National HIV/AIDS Support Project (NHASP)

Review of the Papua New Guinea Provincial HIV Program

Milestone 104
Final Report

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ABBREVIATIONS AND ACRONYMS

AusAID	Australian Agency for International Development
CBO	Community Based Organisation
CBSC	Capacity Building Service Centre
CDS	Community Development Scheme
DAC	District Aids Committee
DPLGA	Department of Provincial and Local Government Affairs
DPM	Department of Personnel Management
EHP	Eastern Highlands Province
EU	European Union
GFATM	Global Fund to fight AIDS, TB and Malaria
GoPNG	Government of Papua New Guinea
HAMP	HIV/AIDS Management and Prevention Bill
HRC	HIV Response Coordinator
HRSS	High Risk Settings Strategy
HSIP	Health Sector Improvement Program
IEC	Information Education Communication
IFMS	Integrated Financial Management System
INGO	International Non Government Organisation
LLG	Local Level Government
MOH	Ministry of Health
MOU	Memorandum of Understanding
MTDS	Medium Term Development Strategy
NAC	National Aids Council
NACS	National Aids Council Secretariat
NDoH	National Department of Health
NEC	National Executive Council
NEFC	National Economic and Fiscal Commission
NGO	Non Government Organization
NHASP	National HIV/AIDS Support Project
NSP	National Strategic Plan
SHP	Southern Highlands Province
STI	Sexually Transmitted Infection

NSP	National Strategic Plan
PA	Provincial Administrations
PAC	Provincial AIDS Committee
PACS	Provincial AIDS Committee Secretariat
PCC	Provincial Counselling Coordinator
PGAS	Provincial Government Accounting System
PHA	Provincial Health Authority
PHO	Provincial Health Office
RM	Regional Manager
TOR	Terms of Reference
UN	United Nations
UNFPA	United Nations Population Fund
VCT	Voluntary Counselling and Testing
VSO	Volunteer Service Overseas (UK)
WHP	Western Highlands Province
WP	Western Province

Executive Summary

The Papua New Guinea (PNG) national response to HIV and AIDS has expanded significantly with a strong focus on provincial level activities including the establishment of Provincial AIDS Committees (PACs), increased grant funding for community level activities, increased involvement of government and non-government partners and greater engagement with Provincial and District level governments.

Although the national response is managed centrally through the National AIDS Council Secretariat (NACS) emphasis has been placed on devolving responsibility to the Provincial level. Critical to this approach are strong but independent relationships between the Provincial Administration (PA) and PACs to enable coordinated and responsive activities that generate local ownership. Although Memorandum of Understandings (MoUs) between PA and PAC are agreed in eight Provinces, relationships vary and generally need to be strengthened through formalised meetings, communication and submission polices, inclusion of the HIV and AIDS Response Coordinator on the Provincial Management Team and the inclusion of PA representatives on the PAC. Milne Bay provides valuable lessons in the benefit of close cooperation.

International experience demonstrates decentralisation provides a more responsive and coordinated delivery of both health care services and HIV and AIDS activities. PNG has had mixed success in decentralisation due, in part, to the limited human resource capacity of the National Coordinating Mechanism to support the national response through Provincial and District agencies. This has resulted in targeted support to well performing Provincial AIDS Council Secretariats (PACS) whilst underperforming PACS have received less support. This inturn has impacted on the establishment of District AIDS Councils and their capacity to build the community relationships necessary to facilitate grass roots HIV and AIDS activities. Further constraining the relationships between National, Provincial and District agencies are poor physical communications infrastructure and problematic lines or reporting and responsibility.

Capacity across Provincial AIDS Committees Secretariats (PACS) also varies. Whilst some are not operating with the full compliment of staff, well performing PACS are overstretched. Clarifying management structures and redefining the rolls and responsibilities of the HIV Response Coordinator and Provincial Counselling Coordinator will alleviate some Human Resource (HR) pressures. Such changes need to be considered in light of broader HR improvements across the national response and exploring options to meeting HR needs, including the ‘contracting in’ and ‘contracting out’ of services.

