather generate demand for their increased availability and accessibility, so too sites will not be involved in the direct provision of ART. Rather, they will generate demand for it and advocate for access by those who need it.

TL sites need to work in close collaboration with providers of STI management, HIV testing, ART and PPTCT (Prevention of Parent to Child Transmission). Efforts are underway, for example through the PASHIP initiative, to strengthen some of these services but demand continues to exceed availability of services. Stock-outs of some drugs, testing kits and condoms occur and affect the delivery and quality of services.

Also fear of stigmatisation can deter people from accessing the sexual health services they need. Nonetheless, there are examples (such as Poro Sapot and the rural enclaves project) which demonstrate that these barriers can be overcome through the provision of dedicated services for vulnerable populations.

TL sites should be pro-active in identifying and taking advantage of opportunities for partnership and collaboration where these exist in their local areas. It is essential that pathways to STI and ART services are included in any mapping activities and regularly updated to ensure that the pillars of prevention are mutually reinforcing. Where a need for services exists but is not yet met, provincial coordinators should bring this to the attention of the management contractor who can raise the issue in appropriate fora.

The availability and accessibility of services will be monitored throughout TL2 and advocacy will be undertaken by sites for the coordinated delivery of a minimum package of services.

The contractor will be required to complete the TL2 Monitoring and Evaluation Framework and at that point the outcomes will be tightened by incorporating appropriate indicators and measures drawing on international and NG best practice.

2.4 The important of settings

TL2 will continue the work of TL in focusing interventions primarily on settings rather than on individuals or groups. This reflects understanding that the individual is seldom the most effective point of entry for health promotion interventions. A focus on settings also deflects stigma from individuals and groups who may already be vulnerable and offers a practical solution to some of the challenges raised in working with highly mobile populations.

Sites included in the original TL project were selected based on specific criteria: i.e. they were places where sex was known to be negotiated or to take place. Many sites were characterised by mobility or the presence of large concentrations of men with disposable incomes, separated from their families and communities. To date, TL sites have included disciplinary force barracks, private sector industry such as manufacturing, mining or logging, highways, ports and markets.

TL2 will continue to focus on settings, concentrating on locations where risks converge to create vulnerability i.e. individual, interpersonal, community and structural factors that affect peoples' ability to protect themselves from the epidemic and to deal with its impact.

TL2 is a community-centred project. There is an important distinction to be made between projects that are community-centred and those that are community-based. The latter refers to the location of an intervention while the former reflects its philosophy or focus. TL2 will be community-centred, working in partnership with local communities. It will be locally planned, negotiated and implemented. Sites will be provided with sufficient resources to conduct and monitor appropriate activities. TL2 will be locally led and sensitive to local culture. Meaningful participation of people living with HIV and AIDS will be promoted at all stages of TL's development.

Emphasis will be placed upon building the capacity of local site committees, volunteers and leaders. Local volunteers will be supported and encouraged through the provision of sound project administrative systems, training and ongoing feedback.

Training will equip volunteers with the skills they need to work with individuals and groups within their communities, and will draw on a range of culturally sensitive approaches, consistent with best practice.

Activities will be comprehensive without being excessive (to either volunteers or communities) and will include consideration, as appropriate, of gender and gender based violence, as well as drugs and alcohol.

2.4 Goal and Purpose

Figure 2 illustrates the relationships of the Goal, Purpose and Components.

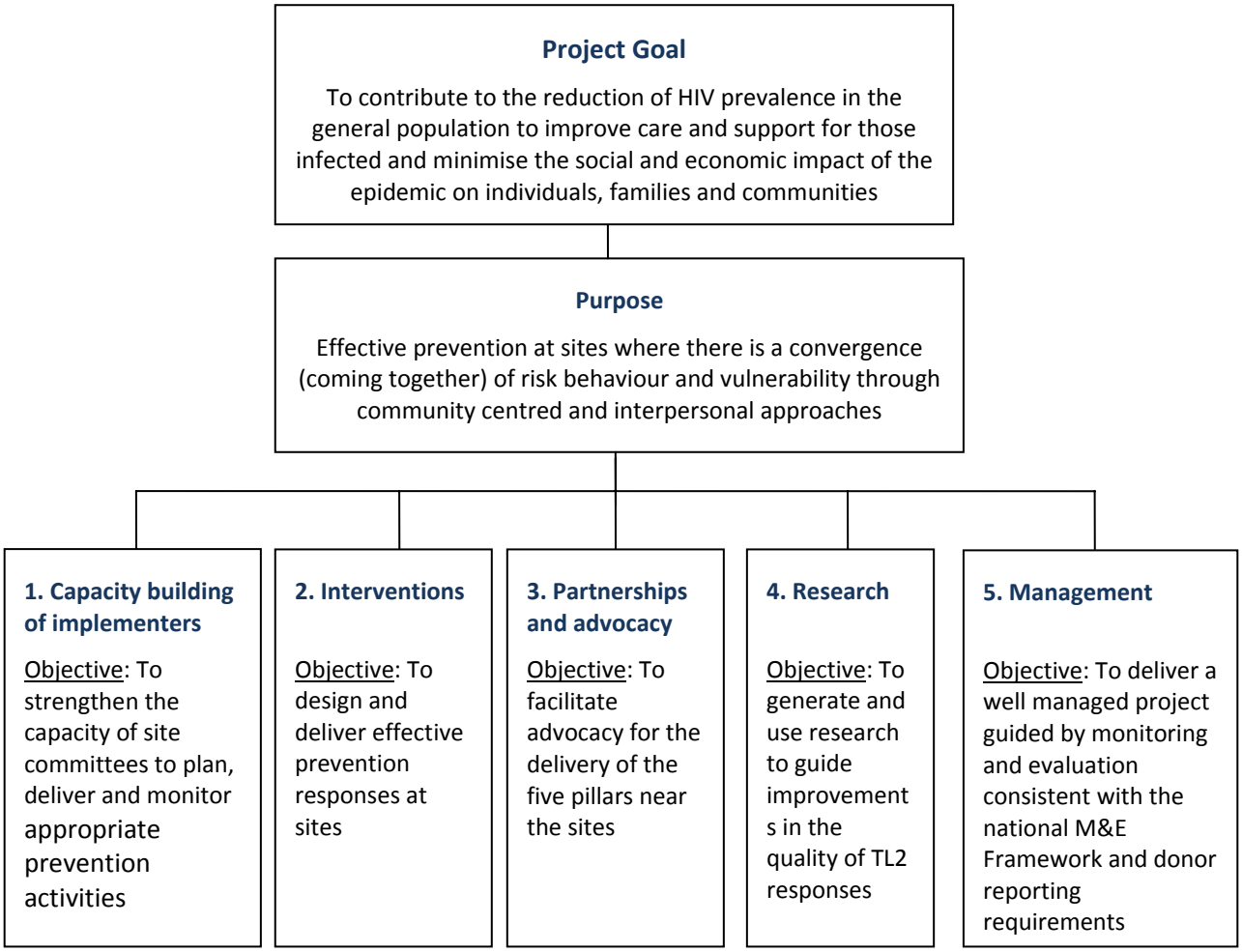


Figure 2: TL2 Goal, Purpose, Components and Component Objectives

The structure of this project has been incorporated into a Logframe included as **Annex 4.**

The Goal is:

> **to contribute to the reduction of HIV prevalence in the general population, to improve care and support for those infected and minimise the social and economic impact of the epidemic on individuals, families and communities.**

This is high level and is directly related to the overall NSP objective. This is intended to reinforce TL2's integration into the national response. Similarly the Purpose is directly related to the NSP Focus Area 2 (Prevention) with Focus Area 4 (Research) reflected in Component 4.

The Purpose for Tingim Laip Phase 2 is:

effective prevention at sites where there is a convergence (coming together) of risk behaviour and vulnerability through community centred and interpersonal approaches.

This Purpose captures the philosophy and approach of Tingim Laip Phase 2 as described in **Sections 2.1 and 2.2** with the key elements of:

- working at sites where risk and vulnerability converge; with
- bottom-up community centred implementation appropriate to the site; using
- interpersonal approaches in the associated community; to achieve
- effective prevention.

2.5 Components, Outputs and indicative Activities

The component objectives and their outputs are listed below.

2.5.1 Component 1: Capacity building of implementers

Objective:	**To strengthen the capacity of site committees to plan, deliver and monitor appropriate prevention activities**
Outputs:	
1.1	Revised Procedures Manual
1.2	Site committees are properly established and functioning
1.3	Volunteers are motivated and competent in necessary technical activities
1.4	TL2 staff are motivated and competent in supporting TL2 sites and their interactions with sites are consistent with the core values of TL2.

Brief Description

Incremental, ongoing training will be required to strengthen the capacity of sites to plan, deliver and monitor locally relevant and appropriate prevention activities. Similarly, project staff will need to be suitably trained in order for them to be able to provide intensive support to sites.

Site committees and volunteers need to understand TL2's purpose, objectives and core values (e.g. bottom-up, community driven, volunteer-led, youth-friendly and gender-sensitive). With volunteerism at the core of TL2, efforts need to be made to ensure that volunteers feel valued for their contributions and have a sense of belonging to a broader network of TL2 volunteers. Expectations regarding roles, responsibilities and conduct of volunteers need to be made explicit.

Capacity building, including technical support, needs to be provided as close to the site setting as possible, delivered in appropriate language with user-friendly support materials.

Desired Outcomes

This component will ensure that:

- Site committees are properly established and supported, equipped with the necessary capabilities and resources to plan and monitor TL2 activities

- Volunteers are motivated and competent in necessary administrative and technical activities.
- Project office and field staff are motivated and competent in supporting TL2 sites in relation to their administrative and technical activities, in line with the core values of TL2.

Main Implementation Strategies

A well constructed program of training is needed for volunteers, site leaders and project staff. Training will be competence based and incremental. It will be delivered as close as possible to site locations, in appropriate language and will be supported with user-friendly materials.

Sustained, site-focused, technical support needs to be provided. This will include an introduction to the broad principles and practice of effective HIV prevention. Other support will be determined in response to the needs of particular sites but could include: developing educational materials for audiences with low literacy, community mobilization strategies, or using peer education.

TL also has a role in advocating for capacity building to be undertaken with staff of health and STI clinics in order to make these services more accessible and user-friendly.

Proposed Outputs

Output 1.1: Revised Procedures Manual

Indicative Activities

- Review progress to date vis-à-vis the revision of the Procedures Manual
- Agree and test new procedures documentation format
- Finalise and disseminate to all sites
- Establish mechanism for regular review and updating

Output 1.2: Site committees are properly established and functioning

Indicative Activities

- Orientation provided to site committees in relevant TL administrative procedures (including site activities grant mechanism)
- regular administrative follow-up and support to sites

Output 1.3: Volunteers are motivated and competent in necessary technical activities.

Indicative Activities

- Capacity building needs assessment conducted
- Comprehensive training program (including induction) developed and delivered
- Project staff undertake regular support visits to sites with regular, two-way formal feedback
- Annual performance and feedback surveys conducted with sites and local partners

Output 1.4: TL2 staff are motivated and competent in supporting TL2 sites and their interactions with sites are consistent with the core values of TL2.

Indicative Activities

- Staff development needs assessment conducted
- Staff development programme developed and implemented
- Induction training delivered for all staff
- Project staff undergo performance reviews, including feedback from their site counterparts

Timing and proposed activities for Year 1

Likely activities for Year 1 include:

- Site operating procedures and systems developed, documented and disseminated – 1st and 2nd quarters.
- Induction training developed and delivered at existing sites - by end 1st year.
- Training needs assessment conducted by end 2nd quarter.
- Regular support visits by project staff to sites with formal, two-way feedback – all quarters 1st year.
- Annual performance and feedback surveys conducted with sites and their partners – last quarter.

2.5.2 Component 2: Interventions

Objective: To design and deliver effective prevention responses at sites

Outputs:

2.1 Selection criteria are identified and applied to all current TL sites and to potential new sites

2.2 Planned, appropriate activities are implemented in a timely manner.

2.3 New (to site or project) methods, approaches and or groups are identified and piloted.

2.4 Guidance on replication and scaling up is developed and implemented.

Brief Description

The findings of the social mapping activity will help to refocus site-level activities. The focus of interventions will be in assisting site committees, volunteers and their communities to personalise general awareness of HIV and AIDS and to facilitate understanding of how the epidemic might affect them and what they can do, as communities, to address it.

Interventions need to be sustained and mutually reinforcing. They need to address individuals, couples, groups and the community as a whole. The design of interventions must be informed by best practice. A wealth of best practice material has been developed

internationally and is available online. Ways need to be identified to assess this kind of material for its relevance to PNG, and where appropriate to work towards its local adaptation.

Since it began, a considerable amount of experience has been accumulated by TL practitioners and important lessons have been learned. Cross-site visits and project forums (such as the annual project symposium) offer opportunities to share this experience and learning.

Desired Outcomes

This component will ensure that:

- Site committees and volunteers are able to plan, implement and monitor community-centred prevention activities
- Activities are consistent with established best practice and respond to local need
- Site committees and volunteers are encouraged to pilot and document new methods and approaches
- Interested parties have access to guidance on replicating and scaling up the TL2 approach.

Main Implementation Strategies

The focus of interventions will be on moving beyond information-giving towards addressing interpersonal, social and cultural barriers that hinder or facilitate the adoption of safer sex. Community mobilization strategies will draw from the range of approaches already in use in PNG. It will be important to build upon success in reaching sex workers and broaden the focus of interventions to include others also vulnerable to HIV, such as clients or gatekeepers of sex workers, people involved in transactional sex, MSM, community leaders and the sexual partners of all the above. In response to local circumstances, cross-cutting themes will include:

- challenging HIV-related prejudice, stigma and discrimination
- promoting gender equality and addressing gender based violence
- identifying and addressing the particular needs of young people (disaggregated according to age and sex)
- consideration of drugs and alcohol issues
- promoting the meaningful involvement of people living with HIV and AIDS.

Proposed Outputs and Indicative Activities

Output 2.1: Selection criteria are identified and applied to all current TL sites and to potential sites.

Indicative Activities

- In consultation with stakeholders, identify criteria for site selection
- Apply criteria to current sites
- Identify a limited number of potential new sites in the first year

Output 2.2: Planned, appropriate activities are implemented in a timely manner.

Indicative Activities

- Review findings of local mapping exercise
- Undertake community mobilisation (as necessary)
- Identify priorities for intervention e.g. groups, topics
- Select suitable methods and approaches
- Develop and implement site-level GIPA (Greater Involvement of People Living with AIDS) strategy
- Develop and implement site-level gender and gender-based violence strategies
- Identify SMART (specific, measurable, achievable, realistic and time) objectives
- Undertake local participatory monitoring

Output 2.3: New (to site or project) methods, approaches and or groups are identified and piloted.

Indicative Activities

- Design new pilot activity or extend existing activities to new groups
- Assist sites to identify and use best practice
- Document and disseminate process and outcome of new intervention

Output 2.4: Guidance on replication and scaling up is developed and implemented.

Indicative Activities

- In consultation with sites, develop toolkit for scaling up and replication
- Identify mechanisms for dissemination of toolkit to interested parties
- Disseminate toolkit
- Follow up and document successful replication and scaling up

Timing and proposed activities for Year 1

Likely activities for Year 1 include:

- Identify priorities for intervention e.g. groups, topics – 1st quarter
- Select suitable methods and approaches – 1st and 2nd quarters
- Identify SMART objectives – 2nd quarter
- Implement activities with specific community groups – 2nd 3rd and 4th quarters
- Develop and disseminate site-level activity monitoring systems – 1st quarter
- Conduct review of existing activities to identify key gaps or weaknesses – 1st quarter
- Design new pilot activity or extend existing activities to new groups – 3rd and 4th quarters
- Document and disseminate process and outcome of new intervention – year 2 onwards

2.5.3 Component 3: Partnerships and advocacy

Objective: To facilitate advocacy for the delivery of the five pillars near the sites

Outputs

3.1 Repeat stakeholder mapping for existing and new sites

3.2 Supportive/nurturing links with NACS established

3.3 Supportive/nurturing links with NDOH, and HIV and AIDS service providers at the national level established as a platform for the local response

3.4 Linkages established with other key stakeholders

Brief Description

Strong partnerships and networks are essential to gain support for TL2, for the delivery of the five pillars near the sites, and to provide a mechanism for advocating for, and supporting, the services that are a prerequisite of behaviour change. Partnerships and networks need to be established between TL2 and the following:

- NACS, as the leader of the PNG HIV and AIDS response under the NSP, with TL2 as an important contributor to the NSP Focus Area 2;
- PACs and Provincial Administrators;
- DACs and district leaders;
- NDOH and faith-based organisations that provide community-based health services including preventive services;
- government and donor supported projects working in the area of HIV and AIDS and their implementing agents;
- PLWHA;
- the private sector and BAHA; and
- other government sectors that can complement and support the objectives of TL2.

The stakeholder mapping exercise undertaken at the commencement of TL2 will identify potential partnerships and networks that need to be nurtured. This will show which stakeholders are doing what and where.

Desired Outcomes

This component is intended to ensure that:

- all potential networks and partnerships are identified and linkages established;
- mechanisms to facilitate ongoing links and communication with partners and networks are clear and actively promoted; and
- all stakeholders identified under this Component support and reinforce TL2.

Main Implementation Strategies

The Project Manager will be responsible for establishing and maintaining linkages with key stakeholders at the national level in order to generate support for TL2.

At the provincial level, the TL2 Project Officer will have the main responsibility for engaging with the PACS and the Provincial Administrator, and other significant stakeholders working at the provincial level. With three key positions (Prevention Coordinator, Response Coordinator, Care and Counselling Coordinator) in each of the 20 PACS, it will be essential that a strong partnership is forged with the TL2 Project Officer. (Note: these positions may change in the NACS restructure.)

At the district level the site chairman, with the support of the Project Officer as needed, will initiate and maintain linkages with the District AIDS Committees and Ward councillors.

Regional Coordinators will monitor provincial and district/site partnerships and offer support as needed.

Proposed Outputs and Indicative Activities

Output 3.1: Repeat stakeholder mapping for existing and new sites.

Indicative activities:

- Within nine months of the start of Phase 2 contract out a repeat of the HIV/AIDS stakeholder mapping exercise undertaken in 2007
- Disseminate and discuss results of mapping with all stakeholders

Output 3.2 Supportive/nurturing links with NACS established

Indicative activities:

- Partnership arrangements formalized, including MOU if necessary
- Mechanisms for maintaining partnerships agreed to
- Partnership activities documented and reported to SC

Output 3.3: Supportive/nurturing links with NDOH, and HIV and AIDS service providers at the national level established as a platform for the local response.

Indicative activities:

- Partnership arrangements formalized, including MOUs where necessary
- Building on M&E and research findings, sites advocate for improved service delivery under the five pillars
- Monitoring of progress to improve access to services

Output 3.4 Linkages established with other key stakeholders

Indicative activities:

- Partnership arrangements formalized, including MOUs where necessary
- Mechanisms for maintaining partnerships agreed to with each group
- Partnership activities documented and reported to SC

Timing and proposed activities for Year 1

Likely activities in Year 1 include:

- The stakeholder mapping exercise in and around the sites.
- Initial communications with all proposed partners would be undertaken within the first quarter.

- Mechanisms and MOUs (if applicable) will be articulated by the end of the second quarter.

2.5.4 Component 4: Research

Objective: To generate and use research to guide improvements in the quality of TL2 responses

Outputs

4.1 Baseline data collection completed at sites

4.2 Four operational research activities designed, commissioned and completed within the framework and protocols of the national research Agenda

4.3 System/processes established, and skills developed, to introduce appropriate international and local research to TL2 sites

4.4 Independent outcome evaluation completed beginning in Years 3, and 5 (if TL2 extended)

4.5 Comprehensive media strategy developed and implemented

Brief description

Behaviour change interventions need to be informed by existing evidence about what does and does not work. Interventions should be based upon contextual knowledge of the specific behaviours in question. Progress of activities needs to be closely monitored, with feedback mechanisms in place in order to share and analyse findings with stakeholders, including sites, and make necessary adjustments.

A foundation activity for TL2 is the repeat of the TL2 HRS mapping at current sites. The mapping exercise will use original mappers if they are available, supporting these mappers with researchers and research assistants where possible and ensuring capacity building of current TL2 staff including people at sites and training of the interviewers and ensuring ethics approval. The results of this exercise would then be available in the first few months of implementation of TL2 to inform project development.

Where baseline or trend data is to be provided, existing sources of data will be used. Research (in conjunction with M&E activities) may need to be scaled up in Years 3-5.

Priority areas for research include effective integration of gender considerations within project activities, and identification of successful interventions for tackling gender based violence, stigma and discrimination, and for providing home-based care.

An essential element of this component will be the development of a media and communications strategy for disseminating information among stakeholders and broader audiences.

Desired outcomes

A well-managed research program will:

- guide the development of interventions at sites
- continually update all stakeholders on existing and new tools to strengthen implementation approaches

- provide information that allows TL2 to know what is, and is not, working, and respond accordingly; and
- contribution to building PNG capacity in social inquiry

Main implementation strategy

A strong culture of evidence-based practice needs to be established from the outset. This will be achieved by:

- sharing with implementers the findings of research being undertaken both locally (e.g. the mapping) and internationally;
- using available tools to assist implementers to work more effectively (for example, in discussing difficult topics with communities);
- using research data generated through the project to assess progress; and
- creating opportunities for discussion of all the above among stakeholders.

Sharing relevant international and local research findings with sites will be the responsibility of the Research Adviser, with assistance from the Regional Coordinators. Operational research will probably be contracted out. Nonetheless, opportunities should be created for staff and volunteers to be involved in the process.

Proposed Outputs and Indicative Activities

Output 4.1: Baseline data collection completed at sites

Indicative activities:

- Social mapping (prevention/HRS/services and resources) continuing to involve TL staff and site volunteers
- Results of mapping reported back to TL2
- Discussion and use of mapping results to inform site activity planning
- Dissemination and discussion of 2006 BSS findings (can be done by site with NRI), and current TL data
- Use findings to modify interventions

Output 4.2: Four operational research activities designed, commissioned and completed

Indicative activities:

- Identification of research topics (Some potential topics: (i) Factors contributing to successful, comprehensive engagement at sites; (ii) Effectiveness of VCT as a prevention strategy; (iii) Extent to which cultural beliefs/factors affect sexual relationships/encounters)
- Commissioning and completion of research
- Appropriate and effective dissemination of results of research
- Modification of interventions that accommodates findings

Output 4.3: System/processes established to introduce appropriate international and local research to TL2 sites

Indicative activities:

- Identify mechanisms for identifying and disseminating examples of successful interventions to TL2 implementers
- Identify high priority topics e.g. addressing gender and GBV, home based care, stigma (areas identified that need strengthening).
- Regular forums (centrally, provincial) held for discussion of implications of research for TL2

Output 4.4: Independent biennial outcome evaluation completed beginning in Years 3 and 5

Indicative activities:

- Contractor identified
- Methodologies determined (quantitative and, qualitative)
- Evaluation completed and results disseminated using appropriate forums to groups of stakeholders
- Implications discussed, modifications to prevention initiatives identified

Output 4.5: Comprehensive media strategy developed and implemented

Indicative activities:

- Strategy developed
- Strategy implemented

Timing and proposed activities for Year 1

Baseline data collection will be completed within nine months of the start of TL2 so that the results can guide project implementation.

At least one piece of operational research will be undertaken in Year 1. The focus of this research should be decided jointly with NACS, the AusAID HIV Program, select stakeholders and the managing contractor, including the Research Adviser.

The Research Adviser will initiate a review of international and local research on HIV prevention, and trial mechanisms and processes for its dissemination. This should include dissemination of findings as well as discussion of the implications of these for TL2 interventions.

A national Media Officer will be appointed and will develop the media strategy within the first year.

2.5.5 Component 5: Project management

Objective: **To deliver a well managed project guided by monitoring and evaluation consistent with the National M&E framework and donor reporting requirements**

Outputs

5.1 Quality inputs procured and delivered with effective and efficient project processes and systems maintained.

5.2 Effective systems of project planning, management, coordination and communication delivered and maintained.

5.3 Integrated M&E system delivering a judgement about Tingim Laip outcomes and the quality of the outputs.

Brief Description

The project management and governance arrangements are described in full in **Section 3**.

Desired Outcomes

A well-managed project delivering the desired outputs and meeting the project purpose through:

- procurement of quality inputs and support and maintenance of quality processes
- effective project planning, management, coordination and communication
- design and implementation of an integrated M&E arrangement that delivers a judgement about outcomes and the quality of the outputs.

Main Implementation Strategy

Chapter 3 discusses the project management philosophy recommended by this ADD reflecting the need for the project (see discussion in **Section 2.9** below as to this aid modality recommendation) to operate in a number of provinces at numerous sites, and working with a cadre of local volunteers to deliver effective and locally appropriate prevention interventions. This ADD is based upon the managing contractor (MC), working closely with NACS and the appropriate PACs, being fully responsible for the implementation of the project, including:

- employing the Project Manager, development practitioners, head office staff, the Regional Coordinators and Project Officers
- supporting, facilitating, capacity building and monitoring the project sites and their volunteers as they implement the activities funded by the project
- providing strategic direction and technical guidance (including inputs on approaches to prevention and behaviour change in the context of a generalised HIV epidemic) and guiding the prioritisation and phasing of the activities required to implement the outputs, and
- building commitment to achieving the project benefits by involving all key stakeholders in project planning and implementation in ways that are consistent with 'bottom-up' community-centred planning and implementation.

Proposed outputs:

Output 5.1: Quality inputs procured and delivered with effective and efficient project processes and systems maintained.

Indicative Activities

- establish, staff and maintain an effective project office in Tingim Laip headquarters with appropriate administrative and financial systems
- establish, staff and maintain appropriate regional project offices after a review of the appropriate roles and responsibilities, span of coverage and location of offices required to support the portfolio of sites
- procure and manage all project inputs when required, including advisers, following GoA good procurement practices

- conduct an induction program and regular training for all advisers and project staff.
- raise awareness of gender issues by briefing advisers on gender and equity issues, and ensuring advisers and counterparts review work plans to actively address gender and the other cross-cutting development issues
- maintain regular communications with the National Department of Education, Department of Prime Minister and NEC, key stakeholders and AusAID
- review outputs and maintain high standards of quality and performance.
- complete annual performance appraisals for all advisers and staff, including feedback from counterparts

Output 5.2: Effective systems of project planning, management, coordination and communication delivered and maintained

Indicative Activities

- preparation of the Project Plan
- preparation of other project documents
- revise the Project Plan every six months on a rolling basis as part of the Six Monthly Report.
- promote regular meetings between project advisers, their NACS, NDOH and AusAID HIV Program colleagues and senior management working in the same or related functional areas to ensure integration within the national response, evaluate project performance, and review risks and assumptions.
- organise meetings of the Steering Committees at least every four months.
- establish and manage the project financial management systems, including the accounts and procedures for the project imprest account and site accounts
- manage all advisers and project staff
- implement the agreed communications/media strategy
- complete quarterly and other reports as required by the ADD

Output 5.3: Integrated M&E system delivering a judgement about Tingim Laip outcomes and the quality of the outputs.

Indicative Activities

- establish and maintain a project monitoring and evaluation framework that undertakes quantitative assessment of key project outputs, based upon the indicators as developed in the approved Project Plan; and qualitative assessment of desired project outcomes, and

- support the work of the Independent Review Team and respond to requests for information.

See **Section 4** and **Annex 5** of the ADD for further details of the M&E arrangements.

Timing and Proposed activities in Year 1:

It is proposed that the Project Manager and Finance/Administration Manager be recruited in the post-tender. Other advisers will be recruited within the first three months. Current Phase 1 Tingim Laip local staff will transition to the new phase.

The first six months will be used to prepare the Project Plan and other documentation listed in the ADD. During the initial period the project's management will build relationships with key stakeholders, visit the sites and consult extensively with the sites, NACS, the PACs, NDOH, service providers and the AusAID HIV Program.

2.6 TL2 in brief

2.6.1 Term and Budget

TL2 will be a two-year activity of A$5 million p.a. (subject to budget approval), with a possible three-year extension to be available at AusAID's sole discretion.

TL2 will concentrate for the initial 12 to 18 months on consolidating and strengthening the current TL sites and their work as described in the design.

During this period an appropriate replication or scaling up approach will be developed for TL2 and/or other competent implementers under Output 2.4. Some additional sites should be considered during this initial phase where conditions are conducive e.g. forestry sites in Sandaun near Wutung village, the new LNG project and mining activities in Madang where local communities are eager to start with existing site committees.

2.6.2 Location

TL2's head office should be in Madang. This will place it closer to the sites and the communities that it is supporting. Madang has significant advantages over other locations such as Lae, not the least of which are easy airport access, a new Air Niugini service linking the Highlands, Lae and Madang (an aircraft is now based in Madang), road access if needed and better security. Whether TL2 is located extensive travel will be required with Port Moresby the 'hub' primarily due to the nature of the airline timetables and it being the home-base of key stakeholders.

TL2 will be implemented through a regional structure with Papua New Guinean regional coordinators and project officers located in the regions and close to the sites. Allocation of staff to sites will need to be reviewed by the contractor. Roles and responsibilities of project officers and regional coordinators need to be clearly defined. Regional coordinators will need to take greater responsibility for administration and capacity development. Current workloads are uneven. Regional offices will need to be established with appropriate resources close to but separate from the PACS offices.

2.6.3 TL2 Steering Committee

A TL2 Steering Committee will be established at a strategic level. The Steering Committee will be composed of: NACS, NDOH and AusAID representatives together with up to three others (one of whom will chair) appointed jointly by NACS and AusAID for their expertise in HIV prevention, community mobilisation, project management and M&E/research expertise. The Steering Committee will meet at least twice a year so that GoPNG, AusAID and the contractor can review progress in attaining the purpose of TL2. **Section 3.1.3** provides more details on the Steering Committee.

2.6.4 Managing Contractor

An AusAID engaged contractor will manage TL2 under an initial two-year contract with three-year extension available on satisfactory performance. Other service providers may be engaged by the contractor to deliver capacity building and training services.

Section 3.2 expands on project governance and management.

2.7 Transitional Activities

Three significant transitional activities need to be dealt with in late 2008 and early 2009:

- continuation of current TL local staff engagement and the continuity of their employment in 2009. TL2 needs to move smoothly from TL to TL2. This can be facilitated by offering all current TL project staff engaged by the Burnet Institute (i.e. the National Manager, Training Coordinator, M&E Coordinator, Grants Administrator (vacant), four Regional Coordinators and nine Project Officers) the continuation of their positions, provided they agree to (a) their contracts being novated to a new contractor, (b) terms of conditions being disclosed to a new contractor, (c) conditions remaining the same for six months after commenced with the new contractor, and (d) acknowledging that this design calls for a review of current roles and responsibilities and workload, that may result in the relocation of some positions. Planning for 2009 activities is complete with all four current service providers preparing plans for TL2 activities in 2009. This has been necessary to engage in the 2009 NACS budget cycle.

  Under this design a single contractor will be responsible for implementing TL2 activities (although perhaps not the actual physical delivery) from the start of TL2. The new managing contractor will be responsible for working with the AusAID HIV Program and NACS to prepare a draft consolidated costed TL2 transition plan in anticipation of the new MC commencing work in 3rd quarter 2009. The MC will then be responsible for preparing the final plan within three months of commencement. Burnet should ensure that all current sites have sufficient grant funding in their bank accounts to continue their activities for the first six months of 2009. This will provide space for the new MC to become established etc.

- The Design Team recommends that the current service providers be extended 30 June 2009. Exercising this option would allow AusAID to contract and mobilise the new contractor in parallel with current arrangements for an appropriate period.

2.8 Responses to lessons learned

Table 3 is a quick reference table of TL issues and problems noting the responses proposed in this design.

Table 3: Lessons Learned from Tingim Laip Phase 1

Problem	Proposed Strategy
Contractor Management	
Multiple contractors Multiple channels of accountability Lack of clarity re role of Steering Group	• Single point of accountability for implementation of activities via single managing contractor • reporting to donor through regular, quarterly consolidated reports • Reform Steering Committee to include revised Terms of Reference and new membership • Development of clear Monitoring & Evaluation Framework • MC reports against incrementally updated MEF
Concentration and centralisation of resources in Port Moresby	• Relocate Project Management base to Lae or Madang • Relocate Regional Coordinators to provinces
Financial Support for Site Activities	
Long delays in delivery of funds to sites Sites experience problems meeting donor requirements for acquittals	• Revised, simplified and uniform funding mechanism • Hands-on support by managers/supervisors to assist site volunteers.
Project Staff Management	
Lack of transparency gives rise to discontent among project personnel	Full transparency and best practice in: • Recruitment • TOR for all positions with clear roles and responsibilities • development & dissemination of codes of conduct for paid personnel & volunteers
Training for Volunteers & Site Committee Members	
'One size fits all' approach and centralised delivery	• Needs assessment conducted • Quality assurance processes in place • Training occurs at sites in appropriate language; • Follow-up support provided • Training targeted and managed
Interventions	
Over-reliance on print materials Unrealistic approaches (e.g. sewing for sex workers)	Development of alternative approaches to education including use of drama etc Streamlined approval process for materials development Access to range of relevant, available intervention toolkits (adapted for use in PNG)

Unreliable condom supply	Better Liaison with NDoH

2.9 Project form of aid

In aid delivery terms Tingim Laip Phase 2 has been designed as a project to be implemented by a managing contractor working closely with local communities, NACS and PACS. At first glance this may seem a little regressive in terms of modern aid effectiveness approaches. It is recognised that using a single contractor to work directly with communities in different sites, albeit through local staff, has potential sustainability problems, but there are a set of unique circumstances that make this the appropriate choice for the first three-years.

The Design Team believes that given the experiences of Tingim Laip, as documented in the Review, and summarised in the Lessons Learned section above, and for the reasons listed below this is an appropriate response. There are no satisfactory local institutional options to carry TL2 forward, at this stage. The need in the next three years is to get the model right. Ultimately, it has a much better chance of sustainability than almost anything seen before. Once the model is working well, being replicated and producing results it will be possible to build the capacity of select CSOs who may be able to take on a management role at local levels - but not now. The processes have to be sorted and bedded down. It was very clear from the Review team's consultations that Papua New Guineans wanted to get the model right, and many indicated that local management that was not ready to do that.

The Design Team has also strongly recommended a single managing contractor to centralise responsibility for TL2 implementation and accountability for performance. Multiple contractors have proven difficult for AusAID to manage both administratively and strategically. A single contractor will be able to ensure consistency of process, approaches and 'message' – the lack of which was strongly criticised by PNG counterparts and sites.

A project approach has been recommended, rather than a facility or program, for the following reasons:

- Some forms of aid delivery, such as programmatic approaches, rely for effectiveness on the presence of strong local institutions – currently this situation does not exist with the HIV and AIDS sector in PNG at the national level. While there are a number of effective local institutions weakness and absorptive capacity constraints amongst the civil society (and within government) abounds in this sector. Senior NACS staff who participated in this design and in consultations concurred in the project management approach being recommended in this design. Eventually it is hoped that PNG government and civil society organisations will take a greater role in driving the HIV response, and community-centred initiatives such as TL2.
- NACS is not an implementer and therefore not an operational 'home' for TL2. The decision by NACS not to take on TL and manage it was made in 2006 as part of the transition plan from NHASP.
- NACS organisational weaknesses are being address by the AusAID HIV Program in an agreed program of organisational and network capacity development. TL2's effectiveness is not dependent on increasing NACS institutional and organisation effectiveness, thereby reducing a significant implementation risk.

- With donor support provided by AusAID, TL2 is removing neither capacity nor activities from any GoPNG or civil society entity or actor. Therefore, implementing TL2 will do no damage to PNG institutions.
- TL2 is not dependent on any GoPNG direct cash funding or co-financing. The risk to TL2 comes from its dependence on GoPNG and civil society actors providing the services under the five pillars.
- TL2 is an outputs-based project of modest scale. It is insulated from institutional and organisational constraints, based as it is upon approaches that build local connections and sustainability in a careful mix of technical assistance and grants.
- The best institutional setting for the future development of the TL2 approach, within the overall context of the PNG response to the HIV epidemic, is not yet clear. This should emerge from this phase of TL2, as scaling up and replication models are developed and implemented.
- TL2 operates within the umbrella of the AusAID HIV Program the PNG-Australian program of support to build GoPNG and civil society overall capacity to respond to HIV and AIDS in PNG.

Engagement with TL2 by GoPNG, and NACS in particular, can be enhanced by ensuring that TL2:

- participates fully in annual planning and budgetary process to implement NSP;
- communicates and links closely to NACS, the PACs, NDOH and civil society actors involved in the response
- contributes directly and specifically to the NSP focus areas of prevention and research; and
- effectively monitors and evaluates its activities.

During this initial phase the contractor will work with NACS and AusAID to particularly develop an approach that seeks to increase engagement through appropriate Papua New Guinean organisations and approaches. In developing this strategy the contractor should draw upon other AusAID experience that suggests that the short-term gains in mobilising communities directly via TL2, while problematic if sustained in the medium to long term, can be used to build a local legitimate local institutional engagement that will carry TL2, or more importantly its successful approaches, forward.

3. MANAGEMENT FRAMEWORK

3.1 Stakeholders, Roles and Responsibilities

Tingim Laip Phase 2 is an evolution from the High Risk Settings Strategy created in 2004 by NACS under NHASP. TL, as it became known, was the subject of an extensive review in late 2007. This concluded that a number of organisational and management improvements could be made to contribute to enhanced efficiency and effectiveness of the new TL2. These changes should be evolutionary rather than revolutionary, building on the core of TL's mode of operations within the overall context of the NACS/NSP planning and budgetary cycle.

The key management stakeholders in TL2 are NACS, AusAID HIV Program, the Managing Contractor (MC), the Steering Committee, providers of services to TL2 and the sites and the site committees themselves.

3.1.1 National AIDS Council Secretariat

NACS is the counterpart organisation for TL2. NACS will nominate a senior manager who will coordinate NACS' inputs into TL2, and TL2's engagement within the NSP response, to meet the following responsibilities:

a) effective and efficient communication with NACS, GoPNG and the MC;

b) joint appointment with AusAID of the additional members of the SC;

c) promote internal NACS, NDOH and government agency coordination and reporting;

d) seek advice on TL2 strategy and approaches from relevant NACS branches, national departments, provinces and agencies, or assist the MC with introductions and advice to obtain it;

e) integrate TL2 M&E and research activities into NSP M&E and research;

f) support TL2 engagement in NSP planning and coordination activities;

g) ensure NACS' regular participation as a standing member of the SC; and

h) act on recommendations from the SC.

3.1.2 AusAID

AusAID, through the AusAID HIV Program, will identify an activity manager for all aspects of TL2. This person will coordinate AusAID's inputs to meet the following responsibilities:

a) effective and efficient communication with AusAID and the MC;

b) joint appointment with NACS of the additional members of the SC;

c) internal AusAID coordination and reporting plus financial management, including advice on annual allocations;

d) seek advice on TL2 activities from other AusAID sectoral programs (particularly those involving NDOH, civil society, faith-based organisation and sub-national activities), or assist the MC to obtain it;

e) ensure AusAID's participation as a standing member of the SC (refer **Section 3.1.3**);

f) monitor and report on the performance of the MC and Independent Review Team;

g) act on recommendations from the SC; and

h) manage the contracts with the MC and the IRT.

3.1.3 The Tingim Laip Steering Committee

The Tingim Laip Phase 2 Steering Committee (SC) will be responsible for:

- reviewing progress on achieving the overall purpose and outcomes of TL2;
- reviewing and addressing matters affecting the performance of TL2
- reviewing and approving TL2 site selection processes, organisational arrangements and operational procedures and processes;
- approving the annual plan and budget prepared by the sites as consolidated by the MC;
- approving TL2 M&E and reporting approaches;
- approving on-going funding recommendations for sites after reviewing monitoring reports and the MC's funding recommendations; and
- providing recommendations to NACS and the AusAID HIV Program on the further development and expansion of TL2 and its approaches to prevention.

The six-member TL2 Steering Committee will consist of:

- NACS appointee;
- AusAID HIV Program appointee;
- NDOH appointee;
- up to three people jointly appointed by NACS and the AusAID HIV Program for their expertise in HIV prevention, community mobilisation, project management and M&E/research.

The SC chairperson should be one of the civil society appointees as agreed between AusAID and NACS.

The SC will meet at least three times a year and will be served by the MC as their Secretariat.

The appointed SC members will collect a fee for reviewing working papers and attending the SC meetings in accordance with GoPNG guidelines for statutory board membership. The MC will also meet the cost of airfares and accommodation should meetings be held in regional centres.

Early in TL2 the MC should facilitate a meeting of the SC to introduce them to TL2, this design and its approaches together with agreeing their roles and responsibilities.

3.1.4 The Independent Review Team

An Independent Review Team (IRT) will be engaged to review all aspects of the TL2 and provide recommendations to NACS, the AusAID HIV Program and the SC. See **Section 4.6** for details of this arrangement.

3.1.5 Coordination with other donors and AusAID sectors

Coordination of the donors and aid agencies and their sectors is an on-going challenge, the AusAID HIV Program has prime responsibility for coordination with GoPNG, NACS, the AusAID sectors and other donors. The TL2 MC will have responsibility to be pro-active in operational matters to initiate and contribute to a high degree of cross-sector understanding and harmonisation of TL2 within the PNG NSP response.