District AIDS Councils (DACs) are central to ensuring NAC policies and priorities are translated into grass roots activities. This requires strong and clear relationships with PAC and local communities. As with PACS, DACs’ capacities varies across Provinces (where DACs have been established). DACs in Western Highlands Provinces have provided valuable lessons in developing strong relationships with community leaders with support from PACS. District Strategic Planning processes requiring direct

engagement with communities has proven valuable in building relationships and facilitating local ownership of HIV and AIDS activities. In some cases, problematic lines of communication and lack of support from Provincial and National level governments has hindered the capacity of DACs to follow through with activities identified in the planning process. Representatives from DACs should be included in PAC with PAC providing technical assistance in coordinating, liaising, monitoring and reporting. A focus on examining District level management through District Coordinators needs to be explored.

The Grants scheme has been successful in 'pulling' in organisations seeking funding for HIV and AIDS activities. However, to ensure breadth and depth of coverage across all Provinces changes to the scheme are necessary to enable high performing organisations to be used to meet National Strategic Plan objectives. Community Development Scheme (CDS) and Health Sector Improvement Plan (HSIP) provide valuable experience in the expansion and enhancement of similar Grants schemes.

Whilst inroads have been made with the health and education sector, HIV and AIDS activities need to be mainstreamed across all of Government. In addition, the success in working with non-government and private sector partners should be built on and expanded.

A number of options have been identified in the report to build on strengths to overcome inherent weaknesses in order to further expand and strengthen the Provincial response.

1.0 RECOMMENDATIONS

Provincial AIDS Committees

1. NACS should encourage PACs to establish small executives that can continue to work together with the PACS between regular meetings to manage the business of the committee.

2. NACS should continue to encourage PACs to promote gender equity in their internal appointments and activities.

3. NACS should assist PACs to establish and maintain appropriate databases to assist with their provincial leadership and coordination responsibilities. These databases should include but not be limited to: stakeholder organisations and their activities; persons trained for care, counselling, peer education, prevention, and VCT activities and how to contact them; grants awarded; and research activities being undertaken in the province.

4. NACS should assist the PACs and the Provincial Administrations to develop a Communication and Submission Policy, outlining reporting requirements and communication channels between the PAC and the Provincial Administration.

5. Provincial Administrators should invite the HIV/AIDS Response Coordinator to join the Provincial Management Team

6. PAC should be co-chaired by a representative of the Provincial Administration and by a representative from the non-government sector.

Provincial AIDS Committee Secretariat

7. The terms of reference for the HRC and PCC needs to be revisited and revised to be aligned with the proposed changes to accountability and grade level. This is important as evaluation of performance for the HRC and the PCC are based on the TOR.

8. Three additional staff should be funded for the PACS, a Peer Education Coordinator, Account Clerk and an Administration Officer. PACS that are functioning well should receive the additional staff first.

9. NACS should extend the capacity mapping activity to 4 PACS as soon as possible.

10. NACS should investigate the cost-effectiveness of establishing an HF radio network.

11. NACS should conduct a 3 year PNG trial of contracting for HIV coordination services (including the provincial and district levels) in 2 provinces with a history of poorly functioning PACS.

District Level Response

12. A representative for the DACs should be included in the PAC.

13. The PACS should provide the DACs with technical assistance in the areas of coordinating, liaising, monitoring, and reporting about stakeholder activities.

14. AusAID should continue to support the evolving annual planning cycle for districts and provinces.

15. NACS (with AusAID support) should conduct a series of pilot studies during the next 2 years to trial different models for district coordinators.

16. NACS (with AusAID support) should develop an operational research program for identifying key success factors for those districts that implement the annual activity plan well, and to identify the role of district coordinators in that success.

National AIDS Council and its Secretariat

17. The number of Regional Managers should be increased to 6 and they should be based with PACSs in strategic provinces.

18. AusAID should provide long-term management advisors to counterpart with the Regional Managers.

19. NACS, with the assistance of AusAID, should undertake a special project to redevelop the PAC Operations Manual.

20. NACS should develop a volunteer policy that gives guidance about the use of volunteers, incentives, insurance, and organisational liability.

21. NACS, with the assistance of AusAID, should develop a program for recruiting international volunteers with required skills to work with PACS.

Coordination

22. AusAID should support the placement of a mainstreaming adviser within DPLGA to take the mainstreaming activities forward

23. NACS should work with the Minister for Health and the Minister Assisting the Prime Minister for HIV/AIDS to develop a strategy for better integrating the work of NDOH and NACS.

24. PACSs and Provincial Administrations should hold discussions to determine a formal role for the PHA on the PAC executive.

25. NACS should work with the Department of Education to determine how teachers and inspectors can play a role in monitoring the HIV activities in rural areas.

26. NACS should support an inter-provincial forum on HIV and the private sector, to showcase the work of companies providing strong support to the provincial HIV response. This may be a way to further engage the Chambers of Commerce and other private sector representatives in the HIV response.

27. PACS should budget for an annual structured stakeholders forum to facilitate the sharing of experiences and lessons learned from current activities; discussion of initiatives proposed by NACS, donors and the stakeholders themselves; and identification of opportunities for integration and consolidation of efforts. The forum should be tied into the annual activity planning cycle.

Funding

28. During the annual planning process the PACS and Provincial Administration should agree on how PA funds will be accessed by the PACS. That will enable the PACS to include financial management training funds into its operating budget to build capacity to access and manage the PA funds if required.

29. NACS, with assistance from AusAID, should undertake a special study to review and refine its financial systems and procedures to ensure they are sound and safe. The study should also identify any lessons about trust fund management that can be learned from HSIP.

30. NACS should develop a process for addressing issues of equity in outcome in the provincial HIV response and incentives for provincial governments to become more engaged in the response. This will assist NACS to allocate spare or additional resources to provinces.

Grants

31. The NACS grant application should be revised so that applications for less than K5,000 are simple and extremely user friendly; applications for K5,001-100,000 require more detail; and applications for more than K100,001 require the most detail.

32. NACS should allow organisations to be able to apply for and receive multi-year funding.

33. NACS should include a grant management fee for organisations that receive grants greater than K100,001.

34. NACS should allow and encourage organisations to include organisational development activities in their applications.

35. NACS should modify the grants approval process to include a monitoring component that ensures that all provinces are receiving an acceptable minimum level of grant support for response activities. Criteria will need to be developed to define an acceptable minimum level of grant support. Grant approval outcomes should be reviewed every six months to determine if the minimum standards are being achieved.

36. NACS should modify the grants process to ensure that, at least for major grants, the timing for developing, accepting, processing, and approving grant applications is in synch with the district planning cycle.

37. NACS should explore how it can integrate with and/or learn from the CDS and HSIP grants programs. In particular, it should explore how it can use CDS field staff to assist community groups to prepare applications and to monitor village level activities; also, how it can work with HSIP in the areas of financial management training, undertaking acquittals, and distributing funds to districts.

38. NACS should transfer to well functioning PACs the decision making authority for small grants up to a certain threshold which is determined on a case by case basis through negotiations with the NAC Grants Committee chairperson. The threshold should be increased as a PAC demonstrates its ability to run the program efficiently.