The MC needs to establish excellent communications with NACS, NDOH, the AusAID HIV Program, service providers and other donors:

- to ensure TL2 remains focused on its agreed purpose
- to ensure TL2 contributes appropriately to the NSP response; and
- to avoid thinking and operating in isolation.

TL2 is based around sites engaging with service delivery agents for the five pillars – this will require broad advocacy, consultation and encouragement.

3.2 The Managing Contractor

3.2.1 MC's Team and Personnel Resources

TL2 has a high level of dependency on the competency and strategic direction to be provided by the managing contractor and the in-country team. This team has to fully understand (and be committed to) the paradigm shift implied by the move away from BCC approaches to those of a more comprehensive and broad-based prevention focussed response to HIV. The PNG National Prevention Strategy, based upon comprehensive international best practice, must guide TL2 in its aim of reducing HIV risk and vulnerability in context

The core MC team will consist of:

- **Project Manager (PM)**: The in-country team will be led by the Project Manager who will be responsible for the coordination and delivery of all Australian funded inputs and activities. Particular duties include contract compliance, quality management and reporting, stimulating and encouraging sites, participating in capacity building activities, stake-holder liaison, mentoring and support to the Steering Committee, and coordination with NACS, NDOH and AusAID. The PM will be expected to provide strategic and operational direction for TL2 and be AusAID's primary point of contact for TL2-related issues. The TL2 Manager will work full-time for the contract term and will be responsible for day-to-day management of the TL2 and effective liaison with all stakeholders. The TL2 Manager should have a strong background in development with experience in senior management, community engagement and HIV and AIDS activities.
- **TL Field Manager**: this is currently the TL National Manager position responsible for head office coordination of the field work of regional coordinators and project officers.

- **Administration Manager**: long term and short term development specialist recruitment (supported by the MC's home country office), mobilisation of resources and in-country logistical support, management of the project offices, support and performance monitoring; manage activity finance arrangements and operational accounts, financial reporting to stake-holders, organise audits and deal with any fraud issues and audit responses. This position includes the current Grants Administrator position.
- **Regional Coordinators and Site Project Officers** initially four and nine Papua New Guineas respectively to support the sites as currently serviced by Burnet Institute. Two or three staff employed by FHI and SCiPNG who are working fulltime on TL may be offered the opportunity to have their contracts novated to TL2.
- **Prevention Development Practitioner**: full-time for three years to provide significant prevention inputs with primary responsibility for Components 1 and 2.
- **M&E, Reporting and Research Development Practitioner**: full-time for three years with primary responsibility for supporting Component 4 and establishing M&E under Component 5.
- **Gender Development Practitioner**: full-time for three years to provide all gender inputs across TL2.
- **Capacity Building Adviser** – nine months in Year 1 (primarily to design Component 1) and then two months per annum during the planning process to assist in all activity design and review.
- **Communications/media/journalist specialist** – PNG adviser full-time to work with M&E/Research person in capturing and reporting stories. This position includes the current TL M&E Coordinator position.
- **Pool of short term development practitioners**: The core team will be supported as required by a pool of short term contracted local and international personnel, known as the "Advisory Pool". The MC will establish under a period offer arrangement a panel of international and national experts who could be engaged on an 'as required' basis to support development of particular prevention responses, e.g. drugs and alcohol, stigma etc – where possible, using PNG advisers.

Other resources to be contracted by the MC:

- **Support Staff** - as determined by MC including drivers, administration officers, and finance clerks, likely to be about four or five. These will be funded out of MC overhead. (All the above positions will be a reimbursable expense.)
- **Contract Auditor** – contracted by MC to conduct the independent annual audit for AusAID of the MC's and project's financial systems and processes.

There will be distinct advantages for TL2 if the long and short-term technical specialists included Papua New Guinean advisers and/or consultants from PNG organisations that can be mobilised quickly and efficiently as and when required. Local consultants will in many cases, have the advantage of local knowledge, which may include technical knowledge such as PNG construction standards, or previous experience with the organisations submitting proposals.

The MC will nominate a MC's representative who will be AusAID's primary point of contact for contractual and staff performance issues.

3.2.2. Documents for MC to prepare

As far as is possible the TL2 procedures should be based upon the intended approach as at the completion of TL, except to the extent modified by this design document. Continuity of processes is highly desirable but some processes need to be made uniform, consistent and simplified. The Operations Manual needs to be completed.

3.3 Financial Management Arrangements

3.3.1 Overview

TL2 will operate within the NSP annual budgetary cycle as established by NACS and the GoPNG's national budget preparation guidelines.

Project financial arrangements for TL are reasonably well settled, and documented, after four years of operation. These will be available at the end of TL for the MC under TL2. To the greatest extent possible, current procedures should be replicated for TL2, but with an emphasis on significantly improving (a) the reliability of funding flows to sites for approved and budgeted activities, and (b) the support for sites to properly acquit their expenditures, recognising the circumstances within which they are working.

The MC's major financial activities include:

- undertaking procurement of goods and services
- contracting all technical assistance
- employing all project and regional officers; and
- managing the grants facility for financing site and project office administration and site activities.

3.3.2 MC controlled trust account mechanism

There are sound policy reasons for the MC to continue to operate a contractor's trust account mechanism as provided for in TL. It is appreciated that there is a trend within the AusAID program and its activities to increase the use of GoPNG systems and processes including the use of imprest and/or trust accounts located within a government agency. However, given the workload, the diverse nature of the recipients and the fact that funding is going to go to a number of organisations, all outside the government system, and NACS policy decision to give up implementation responsibilities such as administering TL2 and its grants scheme it is considered that the MC is best placed to administer the funding. The MC will have administrative, financial and audit arrangements in place to ensure that funding is released to project sites in a timely and efficient manner. The MC is best placed enforce accountability and to audit compliance on a day-to-day basis within the financing agreements and TL2 procedures.

One early task for the MC will be to arrange for a uniform system of site bank accounts, rather than the present 'hotch-potch' of arrangements. The accounts can be site accounts, rather than contractor accounts, but they need some overall agreed structure and for funds not to be intermingled with those of other projects, commercial companies and/or churches etc.

All grant funds to be allocated to sites (typically in the range of K15,000 to K25,000 per annum) will be paid into these accounts, provided financial arrangements are adhered to. It

is suggested that each year the initial release of funds will cover a period of six months, after which point in time progress reports and acquittals (prepared by the site committee) will be required to trigger additional releases of funds each quarter.

The request for funds for the next quarter will only be processed once:

- the quarterly reports for the previous quarter have been submitted to the MC;
- the MC is satisfied that progress is satisfactory and previous spending has been acquitted; and
- spending is within the approved site annual plan as endorsed by the SC.

An issue for the MC will be to establish and agree with sites an appropriate system for the acquittal of expenditures acknowledging the difficulties many of them will have in obtaining competitive quotes and the lack of written receipts. Systems that provide cross-checking and community scrutiny need to be investigated and implemented if acquittal processes are to work. There is no point in a site committee spending K40 return on a PMV to travel to a shop that provides receipts for items such as food or stationery when the total spending is in the order of K200, if done locally at the trade store.

3.3.3 Fraud Control

Fraud is a generic category of crime which involves an individual or group of individuals dishonestly obtaining property or some financial advantage by means of deception. Perpetrators of fraud may seek to gain money, property, time or information and the means used are as varied as are the opportunities which arise.

AusAID has strong policies on dealing with fraud and corruption. The MC's TL2 Fraud Control Plan must reflect AusAID's policies so as to provide guidance for staff, contractors and sites on fraud control, prevention, detection, investigation and reporting processes and procedures that comply with the Commonwealth Fraud Control Guidelines.

The plan must apply across all sites and contracts under TL2. The plan will be part of the TL2 Administration Manual and made available to all project staff and senior counterparts. TL2 staff are to be made aware of:

a) what constitutes fraud or corruption;

    a) AusAID's zero tolerance approach to fraud and corruption; and

    b) the existence and content of the plan.

Staff and contractors should be encouraged to discuss the issue openly and promote fraud and anti-corruption awareness where possible

3.4 Australian Identity

Tingim Laip originated from a PNG concept and has a developing identity. This should be the predominant identity of TL2. TL2 as a PNG activity will be the public face for all public material for TL2.

The AusAID HIV Program, the parent program for TL2, is widely recognised in PNG as an Australian initiative. Australian identity will be maintained appropriately (i.e. a balance that does not undercut the strong local ownership of the TL2 brand) through the following initiatives:

- acknowledgement of Australian funding during all publicity of TL2, within the context of the AusAID HIV Program's support for NSP;
- press statements on the work of particular sites; and
- inclusion of the AusAID logo appropriately on all official, project reports and IEC materials.

MC contractor logos, or those of any contracted service provider, will not appear on any TL2 materials, sites, personnel or written materials.

4 MONITORING AND EVALUATION

Gang Leader to Youth Leader

I used to steal in my living compound. I used to do drugs and I used to damage everyone's property. I used to be a young hero, but one day, I damaged a lady's vehicle. She called the Police, and the Police beat me up very badly. The same lady then visited me to attend Tingim Laip meetings. I was invited to attend youth leadership workshops, and that challenged me. I thought being a gang leader would give status, but it gave a lot of trouble. Now that I have learnt about youth leadership in HIV response, it has been a stepping stone in my life. I cannot read and write well, but I can dance and act to be giving a message out on HIV prevention.

Lutheran Shipping Site, Lae Town

4.1 What are we achieving at various levels?

This section gives an overview of the monitoring and evaluation (M&E) approach). **Annex 5** contains a draft M&E framework for further development by the MC.

Table 4 gives a broad high level view of the minimum level of M&E required within TL2.

Table 4: Schematic of M&E responsibility

Level	Method	Responsibility?	When? How Often?
Goal	Overall evaluation of NSP	• NACS • IRG	As determined by NACS
Purpose	Implementation assessments Quality assessments Operations research Case studies Cost analyses	• MC • NACS • Independent Evaluator • IRT	• End 2nd / 4th year • Annual
Outputs	Capturing stories e.g. through traditional mechanisms RC/PO site visits	• MC • Regional Coordinators • Project officers • Site Committees • Annual Audit • IRT	• Quarterly • Annual
Activities	Activity reports	• MC • Site Committees	• Quarterly • Annual • Exception, as required
Inputs	Audit Training reports Contracts Activity grants Site Grant report & acquittals	• MC • Annual Audit • Site Committee	• Quarterly • Annual • Exception, as required

TL2 M&E will be conducted at different levels. Basic project input and output monitoring will be conducted for the purposes of good project management. This will be heavily dependent upon the contractor's systems and processes and site M&E. A particular focus will be on assisting sites to collect and record their stories, successes and failures. Critical to this is the responsibility of the MC to analyse the implications of these results and provide direction for the continued project activities.

Specifically:

- the quality and nature of assistance provided needs to be captured
- information about engagement with communities and coverage and quality of local services
- assessing change across sites, based on experiences of community members and supported by inputs gathered independently through the research component
- analysing links between the range of activities and outcomes observed in the context of prevention
- making an informed judgement, on an annual basis, about the value of TL2, given the alternatives.

Within TL2 monitoring and evaluation needs to: measure progress; capture learning and success as they occur at community level; and identify the key elements of successful approaches. M&E therefore needs to demonstrate that the TL2 approach is viable, and where possible, aggregate impacts as a significant contribution to Focus Area 2 of the NSP, e.g. evidence of individual sites or a cluster of sites using particular approaches making a positive contribution to reducing HIV incidence.

Measurement of the purpose of TL2, (see **Section 2.3**) will require an understanding of:

- strengths and weaknesses of sites
- changes brought about as a result of implementing TL2
- the extent to which sites have been able to pursue their goals
- cultural influences that contribute to, or hinder, success
- the importance of the services provided under the five pillars.

M&E will not be conducted at Goal level, since this is the responsibility of NACS under the NSP. TL2 will contribute to NSP M&E under Focus Areas 2 (Prevention) and 4 (Research).

Some basic process evaluations to assess intervention effectiveness will follow, in line with the recommendations made by UNAIDS (2007) in the F*ramework for Monitoring and Evaluating HIV Prevention Programmes for Most-At-Risk Populations:*

> "This component often includes implementation assessments, quality assessments, basic operations research, case studies and cost analyses. The rationale for conducting outcome monitoring and outcome evaluation should be carefully considered against the additional time, expertise and resources these methods required. Generally speaking outcome monitoring should be considered when [projects] are more established, and outcome evaluation after the introduction of a new intervention or when effectiveness is unknown or in question. Finally, only in a few cases would impact evaluation be warranted..." (p.9)

This level of M&E should be conducted by an independent evaluator after the end of the second and fourth years. Determining the overall success of TL2 should be part of the collective M&E for the whole of NSP.

Overall M&E activities need to be basic, realistic, practical and supported with capacity building approaches for those involved in the collection of information and participatory monitoring. Both quantitative and qualitative information and analysis is needed. Data collection will be linked to the NACS' M&E Unit framework and reporting requirements and to other reporting such as UNGASS.

Audit to safeguard AusAID's fiduciary interests will be additional to activity monitoring and will remain under the control of the MC.

One of the MC's full-time advisers will be an M&E/research adviser with experience in organisational development and cross cutting issues

Throughout TL2, the MC should be responsible for commissioning and managing a small portfolio of project-wide research activity. When TL2 begins, there will already be a body of experience to draw from, in terms of four years experience with Tingim Laip and the body of work conducted under NHASP. These aspects are explained further under Component 4 in **Section 2.4.**

4.2 MC responsible for achieving M&E functionality

The assessment of project impact is a responsibility of the MC insofar as the MC is responsible for facilitating an integrated M&E arrangement with recipient sites and contractors that delivers a judgement about outputs and outcomes and the quality of inputs and processes.

The MC will design, facilitate and oversee integrated M&E arrangements that at:

a. **activity level**: works with the sites to deliver a judgment about their achievements – even if only for one key indicator;

b. **TL2 level**: addresses the broader questions as discussed above about process evaluation and effectiveness; and

c. **implementation and management level**: contributes to an assessment of the MC's performance in managing TL2, and contributing to its strategic direction.

Given the importance of performance measurement to both governments, this design recommends that 10% of the MC's fee is subject to an annual assessment of how well the MC carries out this responsibility.

4.3 Activity Level

In this section there is significant detail on monitoring at the activity level. In designing and implementing activity monitoring with the sites the MC will need to carefully balance two potentially conflicting objectives:

- capturing evidence of change at the activity level and local sites, something not done well in TL to-date; and
- ensuring that the M&E approach does not become overly complex, focusing on too much detail at the activity/output end (lots of reporting information).

The specific M&E obligations for each site will be documented in the respective site plans, and established at levels appropriate to the capacity and capabilities present at that site.

Initial and basic monitoring and evaluation should be carried out by the sites themselves. The design team found all sites visited were keen to improve their capture of data and performance information. Many were excited by the possibility of drawing upon traditional mechanisms, such as the *maus mari* or *maus man (*i.e. talking chief) to this end. Given the voluntary basis of TL2 community activities and the limited resources available at sites, Project Officers and Regional Coordinators will need to ensure that they take advantage of their regular site visits to solicit feedback and capture stories. Obviously, M&E at the sites needs to be appropriate and simple – not too complex or demanding. The role of the MC will be to facilitate the process, identify required skills and provide relevant training. The cost of site activity M&E should be included in the budgets that support Project Officers and Regional Coordinators.

Site committees and volunteers also indicated to the design team that, handled appropriately, sensitive longitudinal studies could be conducted within their communities on topics such as the use of condoms and number of sexual partners. Some communities have already responded positively to informal surveys conducted by sites with their limited resources.

TL2 could make a significant valuable contribution to the national response if, for example, 30, or more sites documented their experiences of communicating with local people about HIV-related risk and vulnerability and prevention.

Participating sites will be required to provide simple reports to the MC, or participate in collating them, on a regular basis to answer these questions:

- Were outputs delivered on time?
- Were the intended outcomes achieved, often through stories and testimonies?
- Were the funds fully acquitted?
- What lessons were learned?
- Was the activity well managed?
- What contributed to all of the above either working or not working as intended?

The range of funded activities may be diverse and as such tailored approaches to M&E are required that take into account the cultural context and environment of each activity. Monitoring and evaluation of capacity development will primarily address change at the sites, particularly of individuals, groups and organisations based around the five service pillars.

In April 2006 an interesting and insightful synthesis of traditional and innovative approaches to capacity, capacity development and its measurement was published: David Watson's, *Monitoring and evaluation of capacity and capacity development*, (Discussion Paper No 58B, European Centre for Development Policy Management). The paper reviews the literature on this topic. Watson points out that there are very few examples of the monitoring of 'capacity' itself. However, monitoring of performance is being adopted as one way of formulating conclusions as to the capacities that are being developed. Innovated approaches to program M&E are needed with the following common characteristics:

- Structured interaction and reflection by stakeholders – something successfully used within the Electoral Support Program.
- The approach is not concerned primarily with quantitative measurement or analysis, but with creating a consensus as to what represents qualitative improvements or 'contributions' towards achievement of broad development goals, without attempts to attribute changes to specific inputs. Quantitative assessment does still have an important place as part of the overall basket of measures, especially in matter of money, timeliness and physical quality. IN TL2 there are well recognised international quantitative measures that can support its work, particularly the UNGASS Indicators.
- Rarely makes reference to detailed, pre-determined outcome indicators, but are more likely to reflect emerging themes based upon day-to-day practical experience. The intended change statements in the site plans should provide this guidance.
- 'Work stories' generated by a range of actors can be vehicles for 'sense-making' of what is happening, and with what effects. These usually involve dissemination of information about 'what happened' and cause there to be critical reflection and analysis of the experience. In TL2 special efforts should be made to collect these from the sites.
- They attempt to demystify and de-professionalise M&E and allow clients – including the most vulnerable – to have a voice in periodic reflection on achievements and learning to date. This is most probably the most significant challenge for the MC in mentoring and assisting applicants to undertake useful and meaningful M&E. Listening to the sites is the most important entry point for this form of enquiry.
- There is a strong need to develop capacities for analysis, debate and consensual decision making among stakeholders and the TL2 staff as part of the overall capacity building associated with the use of the funding. For most if not all sites this will be an exciting adventure, at least that is what many of the sites applicants told the design team. Making it fun to report, analyse and understand why this or that worked or did not work is very important to building capacity for PNG individuals and organisations to take risks, manage risks and to get things done in a proper way. Providing feedback is vital.

During the finalisation of the site plans, the MC will need to assist the organisations to identify indicators, tools and techniques that will be useful for monitoring and evaluation purposes for their projects. The indicators chosen must:

- be simple, achievable and cost effective to monitor;
- provide an adequate indication of project progress (on which to base on-going funding recommendations); and
- provide assessment of the impact of the activities (quantifying and measuring both positive and negative developmental outcomes).

Satisfactory reporting and positive appraisal of reports and implementation progress by the MC, are prerequisites for ongoing funding of projects.

The MC will need to support the sites during planning and implementation to build their capacity to undertake planning monitoring, evaluation and reporting as they go about implementing the activity, and managing the investment. In the absence of an effective

M&E approach by any particular site the MC will take a direct M&E role, preferably through a capacity development approach, so as to be able to report to AusAID and GoPNG on the impact of the Australian contribution. Activities under Components 1 and 2 are designed to strengthen this approach.

Completion reports will be submitted to the MC within two months of the official project completion date. The MC will present a summary project-end evaluation report to the PS, NACS and AusAID based on the site's self-evaluation and any other investigations that the MC regards as necessary and beneficial. Research activities under Component 3 will contribute to this analysis. Site project evaluations should be made available publicly via a TL2 or NACS website so as to be accessible to future applicants and to encourage learning.

The MC will be responsible for appraising site plans, and reporting during activity implementation, on the level of compliance with the projects approval procedures.

4.4 Outcomes and Purpose

The MC will be responsible for designing and implementing a systemic approach for building up from the activities an information management system that contributes analysis, reflection and discussion on the key indicators at the purpose level:

- Increased demand for (use of) commodities or services, against all or some pillars (condom distribution, referral to VCT, referral to STI testing, etc.) closely linked to the indicators used by NACS).
- Increased community engagement, leadership and participation in prevention activities at the sites.
- Service coverage and quality under the five pillars improving at or near the sites.

The design of this element should be completed within six months of commencement based upon various outputs including the mapping to be conducted under Component 4. Working with NACS and the AusAID team the MC will need to gain a consensus on what is actually required and to what extent. The real work of developing an outcome monitoring approach is not the task of the independent evaluator.

The responsibility for collection should be with regional and provincial staff, and should be reported on annually. Work has been happening in Tingim Laip with monthly reporting to NACS and NDPH. What is missing is the analysis within this activity.