2.0 BACKGROUND

2.1 Purpose of the Review

The development of an expanded and effective provincial response is critical to the success of efforts to curb the growth of the HIV epidemic in Papua New Guinea. This response has grown significantly from the late 1990s with the establishment of Provincial AIDS Committees (PACs), increases in grant funding for community level activities, increased involvement of government, non-government and faith based organisations, and greater commitment from Provincial and District level government in many areas. Much of this response has been funded through the National HIV and AIDS Support Project (NHASP) which will end in December 2006. Responsibility and management of the provincial response has been centrally managed through the National AIDS Council Secretariat (NACS) and increasingly this responsibility is being devolved to Provinces through Memorandum of Understanding (MOUs) with Provincial Administrations. As NHASP winds down and AusAID is preparing for its new program of support, it is timely to assess the current provincial response and identify the direction and capacity for ongoing support to this program.

Provincial AIDS Committees (PACs) have been operating in six provinces since the mid 1990s under the Sexual Health Project now referred to as the Foundation Project. Since the enactment of the National AIDS Council Bill and the establishment of the NACS, the PACS became legally constituted under the NAC Act 1997 and under the directions of the Council, the Secretariat moved toward establishing PACs in all twenty provinces. At the time of establishment, PACs did not have structural links to the Provincial Administrations (PAs). This has created problems in fostering ownership of the response at the provincial level and below. Both the Functional Expenditure Review of NACS and the review of NHASP, undertaken in 2002, highlighted the NAC/NACS provincial structure as a key issue that, unless resolved, is likely to have a significant negative impact in instituting an effective response to the epidemic at provincial and local levels.

PACs have been established in all provinces and endorsed by Provincial Executive Councils. The PACs function as provincial committees of the NAC and have multi-sectoral representation. The PACs are responsible to NACS for the administration and implementation of HIV and AIDS programs through a multi-sectoral approach in the province. The PACs guide the direction for the provincial response and recommend funding for grants to local groups. They are also the key mechanism for coordinating, monitoring, and supervising the implementation of the national strategy at provincial and district levels.

Stopping the spread of HIV and strengthening interventions at the provincial and district level is part of National Government policy. The Medium Term Development Strategy (MTDS) 2005 – 2010 has identified HIV and AIDS prevention as an expenditure priority and a fundamental objective. The priority designation for HIV was highlighted by the NEC's decision to transfer responsibility for NAC from NDOH to the Office of the Prime Minister in 2004. Also, the NEC (decision No. 241/2004) has directed the Department of

Provincial and Local Level Government to work with NAC to assist provincial administrations to be more engaged and take on more responsibility in the HIV response.

During the next phase of the HIV intervention program it is generally viewed to be critical for HIV activities to be widely available and accessible at the grass roots level. Local communities will need to be actively involved to ensure that services are acceptable, appropriate, effective, equitable, and sustainable. Provision and control of HIV related services at the local level is in alignment with the Organic Law. However, the Government of Papua New Guinea has found it extremely difficult to achieve the goals of the Organic Law and it is difficult to find a broad footprint of government services at the local level. With the prevalence of HIV increasing it is crucial that HIV related intervention activities be expanded successfully.

The Review will identify ways to effectively support a decentralised program in line with government vision and expectations for the provincial response to HIV. This includes identifying options for external support including resources required to strengthen the provincial program and improve performance, ways to improve delivery of technical and financial assistance, capacity development, and stakeholder engagement and coordination.

2.2 Methodology

A five person review team was mobilised to undertake the review. The team was comprised of three consultants and two representatives of the Government of Papua New Guinea. A Steering Group was constituted to oversee and guide the review process. The methodology for the review was determined in consultation with the Steering Group.

The methodology included a desk review and a field study. The desk review focused on a review of key reports and documents, and a limited review of literature on effective provincial, multi-sectoral responses to the HIV epidemic in developing countries. Field studies were undertaken in nine provinces (Central, East New Britain, Eastern Highlands, Milne Bay, Morobe, Southern Highlands, West Sepik, Western, and Western Highlands) during a five week period. Interviews were also conducted with key individuals based in Port Moresby.