The MC will need to build capacity in basic data collection and reporting as current evidence suggests that some sites were not doing this well and had great difficulty in fact.

The role of the independent evaluator is therefore that of undertaking the mid-term and end of project reviews based upon data and analysis collected by (and undertaken by) the project.

In terms of setting targets the initial mapping recommended under Component 4 will contribute to establishing a base-line together with an analysis of the status of each site as at the end of TL. Additional sources of information for the base line will include NDOH data, the stakeholder mapping and NACS research and statistics.

This element of the TL2 monitoring and evaluation framework (MEF) should ensure that at Objective and Purpose level M&E is established with a high degree of connectivity (even if remote or indirect) to the NSP Focus areas on Research and Prevention.

The MC is responsible for initiating and implementing a set of specific activities under Component 4 to address these issues. **Section 2.5.4** provides further details on the research component. The MC may choose to contract out some or all of these research questions (i.e. those beyond individual site M&E) but they will still be part of its deliverables.

Within six months of the commencement of TL2 the MC, SC, NACS and AusAID will agree the final MEF that documents the extent of this medium term IF(III) evaluation activity.

4.5 Quarterly & Annual Reporting

The MC will present quarterly monitoring summaries to NACS, AusAID and the SC on progress and issues with each site and the project overall. This will be the basis for ongoing funding recommendations.

While the reporting/funding system is based on a quarterly cycle, the MC has a responsibility to report any major problems, or potential major problems, to NACS and AusAID immediately. This can be done, in the first instance, by phone and/or email, and followed up by a written report outlining, for example, the problem, potential impact, options available, and recommended action/time-frame.

TL2 Quarterly Progress Reports will include:

- an executive summary
- a narrative summary of the main achievements during the quarter;
- a description of the main problems or issues that are impeding progress or have the potential to impede progress (and which should be discussed at the following PCG meeting);
- a detailed analysis of physical progress based on indicators and targets as per individual site frameworks – one to two page tabular summary being an assessment, of key indicators for:
    - the appropriateness of the objectives and the design;
    - the likely achievement of objectives;
    - component performance;
    - management performance; and
    - project sustainability ;
- a summary of financial management for TL2 including the Funding Schedule;
- a simple financial summary (one page) by project against budget;
- a brief overview of the main activities to be undertaken during the following quarter, the pipeline; and
- a commentary against each of the strategic management Indicators (see **Section 4.5.1**).

Physical and financial progress should be monitored against targets specified in the most recent, approved Annual Plan.

4.5.3 Completion Report

The MC will complete a draft Completion Report three months before the end of the MC's contract period. The Completion Report will follow AusAID Guidelines.

4.6 Independent Review Mechanism (IRM)

Specifically, as requested by the SC, and/or the AusAID HIV Program, the IRM will:

a) assess:
   - TL2 performance in achieving its purpose and outcomes;
   - performance of the MC, annually;
   - the contribution of TL2 towards the NSP;

b) present findings and recommendations on the above to the SC, and/or the AusAID HIV Program as appropriate; and

c) review specific items as requested, and develop recommendations.

The AusAID HIV Program may direct the IRM to focus on particular issues or examine particular sites or activities in more detail.

It is envisaged that an IRM review will be scheduled annually. However, additional half-yearly reviews should take place in each of the first two years.

The IRM will also contribute to AusAID an annual performance assessment of the MC.

The IRM will consist of three experts in the following areas: finance/auditing, HIV prevention and M&E. The Finance/Audit expert will have inputs once a year; the Prevention and M&E experts will review TL2 six-monthly in the first two years, with the first input occurring after six months of start-up. The specific terms of reference and duration of in-country visits will be decided by AusAID in consultation with NACS. Contractor performance elements are at AusAID's sole discretion.

The capacity of the MC to undertake the role outlined above will be crucial to the overall success of TL2. As a result this design places considerable emphasis on the quality of the MC's performance. The MC's performance will be assessed by AusAID annually and there will be emphasis on continuous improvement.

Continuous improvement will be achieved through a range of contractual obligations and the use of governance, strategic management and M&E implementation indicators as detailed in **Section 4.5**.

AusAID will use a variety of sources of information to assess the level of performance the MC has achieved. The IRM, during its annual TL2 reviews, will play a key role in providing advice to AusAID on the quality of the MC's performance according to the identified indicators.

5. RISK AND FEASIBILITY

Youth have distributed condoms at the High Risk Market (Rot Bung).

Volunteer Youths are enthusiastic of doing awareness through drama and music. [We mostly do referrals] through Peer to Peer we have referred many of our friends to seek treatment for STIs and helped others to get themselves tested to know their HIV status.

We have a young man infected with HIV in our Youth group. The youth are happy to assist him in his vision for fighting Stigma and Discrimination. He is a driving force providing invaluable advice to other youngsters. We need not mention that his participation and involvement means so much to the youth.

Ming Tingim Laip, Youth Leader, Rebecca Peter Bare

5.1 Risks

Annex 6 contains the Risk Management Matrix.

As with all of AusAID's work and support in PNG, there are a number of risks that may reduce the effectiveness of the project in terms of achieving the purpose and component objectives. The key groupings of risks and proposed mitigation strategies are set out in the Risk Management Matrix.

The principal risks may be summarised as follows.

5.1.1 Risks associated with capacity building of implementers

The implementers on the ground are volunteers. They need to be appropriately supported in terms of management and technical support, so that appropriate interventions are delivered using appropriate modalities. The focus of the project needs to be maintained.

This will require significantly improved management support, improved training and follow-up in all aspects of delivery of the project. This must be monitored carefully.

5.1.2 Risks associated with interventions

Interventions can only happen if activity grants are disbursed in a timely fashion. Also condoms must be continually available. If either of these elements are jeopardised, delivery of interventions is compromised.

Particular challenges exist in Sandaun and Western Provinces given their proximity to the Indonesian border and to Papua province, and the movement of people in both directions. The MC will be responsible for carefully monitoring these risks and for responding effectively as needed.

5.1.3 Risks associated with partnerships and advocacy

There is a risk that partnerships with some PACS will not improve. With increased staffing likely to occur in PACS offices in the near future, these partnerships are even more essential for improved coordination and support to TL2 staff and volunteers. This will possibly need support from senior project management.

STI and VCT services must be available and user-friendly. Stronger relationships will therefore need to be nurtured with NDoH, and with local service providers, including relevant FBOs and government personnel.

5.1.4 Risks associated with research

Research needs to translate into improved implementation of evidence based interventions. Staff will need to encourage and support volunteers to adopt new approaches. The challenge of this should not be underestimated.

It is also quite possible that competent researchers will not be easily found who can undertake the research required within the project. If this is indeed the case, the contractor will need to look for opportunities to mentor or partner with external experts or groups. This approach will also contribute to building research capacity within PNG.

5.1.5 Risks associated with management

There are a number of significant risks associated with management that include:

- the SC ability to perform its role effectively;
- the annual planning process hindering smooth implementation of the project;
- providing appropriate support to sites so that they can fulfil their responsibilities to the project, not be burdened by paperwork and ensure funds are managed appropriately;
- having the right combination of international and national staff; and
- ensure that M&E is managed well with all implementers understanding their role in that.

All these elements of management have been problematic throughout Tingim Laip. It will be incumbent upon management for the new phase to address these risks, monitor them and have in place strategies to minimise the likelihood of their occurrence.

5.2 Feasibility

Overall feasibility of TL2 is ranked at a high level. Tingim Laip has been operating since 2004. The 2007 Evaluation was thorough and all its recommendations have been accepted and adopted by the current Steering Committee. The evaluation has been used as the basis for this design.

This design recommends that TL2 be based upon the concept and structure of Tingim Laip in its core operating procedures and processes. Some structure and procedural refinements and improvements are recommended that will further reduce risk and enhance feasibility.

However, the feasibility of the individual TL2 activities will depend heavily on the capacity of the sites and the feasibility of their proposed activities which are located, in the main, away from major centres of population. The overall assessment of feasibility is therefore heavily dependent on an effective capacity building (i.e. support, training, facilitation, encouragement, stimulation etc) by the TL2 management and staff. Hence this design's recommendations to:

- assess and restructure the regional coordinators' and project officers' location and work load to ensure greater and effective an more regular support for the sites

- increase the technical capability of these staff to delivery training at and/or closer to sites
- significantly improve M&E, particularly reporting and feedback by and to sites to monitor what is actually going on and what assistance is needed; and
- look at ways of streamlining administrative and financial procedures recognising that TL2 is being implemented by volunteers in remote locations

5.2.1 Technical

Each of the activities submitted to the SC for funding will be reviewed and screened by the MC in terms of their technical feasibility. The MC's advisory team, Regional Coordinators and Project Officers will work with sites to ensure that their activities are designed and implemented with the best available advice and guidance.

The MC has been resourced with full-time and short-term advisory support together with permanent field staff to be able to provide reliable and consistent advice and feedback on suitable approaches, to identify weaknesses, and assist sites to link up with partners and providers. Components 1 and 2 are concerned with capacity building and with enhancing the nature and quality of local activities to make them consistent with international and local best practice.

It is anticipated that there will be no difficulty finding suitable applicants for all positions. The existing cadre of project officers and regional coordinators is largely capable of meeting future requirements, provided that they are appropriately supported with training and the timely provision of resources. Most short term positions can be filled from the increasing pool of national advisers.

5.2.2 Financial

TL2 operates entirely with AusAID funding, and it is planned that way for its entirety.

It will operate within the annual planning cycle of the NSP as administered by NACS. Each site will submit its activities, plans and budget. Sites budgets are not large with activity grants around K20,000 p.a. each. Financial commitments to be made by sites will be carefully reviewed, both at the initial planning stage during field visits from TL2 staff, and also when consolidated into the annual plan. This will be the responsibility of the MC.

Site activities as a general rule do not generate further recurrent costs in the sense of making a capital investment that requires maintenance and incurs operational expenses. The main concern here would be the creation of dependency and/or expectations that activities will continue. Two specific issues are noted:

- this design does not support the notion of paying volunteers for their work – even small stipends. Volunteers should be reimbursed for their direct cost of transport, and a small allowance for meals; and
- TL2 may need to consider purchasing vehicles (suitable for carrying 10 to 12 people) for regional coordinators given their responsibilities in organising training, coordination etc. Public transport or transport provided by partner organisations can be used in most circumstances at the local level. A vehicle could be hired for a project officer to make a visit to a remote site or cluster of sites.

The TL2 financial procedures, MC's financial and audit systems, requirements on the applicants to account for funds and the project, and TL2 audit systems all strengthen financial feasibility.

5.2.3 Institutional, social and cultural

Institutional feasibility

This design recommends a strengthening of the procedures and processes for making the initial assessment on whether and when a new TL2 site should be established. Within TL, certain characteristics of successful sites are reasonably clear:

- Local leaders taking a prominent role in the site committee
- A number of people able to fill the different roles e.g. chair, secretary and treasurer
- Regular meetings of a good size committee of men and women and young people from the local community
- A clearly identified setting where there is a convergence of risk
- A strong overall sense of community and good intent (although this element needs to be tempered to ensure it does not become community policing of sexual conduct).

Sites will be enhanced by strengthening M&E, feedback, regular visits, enforcing accountability and managing TL2 in a manner that is sympathetic to its volunteerism and community-centre roots.

Social and cultural feasibility[2]

Papua New Guinea is possibly the world's most diverse country in social, cultural and linguistic terms. This diversity is reflected in a vast range of beliefs and practices pertaining to sexuality, gender and reproduction, with important ramifications for HIV prevention.

The vast majority of PNG's population live in rural areas and effective prevention needs to take local beliefs and practices into consideration. For example, this may demand consideration of the importance of sorcery, love magic and use of sex products, or recognition of the symbolic value of body fluids, particularly blood, semen and vaginal fluids.

Sexual violence needs to be considered in the light of its social and cultural dimensions, given that, in contemporary PNG, at least half of all rapes are perpetrated by groups of men, rather than by individual perpetrators. Western concepts of sexual identity (as reflected in the terms 'homosexual' or 'heterosexual') are scarcely recognisable in most local languages.

As a 'shame' culture (in contrast to western 'guilt' cultures), exposure of (perceived) sexual transgression in PNG, including attributing blame, usually to women, for spreading HIV infection has serious social consequences in terms of payback and demand for compensation.

Previously, cultural practices provided meaningful frameworks for sex and marriage. These were reflected in relevant structures and systems, such as separate spaces for men and women

[2] The design team acknowledges the writings of the late Carol Jenkins and Professor Peter Aggleton in preparing this section.

(particularly for unmarried young people), and in surveillance of sexual conduct by elders. However, Papua New Guinea has undergone rapid and dramatic social and cultural transition in a relatively short period. Mobility has increased significantly and cash has entered all cultural systems, with the result that, within a few kilometres, traditional culture, beliefs and practices co-exist with expressions of 'modern' and global culture. These shifts are in turn reflected in the co-existence of 'traditional' and 'modern' sexual cultures[3], together with their respective implications for HIV-related risk, vulnerability and prevention.

Imported packages of solutions, focusing on individual behaviour abstracted from its social and cultural settings, are unlikely to work in Papua New Guinea. However, international experience suggests that Papua New Guinea may possess, albeit in nascent, disparate and fragmented form, some key characteristics of effective responses to the HIV epidemic, such as the existence of social solidarity, concern for human rights, reciprocity (as reflected in the wantok system), dense networks of communication, community trust, and empowerment through participation and community mobilisation. However diverse they may be, Papua New Guineans share in common the pride they attach to their culture, tradition and heritage, values which offer considerable potential as entry-points for HIV prevention.

TL2 is a particularly suitable response to the challenges posed by implementing HIV prevention in such a setting. TL2 represents a tried and tested concept, one which a recent evaluation found to have considerable untapped potential. Moreover, TL2 is community-centred and volunteer-led which gives it both local credibility as well as valuable 'insider' knowledge, essential in treading the sometimes thin line between respecting those local values which may be protective in terms of HIV, while challenging others which may enhance vulnerability to it. These are most effectively done from within communities themselves rather than imposed upon them by outsiders.

5.2.4 Physical Environment

The implementation of this project will have no activities that require appraisal in terms of their negative impacts of the physical environment.

5.2.5 Gender

Pervasive gender inequality and gender-based violence are recognised to be important drivers of the HIV epidemic in Papua New Guinea. Women and girls become infected at younger ages than their male counterparts, a reflection of their physical, social, cultural and economic disadvantage. While the distribution of HIV infection appears relatively even between women and men, the burden of the epidemic is disproportionately borne by women in terms of their ability to protect themselves from infection, likelihood of being blamed and stigmatised, and in the distribution of responsibilities for caring for others.

[3] Sexual cultures can be understood to be constellations of ideas, practices, artefacts, and their meanings and contexts in which people participate, either as a lifelong involvement or at various times of their lives, which are adapted to meet felt erotic needs. Jenkins (2006:p.10)

With reference to strengthening a gendered approach to HIV and AIDS in PNG, Bradley[4] argues that:

- A focus on gender, with appropriate frameworks, reporting systems and specialist technical support, needs to be fully integrated from the outset. For example, gender and human rights issues can be integrated into basic training on HIV and AIDS.
- Gender awareness/sensitivity training is a beginning but is not in itself sufficient to produce a cadre able to plan and implement gender responsive programmes. Nor does it necessarily change attitudes: after training, some women still blame other women and girls for men's behaviour.
- Sustained technical support on gender is therefore essential to counteract the tendency to revert to the status quo. Training in the use of gender-related materials[5] is also required if they are to be used.
- Experience shows that, despite strong cultural barriers to public discussion of such issues, trained people can facilitate discussion of intimate sexual matters, including non-penetrative sex and the use of male and female condoms.
- Specifically in relation to gender based violence, it is time to move beyond awareness-raising to creating an enabling environment for behaviour change by both women and men (i.e. for women to protect themselves from violence and for men to learn new skills and values).

Gender-related issues are addressed through two broad strategies in TL2: first as cross-cutting issues which the MC, staff and sites will be required to address throughout their portfolio of activities, and second as discreet activities for which dedicated technical support will be provided, in particular drawing from experience and best practice in addressing these issues in other countries (e.g. experience in confronting gender based violence in South Africa).

National Gender Policy and Plan on HIV and AIDS 2006-2010 (NGP)[6]

The overall goal of the NGP is:

> To reduce the HIV prevalence in the general population to below one percent by 2010, to reduce the vulnerability of males and females (adults, youth and children) to HIV, and to improve treatment, care and support for all people infected and affected by HIV and AIDS, using a gendered and rights-based approach.

[4] Dr Christine Bradley: Strengthening a Gendered Approach to HIV/AIDS in PNG: Some Issues for Donors and Development Partners

[5] Such as the Gender Advocacy Toolkit developed by UNAIDS/PNG-Australia HIV and AIDS Program.

[6] The following summary of the NGP is a little longer than that which would usually be included in a design document. However, given the critical nexus between HIV and gender inequality in PNG it is appropriate that the NGP and its strategies are covered in some detail.

Tingim Laip (Phase 2)

NGP Guiding Principles:

1. Recognition that HIV and AIDS is a fundamental cross-cutting development issue, involving all sectors of society.
2. Respect for the full human rights of both sexes.
3. Support for the positive aspects of PNG culture and traditions.
4. The right of all citizens to the information, services and conditions allowing them to protect themselves from HIV.
5. Ensuring that interventions or processes do no harm.
6. Men and women as equal partners in finding solutions.

AusAID's Gender Equality Policy

AusAID's policy goal is to reduce poverty by advancing gender equality and empowering women. The policy statement *Gender equality in Australia's aid program – why and how* (2007) explains why gender equality is important and seeks four policy outcomes:

- improved economic status of women
- equal participation of women in decision-making and leadership including in fragile states and conflict situations
- improved and equitable health and education outcomes for women, men, girls and boys
- gender equality advanced in regional cooperation efforts.

Gender equality at work in TL2

The overall gender strategy for TL2 is based on mainstreaming gender in all activities supported by TL2 and in assisting the applicants and project managers to mainstream gender in their work. Gender mainstreaming requires that everyone involved in TL2 activities to understand and be committed to its achievement. At each point in planning, implementing, monitoring and evaluating the activities, the different needs of women and men, girls and boys, must be considered and addressed with the aim of achieving gender equity. Gender mainstreaming also requires all project development specialists and staff to examine the impact of proposed and or existing policies and project outcomes on men and women in order to ensure fair and just outcomes on all members of society.

Gender issues that should be addressed, include:

- equal involvement of women during community consultation;
- potential positive and negative impacts of the proposed activity on women and children;
- planned activities to reduce negative impacts on women and children; and
- plans for monitoring the impact of the project on women and children.

An assessment of the impact at each site on women and children should be a specific M&E responsibility of the site committee. To be appraised positively, activities should be able to demonstrate that women and children will share in the benefits and will not be disadvantaged or further marginalised because of the activity or how it is designed and implemented.

When identifying target beneficiaries during the preparation of the activity proposals, and during monitoring and evaluation exercises, sites will be required to disaggregate data based on gender.

The TL2 project guides, manuals, induction and all training should demonstrate how to address gender rather than repeating the well-worn maxim that "there is a need to address gender issues". Positive guidance and capacity building is required for sites on how to enhance proposals (and development impacts) through considering gender issues and enhancing the positive impact of projects on women and children. All workshops should reinforce gender messages. Furthermore, the MC's staff should be well-informed concerning gender issues and able to provide relevant advice to sites.

5.2.6 People Living with HIV and AIDS

Greater Involvement of People Living with AIDS (GIPA)[7] is the principle, formalised at the 1994 Paris AIDS Summit, intended to realize the rights and responsibilities of people living with HIV, including their right to self-determination and participation in decision-making processes that affect their lives. In 2001, GIPA was endorsed by 189 United Nations member countries as part of the Declaration of Commitment on HIV/AIDS and advocated by 192 Member States in the 2006 Political Declaration on HIV/AIDS High Level Meeting on AIDS.

Direct personal experience gives people living with HIV unique insights. GIPA recognises this and promotes the crucial role of people living with HIV as active contributors to national responses, rather than as passive recipients of services.

The benefits of GIPA affect individuals, for example by improving self-esteem, boosting morale, decreasing isolation and depression, and improving health through access to better information about care and prevention. Within projects and organizations, the participation of people living with HIV can change perceptions and provide valuable insights. At the community level, involvement of people living with HIV can challenge fear and prejudice and promote behaviour change. Creating structured opportunities for people living with HIV to share their stories and experiences can be a powerful means of personalising and humanising the epidemic.

Self-help and advocacy groups of people living with HIV, such as Igat Hope and True Warriors, are growing in strength and number in PNG. Some TL sites have already been working with local groups of people living with HIV.