The organising theoretical perspective used was systems theory. Systems theory tells us that systems are made up of sub-systems which in themselves can appear to be complete systems. Multiple levels (i.e. macro, meso, micro) must be examined to better understand the operation of interest. In order to understand the provincial HIV response the district level and national level must also be examined. In addition, critical components of the HIV response are systems themselves that need to be investigated. For example, government and non-government organisations are involved and the health and education sectors make important contributions to the HIV response.

Qualitative methods were primarily used to collect the required data. Semi-structured and free interviews were conducted as individual and group discussions with consumers, providers, and other stakeholders. Triangulation was used during the analysis to validate

the information received. Observations during site visits also verified the quality of responses from the interviews. Reporting with feedback from the Steering Group and other key stakeholders was an additional quality control mechanism.

2.3 Limited Literature Review

The current structure of PNG Provincial AIDS Committees, who are responsible to the National AIDS Council, is similar to the provincial structures established by governments for responding to HIV in other parts of the world. In a number of countries with established HIV epidemics, the extension of response structures to district or community level is more established. For example, in Kenya committees at community level (Constituency AIDS Control Committees) have been developed, often with the support of local Members of Parliament. These committees focus on community based initiatives, and communicate local level priorities and responses to district and then provincial committees, within the guiding framework of a National Strategic Plan for HIV and AIDS (Lamptey et al 2001).

The provincial (and district) structures of the national HIV response are relatively recent developments in PNG. Clarity of provincial powers and roles, and the capacity to undertake these roles and responsibilities is highly variable across the provinces. This is in common with many other countries' attempts to decentralise coordination of the national response to the epidemic. Difficulties with decentralisation of the HIV response have included a lack of supervision; limited control and ability of decentralised managers to enforce policy; limited interest and priority given to HIV and AIDS by local decision makers; inequities in service provision; and a need for improved information sharing between national structures and the decentralised entities (Mohiddin and Johnston 2006, Saide and Stewart 2001, Soeters and Griffiths 2003).

Studies of different models of health sector decentralisation also hold important lessons for the decentralised management and coordination of a national HIV and AIDS response. Studies of different models of health sector decentralization in Uganda, Zambia, Ghana, and the Philippines have found some positive outcomes of the process; for example, improved donor coordination in Zambia, bringing decision-making power closer to communities in Uganda, and providing a broader range of choice to decision-makers at the peripheral level in the Philippines (Jeppsson and Okuonzi 2000, Bossert and Beauvais 2002). However, a number of difficulties have also been reported including limited capacity of district and provincial level personnel, poor communication between national and provincial levels, and the transfer of responsibility without the transfer of power. For example, difficulties have been experienced in Uganda associated with the transfer of powers to districts without the financial means to exercise them. In Zambia, appointments to delegated hospital boards and local authorities are still made by the central MOH, and often disregard the recommendations of provincial and local authorities.

Buve et al (2003) have persuasively argued that the strengthening of health systems is a prerequisite for improving responses to HIV, noting the need for health to be a strong and leading partner in the multisectoral response. Dawes (2003) has also argued for

strengthened analysis of the impact of health system reform on local government responses to HIV, noting the mutually detrimental impact of health sector reform at provincial and district level, and the impact of the epidemic in high prevalence countries. Lessons learned from the health sector are particularly relevant to a review of the provincial HIV response in Papua New Guinea. Consistent themes emerging from the literature – of limited district and provincial capacity; devolution of responsibility without power and financial resources to implement decisions; and the need for strengthened information systems and communication mechanisms between provincial and national levels, resonate with the findings of this review.

Lessons can be learnt from different approaches that have been taken to strengthening government health systems from around the world. Contracting of health services to non-state entities is one approach that has been proposed. In a review of global experience with such contracts, Loevinsohn and Harding (2005) concluded that contracting to non-state entities, in particular international NGOs, was an effective way of rapidly improving delivery of primary health care. Positive effects were seen for both management contracts ('contracting in': where the contractor was responsible for managing existing government services and procurement systems in a specific area) and service delivery contracts ('contracting out': where the organisation essentially had total autonomy in management of personnel and infrastructure, including procurement systems).