GIPA is a cross-cutting theme in TL2. Technical support will be provided to sites to strengthen their work in this area, for example, by facilitating links to relevant national and international organisations, such as Igat Hope, Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV/AIDS (ICW) and the Asia Pacific Network of People Living with HIV/AIDS (APN+). A range of materials are already available to assist in the

[7] This section is based, in part, on the UNAIDS Policy Brief: The Greater Involvement of People Living with HIV (GIPA). March 2007.

implementation of GIPA[8] and the Prevention Adviser will be responsible for ensuring that these are available and accessible to sites.

5.2.7 HIV and AIDS

TL2 is an HIV and AIDS prevention activity. The minimum corporate contribution required of the MC is the mainstreaming of HIV and AIDS into all its workplace practices, working and operational environments. The MC will have to have an operational workplace HIV/AIDS policy, and HIV and AIDS will need to be included in on-going training activities for all staff, including advisers, office staff, security and drivers.

5.2.8 Fraud and Corruption

The goal of Australia's anti-corruption for development policy is: *To assist developing countries bring about a sustainable reduction in corrupt behaviour for the purpose of improving economic and social development.* Australia's approach focuses on three mutually re-enforcing elements:

- building constituencies for anti-corruption reform
- reducing the opportunity for corruption
- changing incentives for corrupt behaviour.

The 2007 policy document *Tackling corruption for growth and development*, AusAID, March 2007, delivers an analysis of corruption in the development context with suggestions for specific strategies and actions.

Fraud and corruption will be addressed at a number of levels in TL2:

- **TL2:** MC responsible for and accountable for operation of the imprest account mechanism and the management of funds. Apart from the specific imprest account documentation, the MC will prepare and implement an overall fraud control plan that addresses, to AusAID's satisfaction, fraud that occurs with development budget funds.
- **Activity:** each activity at project office and site level will have agreed financial procedures with controls as per the manuals.

Specific MC responsibilities have been discussed in **Section 4.2**.

5.3 Sustainability

5.3.1 Definition of sustainability

In the context of donor-funded development programs and projects, sustainability can be defined as: *the continuation of benefits after major assistance from a donor has been completed.*[9] For this

[8] For example: *Valued Voices GIPA Toolkit: A Manual for the Greater Involvement of People Living with HIV/AIDS*(APN+/APCASO); and *Positive Development:Setting Up Self-Help Groups and Advocating for Change: A Manual for People Living with HIV* (GNP+).

project it requires an examination of the capacity of Papua New Guinea, without further external assistance, to support community-centred HIV prevention using the TL2 model.

5.3.2 Financial sustainability

The bulk of funding for PNG's HIV/AIDS response continues to be provided by AusAID, with, still limited, contributions by GoPNG, particularly in relation to NACS. For this project there is no GoPNG contribution.

PNG has many limitations to its capacity to control HIV, and given the size and character of the HIV epidemic in PNG, significant donor inputs are likely to be required for the foreseeable future. The challenge will continue to be in ensuring that there is progressive transfer of responsibility and ownership of the response to the epidemic from donors and international agencies to national, regional and district level authorities.

There is more likelihood of financial sustainability occurring within the settings of the private sector or Disciplinary Forces where, once TL has been consolidated, a clear road map exists for its implementation and replication. Private sector sites or Disciplinary Forces, particularly if they are working with BAHA and others to incorporate HIV policies in their workplaces, will be well placed to implement TL2 using their own resources.

5.3.3 Technical sustainability

The technical sustainability of TL2 after three years will be hard to predict. Currently technical capacity in GoPNG agencies and between sites/provinces is extremely variable. Lack of sound management, lack of financial and human resources, and lack of basic organisational capacity continue to hinder progress.

5.3.4 Institutional sustainability

The key institutional sustainability issue is how TL2 supported activities are continued into the future. Section 2.9 discussed why the single managing contractor model has been recommended and selected, at this stage. Local implementing agents may be able to deliver TL type activities in the future, but as at today's date the Design Team's view is that that is not feasible. Additionally, the capacity of key government institutions remains low and has yet to be achieved (NACS, PACS, NDOH). Without this capacity reliance on donor support will continue and must continue if innovative approaches such as TL2 are to go ahead..

NACS and the PACS remain institutionally unsustainable. In NACS there is continued lack of the most basic systems and processes, and major organisational issues continue to hamper effective management and performance management. With probably a few exceptions, PACS have similar problems. The NDoH continues to lack capacity to meet its responsibilities supply condoms and to deliver basic services at district level. It is hoped that during early 2009 the issue of condom

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[9] AusAID. *Promoting Practical Sustainability.* Australian Agency for International Development (AusAID), Canberra, September 2000

distribution will have been resolved. With donor support from AusAID and Global Fund support for VCT, test kits, laboratory services, and for the rollout of anti retrovirals (ARVs) show more promise of being strengthened, though long-term sustainability without donor support is uncertain.

The extent to which government departments are mainstreaming HIV into their activities remains inadequate, yet it is critical to sustainability. *Tingim Laip* has made some progress on this front, but it has been on a fairly small scale. Greater focus in TL2 is more likely through the Partnership component.

Output 2.3 is critical to TL2's sustainability, or rather the sustainability of community-centred HIV prevention approaches. It is expected that TL2 research will explore and analyse the conditions under which such approaches can be nurtured, encouraged and sustained. TL2 will be working in communities, with the private sector, with faith-based organisations, with government, provincial and local district actors. Over a period of time it is to be hoped, and expected, that the TL2 approach will be picked up and used outside of the initial project environment and its funding streams. The MC has an obligation to ensure this aspect of TL2 is developed and resourced after the initial consolidation period of 18 months or so.

Component 3 has been included to ensure that there is an explicit focus on partnerships and local ownership – central issues to sustainability. The MC through the regional and project officers will assist sites to negotiate partnerships with PACS, faith-based groups, NDOH, hospitals, care centres etc. But more is needed than just the written memorandum of understanding. Sites need to share experiences and learning as to how these relationships can play to the principles of TL2 rather than other objectives, e.g. the sharing of resources and the maintenance of the organisation as an end in itself. Local capacity to negotiate and sustain these relationships at local and national levels is very important.

5.4 Australian Capability

Tingim Laip is a well regarded project with a good reputation and a significant amount of potential. It has shown that an MC can assemble a team with all the required skills in PNG to manage the TL2. There is no question that Australia and Papua New Guinea possess relevant expertise, for example in relation to behaviour change and prevention, M&E, gender, project management financial and administration to support this activity.

5.5 Complementarity with the Australian aid program

TL2 is entirely complementary to the AusAID HIV Program and the NSP.

ANNEXES

ANNEX 1: DESIGN TEAM TERMS OF REFERENCE

Proposed Terms of Reference

Tingim Laip Phase 2 (TL2) Design

1. Background:

1.1 Policy Context:

Australia's strategy to support PNG's response to HIV/AIDS 2006-2010 is to use the PNG National Strategic Plan (NSP) and its seven priority areas as the foundation for its strategy and also endorsing Australia's support of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Three Ones principle.

These policy frameworks encourage a strategy of support which is predicated on close partnerships with the Government of PNG, civil society organisations and other development partners in responding to HIV and AIDS in PNG and mitigating its effects on PNG society.

Australia's program strategy amongst other things emphasize " *the Mobilising communities on HIV prevention, to develop informed, culturally appropriate, rights-based strategies to address behaviours and social issues driving the epidemic..and promoting gender equality and reducing sexual violence in order to address the greater risk posed to women and girls, and supporting equitable access to HIV/AIDS prevention and treatment services* "

Australia's assistance uses a range of interventions focussing on rapid response to critical gaps in the present PNG response while at the same time supporting the development of long-term, sustainable interventions. In particular it focuses on the support for capacity development of public institutions, policy makers, service providers, the private sector, research bodies, communities and civil society to deliver the HIV and AIDS response.

The most recent IRG Report on the progress with the implementation of PNG's NSP 2006 – 2010 amongst other things point out the following as some of the lessons:

- ***Balanced Response***: There remain fundamental challenges in ensuring an effective and rapid scaled up national response across all provinces and into rural areas. With much of the Program's effort going on strengthening the role and functions of national level government agencies, such as NACS and NDoH, there is a risk that we are limiting our ability to provide the necessary support for more effective and quality interventions from NGOs and other civil society partners.
- ***Critical Capacity Issues***: At the same time there are tensions in ensuring an effective national coverage when partner systems are overstretched and have limited organisational and technical capacity. The status of many systems is such that substantial increases in resources may not be able to be translated into a scaled up response until those systems can work effectively and sustainably. Strategic targeting of key resources may be more effective in the short term while wider capacity building efforts work to build longer-term partner capacity.
- ***Community Mobilisation Issues***: Engaging with communities and providing the means to develop and implement locally relevant responses is a priority. Mobilizing communities and empowering them with appropriate skills and capacities is central to successful responses to the HIV epidemic. This is more critical given that 85% of the PNG population lives in rural areas and also has high illiteracy levels. Effective dissemination of information on HIV/AIDS must rely on existing networks that interact with the diverse PNG community. Local community based responses can identify appropriate ways to promote behaviour change in a context of high cultural diversity.
- ***Partnership and Networking***: Partnerships are critical where government capacity and services are limited or with particular population risk groups. The response in PNG is highly dependent on civil society including NGOs, faith and community based

organizations, and industry groups. The engagement of the churches is important because they deliver approximately 50 percent of PNG's health and education services and also because of their influence and penetration across PNG, including isolated communities. Similarly, industry groups provide access to enclave populations and influence on workplace policies and practice. Sporting groups and the media also play an important role in influencing people's understanding of the nature of the epidemic. More extensive participation of church and industry groups, more positive engagement with the media and a more informed, consistent and targeted approach with particular population is needed to scale up the response.

- ***Vulnerable populations & Targeted Intervention***: While the focus needs to remain on strengthening community action, it is also critical to support work with those populations who are particularly vulnerable, in particular young people whose behaviour places them at increased risk of HIV infection. There are a number of programs working to target high-risk behaviours and contexts.

1.2 TINGIM LAIP

Tingim Laip is **the largest community-based HIV prevention strategy operating in 36 sites** across 11 provinces funded by Australia. It was designed to respond to the urgent need for a targeted behaviour change intervention focusing on most vulnerable populations in settings throughout the country where HIV transmission was known or likely to be high. *Tingim Laip* recognises that not everyone is at equal risk, and that there is an urgent need in PNG to address those contexts where vulnerability is greatest.

The main features of the strategy are (i) the empowering vulnerable communities to develop, implement and monitor their own responses to HIV; and (ii) forming partnerships with government departments the private sector (mining and petroleum, palm oil industry, fisheries, the sugar industry) and civil society (non-government organisations (NGO), community based organisations (CBO), and faith-based organisations (FBO) in both rural and urban settings.

Designed jointly by the National AIDS Council Secretariat (NACS) and the National HIV/AIDS Support Project (NHASP), the High Risk Setting Strategy (HRSS) commenced in May 2004. It was managed by NHASP until that project's completion in December 2006. Key implementing partners were Family Health International (FHI) focusing on Behaviour Change Communication (BCC) activities, World Vision (WV) focusing on youth at risk in the National Capital District (NCD), and Save the Children (SCiPNG) focusing on female sex workers (FSW) and men having sex with men (MSM) in NCD and Goroka.

As part of the transition to AusAID's new program of support, Burnet Institute was contracted to provide interim management for Tingim Laip from January 2007 – April 2008. NACS and AusAID agreed to maintain existing management structures and participatory approaches for the intervention, including NGO partnerships, pending a formal evaluation and review process.

The formal review of Tingim Laip was carried out between September and October 2007 to consider options for the future including management arrangements and options for scaling up the activity. Consultations included partners in current activities and wider stakeholders. The review considered the relevance of the High Risk Settings Strategy in PNG, its four pillars, the efficiency and effectiveness with which programs were being implemented. It documented issues relating to impact and sustainability, and identified lessons learned and options for future support.

Critical focus areas in the Evaluation included:

- management and oversight mechanisms for consolidating or scaling up *Tingim Laip* to meet the needs of vulnerable communities in PNG
- existing partnerships and potential for future linkages

- ways to strengthen behaviour change strategies
- ways to build capacity of local communities and maintain local ownership
- the value of incorporating or using different community mobilisation approaches[1]and
- ways to strengthen the evidence-base of *Tingim Laip.*

1.3 KEY FINDINGS FROM TL EVALUATION

The Evaluation team for Tingim Laip concluded that TL is making a valuable contribution to the National Response and its *potential* to be effective in the future was high. The factors that are contributing to the potential effectiveness of TL were : highly motivated and committed volunteers that are driving the program at the community level across the 36 sites; close working partnerships with the provincial AIDS Committees (PACS) in some locations; and well targeted capacity building efforts to some sites, including regular follow-up and support.

However, a key observation from the Evaluation team was that although the concept underpinning TL, as developed when the High Risk Setting Strategy was originally formulated was ***still relevant*** and the concepts focus on strengthening the Four Pillars (access to condoms; access to user-friendly VCT; access to STI Treatment facilities; and Care and Support to PLWHA) for effective behaviour change, presents a ***well articulated and concise framework*** to guide the implementation of the program; this conceptual focus ***appears to have been lost*** as TL has "evolved" from its inception under NHASP to its current transition arrangements. This needs to be addressed during the next phase of Tingim Laip.

An outline of the key issues and recommendations from the evaluation is provided ***in ANNEX 1***. Detailed recommendations are contained in the Final Report which is Primary Reference Document for the Design.

The following are conclusions for a few ***key areas covered in the evaluation***:

Management, Coordination and Oversight

The current management arrangements for Tingim Laip was resulting in blurred communication channels and lack of clarity around accountability and the Evaluation report recommended that more streamlined management approach be adopted for the next phase of Tingim Laip.

It was also recommended that further work needed to be undertaken by way of consolidation and strengthening current sites before scaling up occurs.

Partnerships and Linkages

There are a number of critical partnerships occurring at different settings, each with varying degrees of success. All have the potential to contribute to a strong project during the next phase of Tingim Laip. The evaluation also pointed out that *Coordination with other donors* was also evident and occurring particularly with the ADB Enclaves Project. These linkages needed to be articulated, supported and further strengthened during the next phase of Tingim Laip.

Strengthening Behaviour change

The key emphasis under *Tingim Laip* for behaviour change has been on ***changing sexual behaviour through the promotion of consistent condom use***. The evaluation observed that this approach is limited in that it does not acknowledge the diversity of sexual practices, each with different degrees of associated risk. In many instances it was evident that strong barriers remain in talking about sex and sexuality. As the fundamental objective of *Tingim Laip* is to change sexual behaviours, this remains a key obstacle to implementing BCC effectively.

As pointed out earlier, the Evaluation Report also note an evident "conceptual drift" in the intentions of the program over time. The lack of conceptual clarity in *Tingim Laip* is resulting in a

range of activities being supported/funded that have questionable benefits in the context of a BCC approach.

Community Capacity and Mobilisation

The evaluation Report observed that some development partners have introduced programs for engaging and strengthening communities (Stepping Stones, Community Conversations, COMATAA, AIDS Competency). Theses approaches have affected Tingim Laip activities in various ways and the Report recommends for a ***more strategic approach*** in the selection of these programs in the future.

Evidence based Response

The research and evidence base in the key areas of the *Tingim Laip* program needs to be improved substantially. The approach to implementation has continued to evolve from the initial HRSS concept without pause to incorporate a research or evidence base to support the development and/or application of specific interventions and approaches.

2. Objectives of TL2 Design

The evaluation Report has confirmed that the original concept of the High Risk Settings Strategy and Tingim Laip is still relevant. TL was originally designed to respond to the urgent need for a targeted behaviour change intervention focusing on most vulnerable populations in settings throughout the country where HIV transmission is known; through empowering vulnerable communities to develop, implement and monitor their own responses to HIV; and, through forming partnerships with government departments, the private sector and civil society organisations in both rural and urban settings for targeted interventions around 4 pillars of intervention..

The objective of the design therefore is to continue the targeted community based behaviour change intervention under Tingim Laip phase 2 (TL2) for the next 5 years for AusAID based on the above, that builds on lessons learnt and takes into account the specific recommendations from the TL Evaluation of 2007.

3. Scope of Design:

Conceptually, the Design Activity of Tingim Laip Phase 2 (TL2) will build on the current HRSS/Tingim Strategies and be consistent with the new BCC Strategy, the appropriate sections of PNG National Strategic Plan (NSP) &, AusAID's HIV/AIDS Strategy.

The Design of TL2 will particularly take on board recommendations included in the Tingim Laip Evaluation Report of 2007 for the next phase of Tingim Laip. But it will also include a detailed analysis of lessons learnt thus far and all current behaviour change and communication issues contained in the NHASP Milestone and Project Completion Reports.

Specifically, the Design team will consider :

Technical thematic areas for support:

- in the light of the Tingim Laip evaluation, provide a broad examination of the context and the key technical behaviour change thematic areas under which the TL2 program will be implemented;
- the priority areas for engagement and partnerships including in community mobilization, health, gender, leadership, PLWHA, youth and research areas,
- outline what initiatives (that are funded through current phase of Tingim Laip) need to be continued and the options for their continuation; and
- how TL2 will be implemented including objectives; responsibilities; components; resourcing; relationships with AusAID, other partners and stakeholders; a risk assessment; and if appropriate a log frame analysis and implementation schedule;

Management arrangements for TL2:

- the strategic and management arrangements for TL2 (including management, engagement and coordination mechanisms, monitoring and evaluation framework, and a detailed analysis (including cost analysis) of an appropriate management model for TL2 with full justification for the recommended model ;
- the logistics of implementation (including transition from the current Tingim Laip project, links to other initiatives, timeframe and sequencing, resources, costs); and the risks and how they might be managed;

Partnerships and Networking:

- describe the relationships and articulate areas of collaboration with partners and key public, private and community stakeholders; and
- clearly identify the roles and contribution of NACS and other funding Partners;

Scope of Services for TL2

- Provide Draft Scopes of Services documentation (including TORS for key positions) that can be used as the basis for tendering for TL2;
- Document timeframe for progressing TL2 from design through to implementation including a detailed description of Year 1 activities;
- provide a Risk Management Plan for TL2 in accordance with AusAID guidelines.

3. Duration and Phasing:

- Post/Desk briefing – May 2008
- document review - May 2008
- fieldwork - June 2008
- in-country debriefing and presentation of Aide Memoire (see the Aide Memoire Outline template) – June/July 2008
- draft design document preparation - July 2008
- Appraisal Peer Review and feedback on the draft design document - July 2008
- finalising the documents required – August 2008
- Post design steps – an indicative timeframe for the steps to be taken to mobilisation (i.e., RFT preparation, tender conduct, contracting, mobilisation)

It is anticipated that the in-country component for the entire design team will be 4-5 weeks. The team leader may require up to an additional week to finalise the design process.

4. Specification of Design Team:

The Design Team will comprise :

- Program Design Specialist
- Community/Social Mobilisation Expert
- Behaviour Change expert:
- PNG counterpart: (Appropriate NACS Officer)
- AusAID officers (DPAG, SW).

5. Outputs:

- Aide Memoire prior to leaving the country (see Aide Memoire Outline template)
- Activity design document and associated annexes (see Section 6 of this Guideline for recommended design document content)
- Draft scope of services and basis of payments for future tender documents

Annex 1

Summary of key Issues and Recommendations from Tingim Laip Evaluation 2007

Design and M & E

There is no one clear design for *Tingim Laip*. The High Risk Setting Strategy Report of July 2006 described a framework that included a Goal and Specific Objective for the Strategy, was limited in terms of articulating expected achievements/outcomes of the HRSS, and indicators to measure those. The Operational workplan, for the Transition Strategy which now guides the implementation of *Tingim Laip* is not conducive to readily supporting and strengthening the 4 pillars. This jeopardises the ability to manage the project effectively. By design there is no requirement for any collection of data or reporting about whether those combined activities have contributed to changes in behaviour. This is a serious limitation that needs to be corrected in TL2.

An M & E framework for Tingim Laip has been identified as a critical issue that needs to be addressed in the interim phase leading up to the design of TL2. As a matter of urgency *Tingim Laip* needs to articulate key indicators at the purpose and component levels, the methods for collecting this information and who is responsible for collection and reporting.

Consolidation and Scaling up:

The 2007 transition period for *Tingim Laip* was intended to be a year of strengthening and stabilising for *Tingim Laip*, the underpinning principle being one of c*onsolidation*. During this period there was opportunity for reasonable but limited growth to increase coverage to new sites, introduce innovation and strengthen existing sites/interventions. There is evidence that consolidation has been occurring, albeit with limitations in some areas with some limited skills building through training at site and provincial levels, the inclusion of drug and alcohol-related harm reduction initiatives, Youth leadership and youth empowerment/mobilisation skills building being undertaken and new approaches to community mobilisation being introduced.

The TL Evaluation recommended that further work needs to be undertaken by way of consolidation and strengthening current sites before scaling up occurs. Engage collaboratively with the ADB to ensure a harmonised approach between *Tingim Laip* and the Rural Enclaves Project where there is potential for overlap and duplication; identify mechanisms so that these projects are mutually reinforcing. Furthermore, scaling up has resourcing implications: the current resources are insufficient to deliver interventions with the current number of sites, let alone additional ones; further current cost to deliver should not be the basis for expansion; costs will vary in procurement of goods.

Community mobilization:

The approach to community mobilisation for HRSS and *Tingim Laip* has been documented in a Procedures Manual for Tingim Laip. This primarily focused on: engaging key stakeholders/leaders within communities identified in the social mapping exercise; training the site committee; developing a strategic communication plan and action plan; forming strategic partnerships; and getting technical assistance and financial support.

Some development partners have or are in the process of introducing programs for engaging and strengthening communities (Stepping Stones, Community Conversations, COMATAA, AIDS Competency). Given there are now four such programs available in PNG there needs to be a more strategic approach in the selection of these programs.

Partnerships:

There are a number of types of partnerships occurring, each with varying degrees of success. All have the potential to contribute to a strong project. These include *partners in implementation*, *at the provincial level* , between *PACS and Tingim Laip* , between the *private sector and Tingim Laip* and *between the government sector and Tingim Laip* The evaluation pointed out that

Coordination with other donors was also evident and occurring with the ADB Enclaves Project indicating its readiness to work cooperatively with *Tingim Laip* to ensure no duplication of effort.

Management and oversight:

The current management arrangements for Tingim Laip is resulting in blurred communication channels and lack of clarity around accountability. There is no scope within the current arrangements for the major implementing partner to provide oversight for the outputs and activities of the other contributing partners. There is no mechanism that requires other partners to report to the *Tingim Laip* management team on activities they are undertaking.

The evaluation report recommends that more streamlined management approach be adopted for the next phase of Tingim Laip including the revision of composition and TOR for the Tingim Laip Steering Committee to ensure a refocus on providing strategic oversight to Tingim Laip.

Human Resources:

The evaluation points out that, one of the critical factors in the success (or otherwise) of any program or project is whether the human resource (HR) allocations are appropriate. Although the current structure, in terms of delineation of responsibilities at different levels within Tingim Laip, appears to be a good fit with the purpose of the project, the TL evaluation was concerned that the level of staffing was not of a sufficient number to maximise support to *Tingim Laip*. It also noted gaps in the technical support given for various components of the program.

Knowledge Management:

Tingim Laip has emerged from a concept within NHASP to a project in its own right. As *Tingim Laip* has evolved, numerous reports have been produced. However, there is no one definitive document that provides a good picture as to what the project is about. This lack of knowledge management has resulted in key documents and data not being handed over to the current management team post NHASP. This aspect of the program needs to be strengthened in TL2.

Volunteers:

The success of *Tingim Laip* is highly dependent on volunteers and the contribution they make must be acknowledged and every effort made to support volunteers. Attrition rates for volunteers however is somewhat high (approx 50-55%) and *Tingim Laip* must develop strategies for reducing this. A code of conduct needs to be in place as well as a capacity building strategy.

Behaviour Change Communication:

The program is yet to have a BCC strategy finalised. The NACS BCC Strategy document is in draft form and will require finalisation as a matter of priority.

Since the initial stages of the HRSS to *Tingim Laip* today, there is an evident “conceptual drift” in the intentions of the program. The lack of conceptual clarity in *Tingim Laip* appears to be contributing to a range of activities being supported/funded that have questionable benefits in the context of a BCC approach. Many sites seem to be placing primary emphasis on sewing and other income generating projects, sports and music promotion, etc, without an evidence base as to how these support the 4 pillars and more importantly how they will contribute to a reduction in the transmission of HIV.

The key emphasis under *Tingim Laip* has been on changing sexual behaviour through the promotion of consistent condom use. This approach is limited in that it does not acknowledge the diversity of sexual practices, each with different degrees of associated risk. In many instances it was evident that strong barriers remain in talking about sex and sexuality. As the fundamental objective of *Tingim Laip* is to change sexual behaviours, this remains a key obstacle to implementing BCC effectively.

Other behaviours that require change include gender based violence, drug and alcohol use, health seeking behaviours (for STI and VCT services), and stigma and discrimination against

PLWHA. Tingim Laip does not have a strong focus in terms of BCC on changing these behaviours. Moreover, where BCC activities were conducted, they seemed to primarily focus on *changing* behaviour with little evidence of initiatives that re-enforced *sustaining* the changed behaviour.

Gender :

Gender is not clearly identified as a cross cutting issue in the program and is addressed superficially in the project. It is often limited to participation rates by gender and gender representation in committees, training and other activities. Consultations revealed that gender was poorly understood in the context of HIV, and gender relations and associated violence as an issue contributing to the increased transmission of HIV in women was not being addressed or understood. A gender audit of Tingim Laip activities was recommended by the TL Evaluation.

Training:

Training remains the primary approach to capacity building under Tingim Laip. There is some concern as to whether the current arrangements for training are meeting the needs of *Tingim Laip*. Current indications are that demand for training is exceeding supply.

The evaluation was also concerned that there was no strategic approach to training within Tingim Laip. Training does not seem to be linked to a clear justification or established plan that enables the program to determine the training needs of the program on an annual basis in advance – rather it reacts to requests from sites as they emerge. Training needs to be planned in a more systematic manner with clear linkages between the timing of training delivery and the development of programs/activities.

A complete training audit was recommended by Tingim Laip evaluation.

Research and Evidence based intervention

The research and evidence base in the key areas of the *Tingim Laip* program could be improved substantially. The approach to implementation has continued to evolve from the initial HRSS concept without pause to incorporate a research or evidence base to support the development and/or application of specific interventions and approaches. The identification of the need to target particular groups within settings has been guided by key research activities such as the Social Mapping exercise, the various KAPBs undertaken in communities and the 2006 BSS. The social mapping exercise was conducted in the early phase of the HRSS and consideration should be given to replicating this in 2008.

Youth Engagement:

Considerable emphasis has been placed on supporting youth engagement and leadership under the current Operational Workplan with the inclusion of a component specific to youth. The May Quarterly report stated that a strategy to empower youth was based on the recommendations of the Youth Advisor (as detailed in the NHASP Youth Advisors Report in 2006). This was subsequently endorsed at the Participatory Planning Meeting in December 2006.

While youth are clearly an important group for BCC activities, the evidence base presented to justify the particular approach planned within *Tingim Laip* was not as strong as it could have been.

Strengthening synergies between prevention and continuum of care :

The availability of care and support for PLWHA in PNG is still at a nascent stage, with much of this being provided by FBOs. Given the paucity of care and support services available, it is appropriate that *Tingim Laip* consider how this can be supported more formally under the program.

A continuum of care approach will link key components of Home Based Care, Community Care (aid posts and health centres) and hospital services (district hospitals) together in a manner that enables clients to move from one to the other as their care needs change over time.

The evaluation recommended that the development of services and methods for creating linkages between the 4 pillars of Tingim Laip be included in the TOR for the Design of TL2.

Maintenance of a reliable supply of condoms and access to STI and HIV testing :

These were identified as key systemic issues limiting Tingim Laip to achieve its objectives. Of important note is the continuous widespread condom stock-out due to procurement and distribution issues at the national level, resulting in sites being without condoms for months. This is without doubt one of the most critical issues negatively impacting on the effectiveness of Tingim Laip and is without qualification unsatisfactory in a program that is promoting use of condoms to stem the spread of HIV.

ANNEX 2: AIDE MEMOIRE

DRAFT AIDE mémoire

(as presented after the design mission)

DESIGN MISSION: TINGIM LAIP
PHASE 2

PURPOSE OF MISSION

Tingim Laip (TL) was designed in 2004 to respond to the urgent need for targeted behaviour change interventions focusing on:

- most vulnerable populations in settings throughout the country where HIV transmission is known to be high; through
- empowering vulnerable communities to develop, implement and monitor their own responses to HIV; and,
- through forming partnerships with government departments, the private sector and civil society organisations in both rural and urban settings for targeted interventions around four pillars of intervention.

The 2007 evaluation of TL confirmed that the original concept of the High Risk Settings Strategy and subsequently TL is still relevant.

The purpose of the design for the next phase of TL (TL2), as described in the terms of reference, is to continue targeted community-based prevention, consistent with the appropriate sections of the *Papua New Guinea National Strategic Plan on HIV/AIDS 2006-2010* (NSP) and the *AusAID Papua New Guinea HIV/AIDS Strategy 2006-2010* (the AusAID HIV and AIDS Strategy).

The Design terms of reference specify that TL2 will:

- be for five years
- build on lessons learnt and take into account the specific recommendations of the 2007 evaluation
- build on current High Risk Settings Strategy and Tingim Laip strategies, and
- be consistent with the new PNG draft Prevention and Behaviour Change and Communication (BCC) Strategies.

CONSULTATION

The Design Team[2] started their work in Port Moresby on 2 June 2008 with an initial briefing by AusAID and a conversation with the acting Director of the National AIDS Council Secretariat. Meetings followed with the Burnet Institute management team (the main managing contractor) and Burnet's employees: the TL Manager, TL regional coordinators and some TL project officers. A day-long workshop was held with TL delivery partners, other donors and the Burnet Institute

2 John Mooney, Team Leader/Design Specialist, Julie Airi, National AIDS Council Secretariat, Manager Peer Education, Alison Heywood, Community/Social Mobilisation Expert, Peter Gordon, Prevention Expert and Steven Ilave, Senior Project officer, Sanap Wantaim, AusAID.

staff. The team also met with Port Moresby TL site volunteers, representatives of relevant AusAID sectors, and representatives of the National Capital District Provincial AIDS Council.

Regional visits:

- Madang – separate meetings with site volunteers and project officers eight provinces representing; stakeholders; members of five site committees; and a discussion with the Director and staff of Family Health International (FHI) on their experience as a TL partner.
- Mount Hagen – separate meetings with site volunteers representing four sites and stakeholder representatives; together with a site visit
- Lae – a stakeholder and site member workshop with people from five sites - ten stakeholders/partners represented. Separate meeting was held with the Madang project officer
- Vanimo – a stakeholder meeting with 24 people and a visit to the site at Wutung village.

Finally, towards the end of the mission, further consultations were held with the National Research Institute, Catholic Health Services (HIV and AIDS), Burnet Institute, TL staff, ADB, International Education Agency (IEA) and FHI. Debriefs were held on Friday 20 June 2008 for NACS, AusAID, Burnet Institute TL staff and partners. The team was provided with an extensive portfolio of documents including the first two reports of the Independent Review Group, the draft *PNG National; Prevention Strategy (2008-2013)*, the key National HIV/AIDS Support Project milestones, the 2007 TL Evaluation Report and TL operational documents. All relevant policy documents from both governments were available. AusAID also provided access to a broad range of relevant research data.

FINDINGS

A new phase of TL can be justified, designed, contracted and implemented within the Framework attached as an Annex to this Aide Memoire. These findings should be read in conjunction with the 2007 TL Evaluation, the recommendations of which were adopted by the TL Steering Committee.

Capacity of implementers

A number of committed and motivated volunteers have been mobilised and represent a valuable resource in terms of mobilising community-centred prevention. This resource is under-resourced and under-utilised.

- There is a need for a capability building approach that is sensitive to, and appreciative of, volunteerism in the context of PNG rural community settings.
- There is a need to capitalise on capacity already built at site level through other projects, such as the EU peer education project.
- There is a need for phased, regular, competence-oriented training to be designed, planned and delivered as close as possible to sites. Training should involve the provision of user- friendly, quality resource material and be delivered in local languages.

Consistent, regular and phased training is needed for site volunteers and project officers.

- There is a need to consolidate/strengthen for at least two years, for example, in terms of site administrative support; coordination and organisation building.
- The social mapping/baseline from NHASP for HRSS should be repeated, ideally beginning in 2008, but perhaps not at all sites.

Interventions

Need to:

- Be based upon the new Prevention Strategy, currently in draft form.
- Review and possibly reduce the number of current activities
- Consider demand for new sites, including Madang mining, Sandaun forestry and the proposed LNG project, against the TL Purpose, site capacity and establishment criteria.
- Concentrate on settings where sex occurs or is negotiated, focusing particularly upon transactional sex, rather than focusing narrowly upon identifiable sex workers.
- Build synergies with other community mobilisation projects, e.g. community conversations, and COMATAA.
- There is a demand for sites and communities to be involved in providing care and support but not treatment.
- Cross-cutting themes need to be recognised and mainstreamed – these include stigma, gender and in particular, gender based violence, positive prevention, youth, drugs and alcohol.
- Build M&E capacity at sites and support.
- Be based upon available PNG HIV related research and international best practice.
- Draw from the wealth of available resource material.

Networks, partnerships and advocacy

- Partnerships, networking and advocacy need to be significantly strengthened to achieve better support to TL2.
- HIV and AIDS stakeholder mapping needs to be repeated prior to commencement of TL2 to inform the focus of the networks and partnerships that are needed.
- Effective engagement with NACS is essential.
- Engagement with PACS and provincial administrators has been shown to be extremely beneficial to TL.
- Engagement with NDOH and service providers is needed to support referrals that occur at the sites.

- Linkages with other projects working in similar areas of HIV prevention at national and provincial levels are essential to achieve support, complimentarity and synergy.
- Engagement with other sectors e.g. education, health, law and justice, community development, at national and provincial levels can reinforce are mutually reinforcing client-friendly.

Research

- Research is not being used to inform TL of effective prevention interventions that are available,

TL research strategy needs to be guided by the priorities identified in the National Research Strategy.

- Critical analysis is not part of the "culture" of TL
- Knowledge of the situation on the ground needs to continually be updated to inform the rollout of the project e.g. services, resources
- Examples of TL sites need to be equipped to understand and respond to local beliefs and customs as these relate to HIV and AIDS
- Research is needed to inform TL of progress against key indicators, with practical cost effective outcome evaluations supporting national evaluations
- Dissemination of TL outcomes to stakeholders is not occurring effectively
- A media strategy is needed to address all forms of dissemination for the activities of TL

Project management

- Genuine bottom-up planning with a structure of national strategies and prevention priorities.
- Performance feedback to sites.
- Strong demands for improved management including acceptable HR practices, better coordination, reduced bureaucracy, simpler and clearer procedures.
- Fewer contracting partners and remove overlap.
- Need for a distributed regional management structure and suggestions that the project office is located out of Port Moresby.
- Limited NACS involvement in TL but should be increased as NACS capacity increases.

THE TINGIM LAIP 2 ACTIVITY DESIGN FRAMEWORK

See Annex for the draft Framework for the TL2 Activity Design Document.

NEXT STEPS

1. Acceptance of the Aide Memoire and Framework by AusAID as the basis to move forward
2. Completion of draft Activity Design Document by 10 July 2008
3. Peer Review by AusAID by end July 2008
4. Completion of Final Activity Design Document, by end August 2008
5. Completion of contractual documents, tendering and mobilisation of new managing contractor in early 2009.

THANKS

We record our appreciation and thanks to all those who met with us during our visit. We were extremely impressed and humbled by the dedication and work of the TL site committees.

ANNEX

FRAMEWORK FOR TINGIM LAIP PHASE II

1. Where does TL fit?

Australia's strategy to support PNG's response to HIV and AIDS is to use the *PNG National Strategic Plan 2006-2010* (NSP) and its seven priority areas as the foundation for its support and reflects Australia's support of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Three Ones principle.

These policy frameworks promote support predicated on close partnerships with the Government of PNG, civil society organisations and other development partners in responding to HIV and AIDS and mitigating its effects on PNG society.

The AusAID HIV and AIDS Strategy, amongst other things, emphasises:

> *"… the mobilising of communities on HIV prevention, to develop informed, culturally appropriate, rights-based strategies to address behaviours and social issues driving the epidemic...and promoting gender equality and reducing sexual violence in order to address the greater risk posed to women and girls, and supporting equitable access to HIV/AIDS prevention and treatment services "*

2. TL2 location, size and scope

TL2 will be a two year activity of A$5 million p.a. (subject to budget approval). TL2 will be delivered as a project with NACS as the counterpart agency. A three-year extension may be available at AusAID's sole discretion.

In its new role NAC through the secretariat is primarily a coordinator of the response. TL2 will work with the Director NACS, the Peer Education Manager, and the Provincial Programs Manager. TL2 site committees will work closely with their Provincial AIDS Committees (PAC) and local levels of government from districts to wards. The National Department of Health, as the provider of key health services, and the church based heather service providers are significant partners to TL2's work as a referral agent. It is recognised by the design team that TL is a 'home-grown' NACS initiative originally developed with support from the previous project. TL2 will be guided by NACS and the proposed steering committee.

TL2 will be implemented through a regional structure with Papua New Guinean regional coordinators and project officers located in the regions and close to the sites. Allocation of staff to sites will need to be reviewed by the contractor. Roles and responsibilities of project officers and regional coordinators need to be clearly defined and overlap removed. Current workloads are uneven. Regional offices will need to be established with appropriate resources, probably physically separate from the PAC office.

A recommendation on the location of the project head office will be made in the draft design document. Serious consideration is being given to Lae or Madang as the TL2 base instead of Port Moresby.

TL2 will concentrate for the initial 18 to 24 months on consolidating and strengthening the current TL sites and their work as described in the design.

During this period an appropriate 'franchising' or scaling up approach will be developed for TL2 and/or other competent implementers. Some additional sites should be considered during this initial phase where conditions and capacity are conducive e.g. forestry sites in Sandaun near Wutung village and the border with Indonesia, the new LNG project and mining activities in Madang where local communities are eager to start with existing site committees.

An AusAID engaged managing contractor, appointed in consultation with NACS, will manage TL2 under an initial two-year contract with three-year extension available on satisfactory performance. Other service providers may be engaged by the contractor to deliver capacity building and training services under the direction of the managing contractor.

3. Goal:

To contribute to the reduction of HIV prevalence in the general population to improve care for those infected and minimise the social and economic impact of the epidemic on individuals, families and communities.

4. Purpose:

Effective prevention at sites where there is a convergence (coming together) of risk behaviour and vulnerability through community-centred and interpersonal approaches.

Convergence of risk behaviours

- key to entry and site establishment
- places where mobility of people is a significant feature
- for example – workplace settings such as manufacturing, mining, forestry or military/ police barracks, in which large numbers of men (and much less commonly, women) with disposable incomes are concentrated away from their home communities and families.

Vulnerability

- factors at individual, interpersonal, community and structural levels that affect peoples' ability to protect themselves from the epidemic and to deal with its impact

Community-centred approaches

- community "centred" not just 'based"
- locally planned, negotiated and implemented
- locally led and responsive to local culture
- local capacity development of site, leaders and volunteers

- resources to local sites
- local monitoring

Interpersonal approaches

- build capacity of people to work in their communities with both individuals and groups
- support for volunteers – through training, encouragement, feedback and good project administrative systems

Approaches

- culturally appropriate (based upon research)
- consistent and regularly reinforced
- comprehensive for that site (but not excessive)
- mainstreaming action on gender and gender based violence, drugs and alcohol, (see above) provision of care and support (but not treatment),

Effective Prevention

- TL2 to move beyond generic awareness and condom promotion and personalise the epidemic and the risks it poses to individuals and their communities
- improved condom distribution
- referrals to STI, VCT
- referrals to ART
- positive prevention
- monitoring availability and accessibility of services
- advocacy by TL2 sites for coordinated implementation, at, or near, sites of a minimum of accessible services by responsible agencies or projects

5. Components

Component 1: Capacity Building of Implementers

Capacity building is a critical element of TL, especially in relation to the five pillars. It is essential that everyone involved in the project, at all levels, understand TL's purpose, objectives and core values. Induction and refresher training therefore need to be provided on a regular basis.

The principle of volunteerism is central to TL and efforts need to be made so that volunteers feel valued for their contributions. Expectations regarding staff and volunteer roles, responsibilities and conduct need to be made explicit.

Sustained, site-focused, technical support needs to be provided, for example in relation to the development of educational materials or approaches, delivered in appropriate language and with the provision of suitable materials that reflect best practice.

TL also has a role in advocating for capacity building to be undertaken with staff of health and STI clinics in order to make these services more accessible and user-friendly.

Component 2: Interventions

The purpose of interventions will be to assist people and their communities to personalise their general awareness of HIV and AIDS and to facilitate them in understanding how the epidemic might affect them and what they can do, as individual and as communities, to address this. For this to occur, communities will need to be mobilised. A variety of approaches are already in use in PNG and it should be possible to draw from these as appropriate to the specific goal and purpose of TL.