The most extensively described experience of contracting in the delivery of decentralised health services at district level is that of Cambodia, where district health services were contracted to international NGOs in a randomised trial. The positive experience of contracting of health services in the 'treated' districts has subsequently seen the program expanded to cover twice as many districts (Loevinsohn and Harding 2005). Contractors, Cambodian Ministry of Health officials, and stakeholders noted a number of factors which needed to be addressed through the contracting process to improve health service delivery. A number of these may also be relevant in considering mechanisms to improve the management and coordination of the provincial response to HIV and AIDS in Papua New Guinea, such as:

- the inadequate official salaries of government health workers
- the lack of incentive for health worker performance
- the need for regular and external monitoring to ensure maintenance of standards, implementation of government policy, and the ability to enforce sanctions for poor performance.

In order to address these issues, contractors in Cambodia introduced performance based incentives for health care staff and management personnel; enacted penalties for poor performance (with a supervisory/capacity building approach to poor technical performance, but a 'zero tolerance' approach to financial misdemeanours); and implemented an expanded monitoring system (including spot checks). Changes introduced by contractors resulted in improved service delivery resulting in increased service utilisation and decreased total family health expenditure (Soeters and Griffiths 2004; Bloom, Bhushan et al. 2006).

Whilst there is not a direct correlation between this trial of contracting for health sector reform in Cambodia, and the management of the provincial response to HIV in Papua New Guinea, consideration of the lessons learned about providing incentives for improved performance, disincentives for poor performance, and approaches to decentralised monitoring is warranted. The role of international NGOs, and other non-state entities, in supporting a strengthened provincial response to HIV in PNG requires particular consideration given the poor performance of some PACs, and the reluctance among all stakeholders consulted for the PACs/PACS to be incorporated into the Provincial Administrations.

As part of the design process for the new HIV and AIDS Program, AusAID commissioned a study about the role of government in HIV and AIDS responses. This study examined the current PNG government's response to the epidemic, strategic opportunities for future support to the GoPNG, and responses made by decentralised governments in countries with some similarities of context (i.e. similar health outcomes and SWAps for the delivery of development assistance) – Uganda, Mozambique and Indonesia. The report identified key challenges in managing a provincial response (including the need for adequate human resources at both central and provincial levels for the supervision, monitoring and the provision of technical support; the tension between donor/project needs for sub-national coordination, and local needs; and the difficulties inherent in fostering communication and timely support between provincial centres and the local level. In describing the provincial and district responses in the case study countries, the report highlighted in particular the potential to learn from the Indonesian example of piloting targeted support for provincial governors to strengthen national/provincial relations. This *Sentani Commitment* initiative has seen some strengthening of district level commissions with increased budgetary allocations by key government departments. For further details, please refer to the AusAID Role of Government report (Part 2 – Country Case Studies).

3.0 Provincial AIDS Committees

3.1 Role and function of the Provincial AIDS Committees

The Provincial AIDS Committees (PACs) were established to assist the NACS in the coordination, implementation and monitoring of activities to address HIV and AIDS in the provinces. The PACs are endorsed by the Provincial Executive Councils, and function as provincial committees of the NAC.

The PACs are responsible for identifying provincial priorities, mobilising provincial resources, and overseeing the implementation of national HIV and AIDS policy in each of the provinces. PACs review funding requests at the provincial level and make recommendations to the NACS as to the appropriate dissemination of funding support.

The Provincial AIDS Committees are, in most provinces, a genuinely multisectoral body. Membership is broad and representative of a wide range of provincial level stakeholders. NHASP and NACS have strongly encouraged a diverse and inclusive PAC, and the success of this is reflected in the membership of these provincial bodies.