Interventions need to be sustained and mutually reinforcing. They need to address individuals, couples, groups and the community as a whole.

The design of interventions must be informed by best practice. A wealth of best practice material has been developed internationally and is available online. For example, community focused toolkits and guides already exist that address: reducing the risks associated with sex work (including violence), using drama for HIV education with young people, developing educational materials with vulnerable groups and with low literate audiences, exploring gender (and gender-based violence) and sexuality, promoting positive prevention, and working with men who have sex with men, to name but a few. Ways need to be identified to assess this kind of material for its relevance to PNG, and where appropriate to work towards its local adaptation.

The findings of the social mapping activity will help to refocus site-level activities. For example, as well as working with sex workers, it will be necessary to address the needs of other people who are also vulnerable to HIV, such as clients or gatekeepers of sex workers, people involved in transactional sex, MSM, community leaders and the sexual partners of all the above.

Several cross-cutting issues need to be integrated within interventions. These include: HIV-related prejudice stigma and discrimination, gender and in particular gender based violence, the particular needs of young people (disaggregated according to age and gender), drugs and alcohol issues, and promoting the meaningful involvement of people living with HIV and AIDS.

Component 3: Partnerships

Strong partnerships and networks are essential to gain support for the delivery of the five pillars near the sites, and provide a mechanism for advocating for supporting services needed if behaviour change is to be optimised. This needs to occur between TL and the following groups:

- NACS is the leader of the PNG HIV and AIDS response under the NSP. TL2 is an important contributor to the NSP Focus Area 2.
- PACs and provincial administrators, and formal linkage mechanism particularly with the PACS
- District level linkages are supported
- NDOH and FBOs that provide community-based health services including preventive services
- government and donor supported projects working in the area of HIV and AIDS and their implementing agents
- other government sectors that can complement and support the objectives of TL.

A stakeholder mapping exercise should be undertaken prior to the commencement of TL2 if at all possible to identify potential partnerships and networks.

Component 4: Research

Interventions intended to promote behaviour change must (existing local and international research), respond to knowledge of current behaviours in the target groups/areas, and must be based on understanding of what does and does not work. In addition, there needs to be ongoing critical analysis of the success or otherwise of project activities, with a strong feedback loop in place to stakeholders, including the sites and how to respond/modify activities.

An essential element of this component is a media and communications strategy that identifies how information will be communicated to stakeholders.

Priority areas of focus will include research that focuses on inclusion of a gender focus into projects and successful interventions addressing gender based violence, stigma and discrimination, and home-based care.

To this end, a preliminary activity to be undertaken before tendering and implementation of TL2 is the repeat of the TL HRS mapping at current sites, using the same methodology but after undertaking a careful analysis of the original questions, ensuring that sampling is appropriate for intended outcome, increasing research rigour, and making modifications based on what is now known and the experience of TL thus far. The mapping exercise involving should aim use original 'mappers' where available,(supporting these mappers with researchers and research assistants where possible) and facilitate participation of current TL staff, including people at sites. The results of this exercise would then be available in the first few months of implementation of TL2 to inform project development.

Where baseline or trend data is to be provided, existing sources of data will be used.

Research needs to be guided by the National Research Agenda for HIV and AIDS and by the National Prevention Strategy, and (in conjunction with M&E activities) may need to be scaled up in year's three .

Articulate a mechanism for annual reporting of research to a stakeholder's forum.

Component 5: Project Management Arrangements

Single managing contractor (MC) contracted by AusAID after competitive tender.

The MC will nominate in the tender:

- **Project Manager** – overall responsibility for delivering the project, strategic management and monitoring performance. A person knowledgeable of HIV and AIDS, with successful experience in development project management and demonstrated understanding of the needs associated with volunteer led initiatives in PNG rural communities.
- **Administration & Finance Manager** – day-to-day management and provision of quality inputs to sites including development practitioner and PNG staff recruitment and mobilisation; delivery of practical financial and administrative systems and processes. A person with proven management and administrative skills supportive

and understanding of the needs of HIV and AIDS initiatives in PNG rural communities by volunteers, supported by PNG staff.

The MC will have additional locally-engaged project office support staff.

The following development practitioners will be recruited after the tender is awarded so as to maximise the pool of potential candidates:

- **Prevention:** full-time for three years
- **M&E and Research:** fulltime for three years
- **Gender –** nine months in Year 1 and then three months per annum
- **Capacity Building** – nine months in Year 1 and then three months per annum
- **Communications and Media specialist –** PNG adviser fulltime to work with M&E/Research person in capturing and reporting stories
- Pool of unallocated STA to support development of particular prevention responses, e.g. drugs and alcohol, stigma etc – where possible, using PNG advisers.

The current Papua New Guinea staff (Regional Coordinators, Project Officers, M&E and Training) employed by Burnet Institute in TL should be retained for the first year of TL2 on the basis that they agree in writing to the same terms and conditions, and acknowledge that positions may change as the new regional structure is implemented. All new positions will be open to transparent recruitment processes for the best candidate.

Currently the four partners (Burnet, FHI, Save the Children and World Vision) are engaged in activity planning, within the NACS/NSP process, for 2009. The new contractor will be responsible for implementing those plans, or amended versions of them. Some capacity-building activities will be sub-contracted to service providers by the contractor.

The design will recommend that AusAID engages an independent expert to work with Burnet Institute to bring the four plans together in a TL2 2009 Interim Project Plan by 30 November 2008. This plan will be based upon the philosophy and guidance of this design. When the new managing contractor starts, assuming 1 January 2009, it will be required to produce a number of key documents within nine weeks, including the revised 2009 TL2 Project Plan.

To assist an orderly transition, sites should be given sufficient funds in the 4th quarter of 2008 to continue their work until 31 March 2009. Similarly Burnett staff will continue to support activities and a relatively seamless transition.

If the award of the TL2 contract is delayed, the contracts of the four partners should be extended on a fixed quarterly basis (i.e. end 31 March 2009), with the above process applying for the balance of the year.

6. Project Coordination

TL Steering Committee will be established (NACS, NDOH and AusAID representatives with up to three others appointed by NACS and AusAID jointly for their HIV, community mobilisation, project management and M&E/research expertise, one of whom to chair) at a strategic level to meet at least twice a year so that GoPNG, AusAID and the contractor are able to:

- review progress in attaining the purpose of TL2

- review the portfolio of activities and their progress towards implementation and completion
- review and assess the operating performance of TL2
- review the operational performance of the managing contractor and consider any reports from the IRG, and
- provide recommendations regarding TL2 to the GOPNG and GOA.

7. NSP and Donor Coordination

Coordination of the donors and aid agencies and their sectors is an on-going challenge within PNG. NACS, AusAID and other donors have initiated donor coordination. The TL2 managing contractor will have responsibility to initiate and contribute to a high degree of cross-sector understanding and harmonisation of TL2 within the PNG NSP response. The MC needs to take a pro-active role in facilitating coordination within NACS, AusAID and other donors:

- to ensure TL2 remains focused on its agreed purpose.
- to avoid thinking and operating in isolation. TL2 is based around sites engaging with service delivery agents for the five pillars – this will require broad advocacy, consultation and understanding.

8. Monitoring and Evaluation

Monitoring and evaluation will be closely linked to Component 4 (Research) and will draw upon and be guided by lessons already learned.

The assessment of project impact will be a responsibility of the contractor. The MC will be responsible for facilitating an integrated M&E arrangement that delivers a judgement about outcomes as well as about outputs.

M&E within TL2 will be at different levels:

- basic project input and output monitoring for the purposes of good project management. This will be heavily dependent upon the contractor's systems and processes and site M&E. A particular focus will be on assisting sites to collect and record their stories, successes and failures. Critical to this is the responsibility of the contractor to analyse the implications of these results and provide direction for the continued project activities. Specifically:
    - the quality and nature of the assistance provided needs to be captured, particularly where done on an ad hoc and as needed basis
    - information about the services and engagement actually delivered by the TL sites (coverage and quality) to communities
    - assessing changes across these sites is based on the communities' experience, supported by some inputs gathered independently through the research component;
    - analysing the links between the range of activities and the outcomes observed in the context of prevention

- annually making an informed judgement about the value of TL, given the alternatives.

- Some basic process evaluations to assess intervention effectiveness will then follow. The design team agrees with the scoping in the UNAIDS paper *A Framework for Monitoring and Evaluating HIV Prevention Programmes for Most-At-Risk Populations*, p.9:

  > "This component often includes implementation assessments, quality assessments, basic operations research, case studies and cost analyses. The rationale for conducting outcome monitoring and outcome evaluation should be carefully considered against the additional time, expertise and resources these methods require. Generally speaking outcome monitoring should be considered when [projects] are more established, and outcome evaluation after the introduction of a new intervention or when effectiveness is unknown or in question. Finally, only in a few cases would impact evaluation be warranted . . ."

  This level of M&E should be conducted by an independent person after the end of the second and fourth years.

Determining the overall success of TL2 should be part of the collective M&E for the whole of NSP.

M&E activities need to be basic, realistic and practical and supported with capacity building for those involved in the collection of information and participatory monitoring. Both quantitative and qualitative information needs to be part of the M&E Plan using participatory approaches. Data collection will be linked to the NACS M&E Unit framework and reporting requirements and to other reporting requirements such as UNGASS reporting.

Performance Monitoring			**Effectiveness evaluation**	
Inputs	Process	Outputs	Outcomes	Impact
Monitoring and Evaluation Questions				
Have all planned inputs been deployed? To what extent are activities being carried out in the intended quantities? Are activities being carried out on time and within budget with high quality advisers and inputs		How many members of TL sites have been reached? Type & number of partnerships operating Etc	Have there been any changes in key outcome indicators in the TL population? To what extent can the observed changes in outcome indicators be attributed to TL?	

AusAID will contract an Independent Review Team to assess:

- Project performance and

- MC performance and the effectiveness of the finance and audit systems.
- The Independent Review Team will consist of three experts in the following areas: financing/audit, HIV prevention and M&E. The Finance/Audit expert will have inputs once a year; the Prevention and M&E experts should review TL2 six-monthly in the first two years, with the first input occurring after six months of start-up, and annually in years three, four and five thereafter. This team will work in a constructive and supportive manner with both TL2 management and implementers, NACS and Sanap Wantaim.

9. Main Risks:

Project Management

- contracting the right combination of technical and management skills
- not having good coordination with other projects and service providers
- over time project management takes over tasks that should be handled within the communities/sites
- risk associated with delays in the annual planning process that delay disbursement of funds
- inability to attract suitable expatriate advisers and national staff
- fraudulent use of project funds
- poor implementation of M&E leading to dissatisfaction of GoPNG and GOA

Implementation at sites

- volunteers: loss of enthusiasm and commitment, and turnover
- project and procedures become too burdensome for sites and volunteers
- project drift at sites away from the priorities; the sites lose focus: take on too much, become overwhelmed, aren't supervised adequately
- sites become too engaged with implementation and not just referral
- supporting services not accessible for referral and sites lose interest

ANNEX 3: BIBLIOGRAPHY

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ANNEX 4: LOGFRAME

Program Level	Narrative Summary	Verifiable indicators	Responsibility	Means of verification	Assumptions
Goal	**To contribute to the reduction of HIV prevalence in the general population to improve care and support for those infected and minimise the social and economic impact of the epidemic on individuals, families and communities**				
Purpose	**Effective prevention at sites where there is a convergence (coming together) of risk behaviour & vulnerability through community centred & interpersonal approaches**	Increased demand for (use of) commodities or services, against all or some pillars (condom distribution, referral to VCT, referral to STI testing, etc. – closely related to the indicators used by NACS) Increased community engagement, leadership and participation increasing in prevention activities at the sites Service coverage and quality under the five pillars improving at or near the sites	Independent evaluator	Outcome report end Yr 2, Yr 5	Services are available & accessible
Component 1	**Capacity building of implementers**				

Program Level	Narrative Summary	Verifiable indicators	Responsibility	Means of verification	Assumptions
Objective 1	To strengthen the capacity of site committees to plan, deliver and monitor appropriate prevention activities				
Output 1.1	Revised Procedures Manual	Copy of manual	PM	Project reports	
Output 1.2	Site committees are properly established and functioning	Terms of reference, committee membership, minutes of meetings	PM	Project reports	
Output 1.3	Volunteers are motivated and competent in necessary technical activities.	Low turnover of volunteers Volunteers able to deliver and report on technical activities	PM	Project reports	
Output 1.4	TL2 staff (e.g. Regional Coordinators Project Officers) are motivated and competent in supporting TL2 sites and their interactions with sites are consistent with the core values of TL2.	Low staff turnover Good quality regular support provided to sites	PM PM	Project reports	Suitably skilled staff can be recruited
Component 2	**Interventions**				
Objective 2	To design and deliver effective prevention responses at sites				
Output 2.1	Selection criteria are identified and applied to all current TL sites and to potential new sites	Existing and new sites conform to selection criteria	PM	Project reports	
Output 2.2	Planned, appropriate activities are implemented in a timely manner.	Regular and appropriate activities taking place in line	PM	Project reports	

Program Level	Narrative Summary	Verifiable indicators	Responsibility	Means of verification	Assumptions
		with site plan			
Output 2.3	New (to site or project) methods, approaches and or groups are identified and piloted.	Innovative activities undertaken and or new groups reached New approaches implemented for MSM, men and masculinities, GBV, PLWHA	PM	Project reports	
Output 2.4	Guidance on replication and scaling up is developed and implemented.	Demand for toolkit for replication and scaling up	PM	Project reports Copy of toolkit	
Component 3	**Partnerships and advocacy**				
Objective 3	To facilitate advocacy for the delivery of the five pillars in the vicinity of the sites	Increase in preventive services accessible for sites (VCT, STI) Increase in user-friendly services Co-location/shared resources with PACs Increase in gender equitable preventive services Ward leaders advocating TL2 messages	PM PO Site chairman	Project reports	PACs are fully supported by Provincial Administration NDOH, FBO respond to requests for closer, user-friendly services
Output 3.1	Repeat stakeholder mapping for existing	Mapping completed with	SW	Sub contractor	A contractor can be identified prior to

Program Level	Narrative Summary	Verifiable indicators	Responsibility	Means of verification	Assumptions
	and new sites	gender disaggregated data	Sub contractor prior to Phase 2	report	commencement of Phase 2
Output 3.2	Supportive/nurturing links with NACS established	Communications occurring	PM	Project reports	Partner willing to be involved
Output 3.3	Supportive/nurturing links with NDOH, and HIV and AIDS service providers at the national level established as a platform for the local response.	Communications occurring	PM PO Site chairman	Project reports	Partners willing to be involved
Output 3.4	Linkages established with other key stakeholders	Regular communications & networking occurring Support to TL site activities	PM PO Site chairman	Project reports	Partners willing to be involved
Component 4	**Research**				
Objective 4	To generate and use research to guide improvements in the quality of TL2 responses	Evidence research is shaping interventions	RA	Project reports	Appointment of competent Research Adviser
Output 4.1	Baseline data collection completed at sites	Mapping completed Gender disaggregated data available Supplementary indicators as identified by AMC	Sub-contractor	Sub-contractor's report	Mapping can be completed prior to Phase 2 A suitable contractor is available Existing data are reliable

Program Level	Narrative Summary	Verifiable indicators	Responsibility	Means of verification	Assumptions
Output 4.2	Four operational research activities designed, commissioned and completed	Operational research completed Analysis includes work on key PNG issues including MSM, GBV, men and masculinities	RA Sub contractor	Project report	A suitable contractor is available to undertake the first piece of operational research within Year 1
Output 4.3	System/processes established, and skills developed, to introduce appropriate international and local research to TL2 sites	Reports of relevant research & best practice Development of materials, tool kits informed by research	RA RCs POs	Project report	
Output 4.4	Independent outcome evaluation completed beginning in Years 3, and 5 (if TL2 extended)	Results of outcome evaluation Yrs 3 & 5	Sub-contractor	Sub-contractor's report	Contractor available
Output 4.5	Comprehensive media strategy developed and implemented	Approved media strategy	Media officer	Media strategy	A competent media officer can be found
Component 5	**Management**				
Objective	**To deliver a well managed project guided by monitoring and evaluation** consistent with the National M&E	Activities implemented and outputs produced on time and within budget	Managing Contractor (MC) and PM	IRM Reports	

Program Level	Narrative Summary	Verifiable indicators	Responsibility	Means of verification	Assumptions
	Framework and donor reporting requirements	Stakeholders satisfied with the approach, processes and outcomes of the advice, support given by the contractor and TL2's overall 'way of working' Evidence of M&E guiding implementation			
Output 5.1	Quality inputs procured and delivered with effective and efficient project processes and systems maintained.	Project offices established and functioning according to documented procedures. Appropriate personnel recruited, brief and mobilised, roles and responsibilities clear with performance managed effectively. TL finances and procurement managed in accordance with approved procedures. Timely and accurate financial information provided to AusAID HIV Program and NACS. Project fraud investigated and resolved.	PM Finance and Admin. Mgr TL Field Manager	Quarterly reports Annual report IRM Reports External audit report SC Minutes PCG Minutes	
Output 5.2	Effective systems of project planning,	Annual plans and other	PM	Plans and	

Program Level	Narrative Summary	Verifiable indicators	Responsibility	Means of verification	Assumptions
	management, coordination and communication delivered and maintained	documents prepared to a high standard and submitted on time TL recognised by NACS and AusAID HIV Program as a constructive and active participant in NACS planning processes and donor coordination. Key stakeholders indicating satisfaction with contractor's communications processes Significant issues likely to impact on project achievement identified and communicated to AusAID HIV Program in a proactive manner	Development Practitioners	documents IRT Report, particularly Contractor Performance Assessment AusAID HIV Program feedback SC Minutes PCG Minutes	
Output 5.3	Integrated M&E system delivering a judgement about Tingim Laip outcomes and the quality of the outputs.	TL MEF developed and operational Evidence of M&E implementation shaping mix and focus of inputs and strategic management of TL. Evidence of M&E implementation shaping mix and focus of TL supported activities and prevention	PM Development Practitioners	MC internal documentation e.g. emails MEF Quarterly report IRM Annual Report Evaluation in Years 3 & 5	

Program Level	Narrative Summary	Verifiable indicators	Responsibility	Means of verification	Assumptions
		strategies. Evidence of M&E implementation contributing to overall HIV and AIDS national response. Quality reports submitted on time.		Research Reports	

ANNEX 5: DRAFT MONITORING & EVALUATION FRAMEWORK

TL2 MONITORING & EVALUATION FRAMEWORK

Status: The status of the activity

A: On Track – activity is on track to be completed as proposed

B: Delayed/Revised – The activity has been rescheduled and will not be completed as proposed – describe a revised plan for next year

C: Completed – The activity has been completed. Work may continue on this activity in excess of the expectation and this continues to be recorded in the Comments column.

D: Unable to proceed – The activity is delayed and is deemed unachievable due to key dependencies and/or obligations unable to be met.