However, in many provinces a significant proportion of members do not regularly attend PAC meetings. This is true even in provinces where the PAC meet infrequently. Several reasons were identified for this:

- the voluntary nature of the committee, with representatives usually being particularly busy members of the community with competing time commitments;
- limited PAC resources to recompense members for their travel to committee meetings (particularly in geographically large provinces with representatives from remote districts);
- in provinces where the PAC and/or PACS has been functioning poorly for some time, members have lost faith in the value of the committee and their involvement in it;
- staff turnover in non-government organisations and, particularly, government agencies represented on the committee. Participation in, and membership of, the PAC is rarely written into representative's job descriptions and this responsibility may not be passed on.

A number of provinces have elected an executive of three to five members, to supplement their regular (i.e. monthly or quarterly) meeting by addressing issues that arise on a routine basis. This was usually intended to facilitate timely communication about new provincial initiatives (including communication with donors proposing new activities), and to expedite approval of grants to be considered by NHASP/NACS, reducing the need for the wider PAC to meet regularly. Given the challenges in bringing a large number of PAC members together on a regular basis, it is recommended that PACs establish small executives to work together with the PACS to manage the regular business of the committee.

Most PACs list representatives of women's and youth organisations among their membership, however in only a few cases are these representatives able or encouraged to play an active role in the committee. Few women have executive roles on the PACs, and none of the 9 provinces visited had a female PAC chair. It is recommended that NACS continue to encourage PACs to promote gender equity in their internal appointments and activities.

In keeping with their nationally mandated function, PAC members see the role of the committee as being one of provincial leadership and coordination. However, in the majority of provinces, the PACs currently play a limited role in coordinating the activities of stakeholders. None of the provinces visited had a centralised database listing organisations involved in the response to HIV and their current activities. PAC members were usually aware of the HIV-related activities being implemented in the different districts of their province, but in many cases they only became aware of these activities in an ad hoc manner or after the activity was already under way or completed. NACS should assist PACs to establish and maintain appropriate databases to assist with their provincial leadership and coordination responsibilities. These databases should include but not be limited to: stakeholder organisations and their activities; persons trained for care, counselling, peer education, prevention, and VCT activities and how to contact them; grants awarded; research activities being undertaken in the province.

In the majority of provinces, the PAC has been unable to take a proactive role in guiding organisations about the provincial priorities within the response. This has been due to a number of factors including:

- lack of endorsed district and provincial level plans (whether strategic or annual) for HIV activities in the majority of provinces
- local organisations working directly with donors (such as UN agencies, the EU and INGOs) in the development and implementation of projects, without communication with the PACs or the provincial secretariat
- limited communication from national level (NACS) to the PACs about activities planned by international donors (particularly by the GFATM and the UN agencies but also, to a lesser extent, by NHASP)
- limited mechanisms for NGOs and Churches to engage with the PAC, and with each other, outside formal PAC meetings
- lack of PAC visibility, which is reinforced by the limited ability of the PAC or PACS staff to travel around the province to engage with stakeholders in their communities, about current and proposed activities

Where PAC chairs have been stable, had a high public profile and respect, and highly developed communication skills, the committee has been able to play a stronger coordination role. Stable and 'visible' PAC executives have been able to work with the PACS to play a stronger coordination role, and provide effective input into stakeholder planning and implementation of HIV responses (e.g. Western Highlands Province).

3.2 Relationship with Provincial Administrations

Relations between the PACs and the Provincial Administrations vary widely across the country. Responsibility for the provincial response has been centrally managed through NACS, with the provincial committees representing NACS in the provinces. This has, in some cases, decreased provincial government perceptions of responsibility for, and ownership of, the response to HIV and AIDS. In recognition of this, and of the need to increasingly devolve responsibility for the response to the provinces, over the last two years the NAC have developed and entered into Memoranda of Understanding (MOUs) with a number of provinces.

At the time of this review, MOUs setting out the obligations of provincial governments and of the NAC in relation to staffing, management, implementation and funding of the provincial response to HIV and AIDS, had been signed in eight provinces: Milne Bay, Enga, Madang, Manus, Morobe, WHP, Western Province and Simbu.