E: Not yet scheduled

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
Purpose: Effective prevention at sites where there is a convergence (coming together) of risk behaviour & vulnerability through community centred & interpersonal approaches	Increased demand for (use of) commodities or services, against all or some pillars Community engagement, leadership and participation increasing in prevention activities at the sites Service coverage and quality under the five pillars improving at or near	Independent report	Independent evaluator	Yr 3, Yr 5		

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
	the sites					
Component 1: Capacity building of implementers						
Objective: To strengthen the capacity of site committees to plan, deliver and monitor appropriate prevention activities	Enhanced quality and nature of prevention activities undertaken with appropriate groups	Independent Evaluation	Independent evaluator	Yr 3, Yr5		
Output 1.1: Revised Procedures Manual	Copy of manual	Project reports	PO Site Chairman			
Activity 1.1.1: Review progress to date vis a vis the revision of the Procedures Manual	Progress statement	Project reports	PM			

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
Activity 1.1.2: Agree and test new procedures documentation format	Feedback on new procedures documentation	Copies of documents/ Project reports				
Activity 1.1.3: Finalise and disseminate to all sites	All sites receive final copy	Project reports				
Activity 1.1.4: Establish mechanism for regular review and updating	Manual reviewed and updated	Copy of revised version of manual				
Output 1.2: Site committees are properly established and functioning	Terms of reference, committee membership, minutes of meetings	Copy of documents	PM	Ongoing		

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
Activity 1.2.1: Orientation provided to site committees in relevant TL administrative procedures	Site committees competent in relevant procedures	Project reports	PO			
Activity 1.2.2: Regular administrative follow-up and support to sites	Efficient delivery and acquittals of funds	Project reports	PO Site Chairman			
Output 1.3: Volunteers are motivated and competent in necessary technical activities.	Low turnover of volunteers Volunteers able to deliver and report on technical activities	Project reports	PO Site Chairman	Ongoing		
Activity 1.3.1: *Capacity building needs assessment conducted*	Capacity building need assessment report produced	Copy of report	PM			
Activity 1.3.2: *Comprehensive training program (including induction) developed and delivered*	Training curricula	Copies of training plan and curricula Training evaluations	PM			

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
Activity 1.3.3: *Project staff undertake regular support visits to sites with regular, two-way formal feedback*	Regular site visits conducted	Project reports	PO	Ongoing		
Activity 1.3.4: Annual performance and feedback surveys conducted with sites and local partners	Surveys completed	Project reports	PM	Ongoing		
Output 1.4: TL2 staff are motivated and competent in supporting TL2 sites and their interactions with sites are consistent with the core values of TL2.	Low staff turnover Good quality regular support provided to sites	Project reports Feedback from sites	PM	Ongoing		
Activity 1.4.1: *Staff development needs assessment conducted*	Needs assessment report	Copy of report	PM			
Activity 1.4.2 *Staff development programme developed and implemented*	Training conducted and evaluated	Copies of training curricula & evaluations	PM			
Activity 1.4.3: Induction training	Induction training	Project	PM			

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
delivered for all staff	completed	reports				
Activity 1.4.4: *Project staff undergo performance reviews, including feedback from their site counterparts*	Performance reviews completed	Copy of reviews	PM	Ongoing		
Component 2: Interventions						
Objective: To design and deliver effective prevention responses at sites	Mutually reinforcing and locally relevant HIV prevention activities taking place, consistent with good practice	Independent Evaluation	Independent Evaluator Report	Years 2 & 5		
Output 2.1: Selection criteria are identified and applied to all current TL sites and to potential new sites	Existing and new sites conform to selection criteria	Project reports	PM			
Activity 2.1.1: In consultation with stakeholders, identify criteria for site selection	Criteria finalised	Project reports	PM			
Activity 2.1.2: Apply criteria to current sites	Sites selected	Project reports	PM			
Activity 2.1.3: *Identify a maximum*	New sites identified	Project	PM			

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
of xx potential new sites in the first year		reports				
Output 2.2 : Planned, appropriate activities are implemented in a timely manner.	Regular and appropriate activities taking place in line with site plan	Project Reports	Site Chairman	Ongoing		
Activity 2.2.1: Review findings of local mapping exercise	Mapping findings reviewed	Project reports	PO			
Activity 2.2.2: Undertake community mobilisation (as necessary)	Communities mobilised	Project reports	PO Site Chairman			
Activity 2.2.3: Identify priorities for intervention e.g. groups/topics	Priority groups and topics identified	Project reports	PO Site Chairman			
Activity 2.2.4: Select suitable methods and approaches	Methods and approaches selected	Project reports	PO Site Chairman			
Activity 2.2.5: Develop and implement site level GIPA	Documents incorporate strategies and training	Site plans	RC, PO			

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
strategies	support provided	Training records & materials	Site Chair			
Activity 2.2.6: Develop and implement site level gender and gender based violence strategies	Documents incorporate strategies and training support provided	Site plans Training records & materials	RC, PO Site Chair			
Activity 2.2.5: Formulate SMART (specific, measurable, achievable, realistic and time bound) objectives	SMART objectives formulated	Project reports	PO site Chairman			
Activity 2.2.6: Undertake local participatory monitoring	Participatory monitoring completed	Project reports	PO Site Chairman			
Output 2.3: New (to site or project) methods, approaches and or groups are identified and piloted.	Innovative activities undertaken and or new groups reached	Project reports	PO Site Chairman	Ongoing		
Activity 2.3.1 Design new pilot activity or extend existing activities to new groups	Activities implemented	Project reports	PO Site Chairman	Ongoing		

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
Activity 2.3.2: Develop and disseminate site-level activity monitoring systems	Site-level activity monitoring systems in place	Project reports	PO Site Chairman			
Output 2.4: Guidance on replication and scaling up developed and implemented	New methods and approaches used and or groups reached	Independent Evaluation	Independent Evaluator	Ongoing		
Activity 2.4.1: Design new pilot activity or extend existing activities to new groups	New activities piloted or groups reached	Project reports	PM PO			
Activity 2.4.2: Document and disseminate process and outcome of new intervention	New interventions documented	Project reports Independent Evaluation	PO Site Chairman Independent Evaluator	Ongoing Year 2 & 5		
Component 3: Partnerships and advocacy						
Objective: To facilitate advocacy for delivery of the five pillars in the vicinity of the sites	Increase in preventive services accessible for sites (VCT, STI) Increase in user-friendly services Co-location/shared	Project reports	RA RC	Quarterly? Annually?		

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
	resources with PACs Ward leaders advocating TL2 messages					
Output 3.1: Repeat stakeholder mapping for existing and new sites	Mapping completed	Sub contractor report	Sub contractor prior to Phase 2	Prior to start-up		
3.1.1: Prior to commencement of Phase 2 contract out a repeat of the HIV/AIDS stakeholder mapping exercise undertaken in 2007	Contract awarded	Contract	SW	Prior to start-up		
3.1.2: Disseminate and discuss results of mapping with all stakeholders	Report distributed, disseminated and presented at appropriate forums and in appropriate style	Quarterly report	PM RA	2009 1st quarter		
Output 3.2: Supportive/nurturing links with NACS established	Regular communications occurring	Project reports	PM	Ongoing		
3.2.1: Partnership arrangements formalized, including MOU if necessary	Arrangements documented MOU	Project reports	PM			
3.2.2: Mechanisms for maintaining partnerships agreed to	Arrangements documented	Project reports	PM			

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
3.3.3: Partnership activities documented and reported to SC	Partnerships active	Project reports	PM	Ongoing		
Output 3.3: Supportive/nurturing links with NDOH, and HIV and AIDS service providers at the national level established as a platform for the local response	Communications occurring	Project reports	PM PO Site chairman	Ongoing		
3.3.1: Partnership arrangements formalized, including MOUs where necessary	Arrangements documented MOUs	Project reports	PM			
3.3.2: Building on M&E and research findings, sites advocate for improved service delivery under the five pillars	Advocacy occurring	Project reports	RCs POs Site Chairman	Quarterly		
3.3.3: Monitoring of progress to improve access to services	Improved services to sites	Project reports	RCs POs Site Chairman	Quarterly		
Output 3.4: Linkages established with other key stakeholders	Regular communications & networking occurring Support to TL site activities	Project reports	PM PO Site chairman	Quarterly		
3.4.1: Partnership arrangements formalized, including MOUs where	Arrangements documented	Project	PM			

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
necessary	MOUs	reports				
3.4.2: Mechanisms for maintaining partnerships agreed to with each group	Arrangements documented	Project reports	RC PO			
3.4.3: Partnership activities documented and reported to SC	Partnerships active	Project reports	RC PO	Ongoing		
Component 4: Research						
Objective: To generate and use research to guide improvements in the quality of TL2 responses	Evidence research is shaping interventions	Project reports	RA	Quarterly		
Output 4.1: Baseline data collection completed at sites	Mapping completed	Sub-contractor's report	Sub-contractor	Prior to start up		
4.1.1: Mapping (BCC/HRS/services and resources) sub-contracted out *prior to commencement of Phase 2*, continuing to involve TL staff and site volunteers	Contract awarded	Contract	SW	Prior to start-up		
4.1.2: Results of mapping reported back to TL2	Report distributed, disseminated and presented at appropriate forums and in appropriate style	Quarterly report	PM RA			

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
4.1.3: Discussion and use of mapping results to inform site activity planning	Discussions held Evidence of mapping results in plans	Project report Site Plans	RA RC PO Site committees			
4.1.4: Dissemination and discussion of 2006 BSS findings (can be done by site with NRI), and current TL data – (assumption is that data are reliable)	Presentation and discussion of findings at appropriate forums and in appropriate style	Project report	PM RA			
4.1.5: Use findings to modify interventions	Interventions modified	Project report	RC	Ongoing		
Output 4.2: Four operational research activities designed, commissioned and completed within the framework and protocols of the National Research Agenda	Operational research completed	Sub contractor's report	RA Sub contractor	Annual		
4.2.1: Identification of research topics	Topics identified	Project report	PM RA	Annual		
4.2.2: Commissioning and completion of research	Research completed	Research report	Sub contractor RA	Annual		

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
4.2.3: Appropriate and effective dissemination of results of research	Presentations to key stakeholders including sites	Project report	RA	Annual		
4.2.4: Modification of interventions that accommodates findings	Evidence of use of results in TL2 interventions	Project reports	RA	Ongoing		
Output 4.3: System/processes established, and skills developed, to introduce appropriate international and local research to TL2 sites	Reports of relevant research & best practice Development of materials, tool kits informed by research	Project report	RA	Ongoing		
4.3.1: Identify mechanisms for identifying and disseminating examples of successful interventions to TL2 implementers	TL2 central, provincial and sites forums occurring Dissemination through other mechanisms articulated in the Media Strategy	Project report	RA	Ongoing		
4.3.2: Identify high priority topics e.g. addressing gender and GBV, home based car, stigma (areas identified that need strengthening).	Topics articulated Research presented	Project report	RA	Ongoing		
4.3.3: Regular forums (centrally, provincial) held for discussion of implications of research for TL2	Presentations to key stakeholders including sites	Project report	RA	Annual		
Output 4.4: Independent biennial outcome evaluation completed	Results of outcome	Sub contractor's	Sub	Year 2		

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
beginning in Years 3 and 5	evaluation Yrs 3 & 5	report	contractor	Year 5		
4.4.1: Contractor identified	Contract awarded	Contract	PM	Year 2 Year 5		
4.4.2: Methodologies determined (qualitative, qualitative)	Methodology described	Methodology report	Contractor	Year 2 Year 5		
4.4.3: Evaluation completed and results disseminated using appropriate forums to groups of stakeholders	Evaluation completed Dissemination completed	Evaluation report	Contractor	Year 2 Year 5		
4.4.4: Implications discussed, modifications to prevention initiatives identified	Evidence of findings being used to guide to TL2	Project reports	PM RA	Year 2 Year 5		
Output 4.5: Comprehensive media strategy developed and implemented	Approved media strategy	Media Advisor	Media strategy	Year 1		
4.5.1: Strategy developed	Approved strategy	Media Strategy	Media Officer			
4.5.2: Strategy implemented	Strategy being implemented as documented	Comprehensive TL2 media	Media officer	Ongoing		
Component 5:						
Objective: To deliver a well	Activities implemented and					

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
managed project guided by monitoring and evaluation consistent with the National M&E Framework and donor reporting requirements	outputs produced on time and within budget Stakeholders satisfied with the approach, processes and outcomes of the advice, support given by the contractor and TL2's overall 'way of working' Evidence of M&E guiding implementation					
Output 5.1: Quality inputs procured and delivered with effective and efficient project processes and systems maintained	Project offices established and functioning according to documented procedures. Appropriate personnel recruited, brief and mobilised, roles and responsibilities clear with performance managed effectively. TL finances and procurement managed in accordance with approved procedures. Timely and accurate financial information					

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
	provided to Sanap Wantaim and NACS. Project fraud investigated and resolved.					
1.1: Establish, staff and maintain an effective project office in Tingim Laip headquarters with appropriate administrative and financial systems	Office open Staff employed					
5.1.2: Establish, staff and maintain appropriate regional project offices after a review of the appropriate roles and responsibilities, span of coverage and location of offices required to support the portfolio of sites						
5.1.3: Procure and manage all project inputs when required, including advisers, following 5.1.4: GoA good procurement practices						
5.1.5: Conduct an induction program and regular training for all advisers and project staff						
5.1.6: assist to raise awareness of gender issues by briefing advisers						

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
on gender and equity issues, and ensuring advisers and counterparts review work plans to actively address gender and the other cross-cutting development issues						
.7: Maintain regular communications with NDOE, PMC, key stakeholders and AusAID						
.8: Review outputs and maintain high standards of quality and performance		Reports Manuals Physical outputs	PM			
5.1.9: Complete annual performance appraisals for all advisers and staff, including feedback from counterparts						
Output 5.2: Effective systems of project planning, management, coordination and communication delivered and maintained	Annual plans and other documents prepared to a high standard and submitted on time TL recognised by NACS and Sanap Wantaim as a constructive and active participant in NACS					

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
	planning processes and donor coordination. Key stakeholders indicating satisfaction with contractor's communications processes Significant issues likely to impact on project achievement identified and communicated to Sanap Wantaim in a proactive manner					
5.2.1: Preparation of the Project Plan						
5.2.2: Preparation of other project documents as specified in this ADD 5.2.3: Revise the Project Plan every six months on a rolling basis as part of the Six Monthly Report						
5.2.4: Promote regular meetings between project advisers, their NACS, NDOH and AusAID HIV Program colleagues and senior management working in the same or related functional areas to						

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
ensure integration within then national response, evaluate project performance, and review risks and assumptions						
5.2.5: Organise meetings of the Steering Committees at least every four months						
5.2.6: Establish and manage the project financial management systems, including the accounts and procedures for the project imprest account and site accounts						
5.2.7: Manage all advisers and project staff						
5.2.8: Implement the agreed communications/media strategy						
5.2.9: Complete quarterly and other reports as required by the ADD						
Output 5.3: Integrated M&E system delivering a judgement about Tingim Laip outcomes and the quality of the outputs.	TL MEF developed and operational Evidence of M&E implementation shaping mix and focus of inputs and					

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
	strategic management of TL. Evidence of M&E implementation shaping mix and focus of TL supported activities and prevention strategies. Evidence of M&E implementation contributing to overall HIV and AIDS national response. Quality reports submitted on time					
5.3.1: Establish and maintain a project monitoring and evaluation framework that undertakes quantitative assessment of key project outputs, based upon the indicators as developed in the approved Project Plan; and qualitative assessment of desired project outcomes						
5.3.2: Support the work of the Independent Review Team and						

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
respond to requests for information						

ANNEX 6: RISK MANAGEMENT MATRIX

Risk Management Matrix

Component	Risk	Potential Impact	L	C	R	Risk Mitigation	Responsibility
Purpose Effective prevention at sites where there is a convergence (coming together) of risk behaviour and vulnerability through community centred, interpersonal approaches	Accessible and user-friendly STI and VCT services are not provided	Referrals don't translate into action - people don't visit clinics	4	5	H	Vigorous communication and rigorous ongoing collaboration with NDOH and FBOs	PM
Component 1: **Capacity Building of Implementers**	Capacity building of staff in STI clinics and VCT centres to improve staff attitudes to clients does not occur	Beneficiaries do not access services	3	4	M	Continuous advocacy with Disease Control Branch in NDOH	MC NDOH SC
	Support to volunteers is inadequate	Site activities are ineffective	2	4	M	Capacity building activities are occurring as needed, using appropriate techniques, with a strong program of follow up	PM
	Loss of enthusiasm and commitment of volunteers	Loss of enthusiasm & commitment of volunteers Unnecessarily high turnover of volunteers Slow rollout of TL activities Outcomes are threatened	3	5	H	Induction procedures are undertaken within defined period of time Appropriate training, based upon needs assessment, is delivered to equip volunteers with the skills required to undertake activities Supervision, communication is of a superior standard	PM PO RCs

Component	Risk	Potential Impact	L	C	R	Risk Mitigation	Responsibility
	Programmatic drift at sites away from the priorities; the sites lose focus	Sites take on too much and are overwhelmed	3	3	M	Clear understanding of the purpose of TL Induction given to everyone Adequate supervision at sites identifies and addresses problems early	PO RCs
	Site volunteers find it too challenging to deliver interventions using a different modality	Inappropriate interventions continue jeopardising achievement of the component objective and the project purpose	3	4	H	Training is competence–oriented and practice oriented Longer-term volunteers are encouraged to seek paid employment in the field	PO RCs
Component 2: Interventions	Disbursement of quarterly activity grants delayed or stopped	TL is dependent on activities at sites occurring; there is no program without grants; volunteers use own funds to continue the program	4	5	H	Effective support to sites to acquit spending Close monitoring of grants disbursement by SC, TL IRG	MC SW IRG
	Sites become too engaged with implementation/provision of service and not just referral for treatment, support and care	Leads to conflict with providers and distraction from core TL objectives	3	3	M	Clear articulation of TL purpose during induction, refresher and ongoing training Phased implementation Good supervision	PO RCs
	Cross border traffic (Sandaun, Western) undermines promotion of safer sex (e.g. lack of materials in appropriate language), conflicting messages etc.	Without adequate collaboration between Indonesia and PNG (and coordinated activities in Papua, Sandaun and Western Province) HIV transmission could continue to escalate and reduce the impact of programs in both countries	4	3	H	Effective coordination between agencies on both sides of the border, along with coordinated prevention and care programs	MC AusAID HIV Program
	Disruption of condom supplies	Without a reliable supply, the effectiveness of condom use will be	4	2	H	Vigorous promotion of condom use Continuous advocacy and collaboration	NACS AusAID HIV

Component	Risk	Potential Impact	L	C	R	Risk Mitigation	Responsibility
		negligible, program credibility will be undermined and the prevalence of HIV will rise				with NDOH for a reliable supply Advise sites of alternative distribution chains	Program NDOH
Component 3: **Partnerships & Advocacy**	Partnerships with some PACs do not improve	Support at this level is diminished	4	3	H	PM actively involved in promoting and sustaining partnerships Targeting Provincial Administrators and ward level personnel for support	PM PO
	Poor coordination with other programs and service providers	The key outcomes of TL cannot be achieved in the absence of supporting services There is duplication with other programs	3	3	M	Ensure a strong partnership component so that sites and the five pillars are supported	MC Provincial TL staff Site committees
	Supporting services are not accessible for referral	Achievement of intended outcomes is threatened	3	4	H	Identify criteria for inclusion as a TL site to include availability of support services Improved coordination with other programs	PM NDOH
Component 4: **Research**	Project implementers fail to use evidenced-based approaches	Achievement of purpose will be compromised	3	3	M	Appropriate dissemination techniques are used Ensure capacity building in the use of new approaches is effective Follow-up support at sites a priority	PM PO RCs
	Competent researchers not available	Research cannot inform interventions	2	3	L	Advertise widely (regionally and internationally) Provide mentoring, partnering opportunities	RA
Component 5:	The SC fails to meet or does not	The effectiveness of TL could suffer	3	4	H	Clear terms of reference for the SC	AusAID HIV

Component	Risk	Potential Impact	L	C	R	Risk Mitigation	Responsibility
Management	contain senior staff from the agencies represented or is ineffective when it does meet, irrespective of the membership	from not gaining strategic direction, not having high level support for proposed activities, or not having high level linkages across agencies				articulating a clear, important strategic role	Program
	Inability to contract the right combination of technical and management skills	Ineffective & inappropriate project inputs	2	4	L	Clear TORS Flexibility to buy in expertise not covered in key positions Broad advertising plan	MC
	Over time project management takes over tasks that should be handled within the communities/sites	Frustration and dissatisfaction at sites	4	4	H	Clear TOR for committees Clear TOR for TL staff Regular interaction between management and implementers that allows for issues to be raised	MC
	Delays in the annual planning process	Delays with the disbursement of funds	4	4	H	Clear guidelines to sites for developing plans Advocacy to NACS	PM
	Inability to attract suitable expatriate advisers and national staff	Inappropriate people appointed and unable to do the job effectively Outcomes jeopardized	3	4	H	Extensive advertising Well developed TOR & incentive packages For recruitment of national staff may need to include an induction program for people who are otherwise qualified Flexibility to bring in short term expertise to build up capacity	PM
	Fraudulent use of project funds	Closure of sites	3	3	M	Rigorous accounting and audit procedures in place at appropriate levels within the project Strong support and supervision in	SC PM

Component	Risk	Potential Impact	L	C	R	Risk Mitigation	Responsibility
						place for site committees	
	Poor implementation of M&E	Dissatisfaction of GoPNG and GOA; achievements or otherwise of TL not correctly reported or not reported at all; true progress not known	3	4	M	Ensure appointment of appropriately qualified and experienced M&E Adviser Monitoring by independent review group every 6 months for yrs 1-2 SC performs its responsibilities as per its TORS	MC SC AusAID HIV Program
	Program and procedures become too burdensome for sites and volunteers	Activities and administrative tasks are suboptimal	3	3	M	All procedures are tested and regularly reviewed Supervision and communications are optimal	PM PO RCs

The Risk Management Matrix contains an assessment of risk based on the following criteria:

L = Likelihood of occurrence (1=Rare, 2=Unlikely, 3=Possible, 4=Likely, 5=Almost certain)

C = Consequence of occurring (1=Negligible, 2=Minor, 3=Moderate, 4=Major, 5=Severe)

R = Risk level - a combination of the above two assessments (E=Extreme, H=High, M=Medium, L=Low)

Further details relating to the likelihood and consequence scores, and resulting assessment of risk level, are provided in AusGUIDElines (refer www.ausaid.gov.au/publications - Ausguide)