Representatives from both PACs and the Provincial Administrations in all provinces visited during this review report that the *process* of negotiating the MOU had been a useful one. The process had increased dialogue between the two parties, contributing to strengthened relationships. Provincial government representatives also reported that the negotiations had increased their understanding of the need for a multisectoral response at the sub-national level. In some provinces that process had led to concrete outcomes, such as increases to existing financial/material support from the Provincial Administration (e.g. WHP).

However, provincial representatives highlighted that at present there is no mechanism to ensure that the parties to the MOU meet their commitments. Some provincial administration representatives (e.g. Milne Bay) felt that the MOUs had been seen by the NAC as a tool to put more responsibility on to the provinces, without the NAC necessarily providing the technical, management and funding support to the degree committed in the MOU. A number of Provincial Administrations have also not met their obligations under the MOU – particularly the provision of resources to maintain support staff (KBO and driver) and office space for the PAC Secretariat. In the absence of mechanisms for ensuring compliance with the MOUs, the momentum and positive relationships developed during the negotiations of the agreement are rapidly eroded and cynicism develops.

Provincial Administrations around the country have limited capacity to manage and resource the response to HIV and AIDS. In all provinces visited by the Review Team, the PAC and their secretariat emphasised the importance of the PAC and PACS remaining organisationally separate from the Provincial Administration. Provincial Administration staff generally supported that view. Reasons given included:

- to avoid political and bureaucratic interference
- to avoid provincial public service personnel ceilings
- instability of some Provincial Administrations (eg. SHP)

- provincial government revenue being inadequate to meet current functions, with the risk of new resources (for HIV) being redirected to meet these other functions
- the risk of HIV being 'lost' among other provincial government functions (lower priority than other issues with a greater political imperative)

However, there was widespread agreement that the PAC and PACS should have strengthened communication with Provincial Administrations, to enhance provincial planning and the ability of provincial government to meaningfully contribute to the direction of the provincial response. PAC/Provincial Administration communication and relations have been greatly improved in Milne Bay Province by the active involvement of the Provincial Planner in the PAC (the PAC Chair in fact described the Planner as the "engine room" of the PAC). This has increased provincial government ownership and leadership of the response and has led to the identification of opportunities for the integration of HIV into wider provincial planning. The strong relationship between the PAC and the Provincial Administration in Milne Bay has been further enhanced by a Communication and Submission Policy, outlining reporting requirements and communication channels between the PAC and the Provincial Administration. The relationship between the Milne Bay PAC and Provincial Administration was the strongest seen during this Review. The steps taken by the PAC to facilitate this situation could usefully be replicated by other provinces. (It should be noted that even in Milne Bay, there was no desire from either the PAC or the PA for the PAC to be housed within, or be organisationally accountable to, the Provincial Administration).

At this stage of the HIV response efforts should focus on creating better working relationships between the PACs and Provincial Administrations instead of a 'forced marriage'. Steps that should be taken include inviting the HRC to join the Provincial Management Team (this was done in Central & Morobe provinces) and appointing a high level representative of the Provincial Administration to co-chair the PAC with a non-governmental sector representative. As working relationships strengthen (the annual planning cycle will assist this) and the Provincial Administration is more engaged with the HIV response, the question of separation can be revisited.

3.3 Recommendations

- NACS should encourage PACs to establish small executives that can continue to work together with the PACS between regular meetings to manage the business of the committee.

- NACS should continue to encourage PACs to promote gender equity in their internal appointments and activities.

- NACS should assist PACs to establish and maintain appropriate databases to assist with their provincial leadership and coordination responsibilities. These databases should include but not be limited to: stakeholder organisations and their activities; persons trained for care, counselling, peer education, prevention, and VCT activities and how to contact them; grants awarded; and research activities being undertaken in the province.

- NACS should assist the PACs and the Provincial Administrations to develop a Communication and Submission Policy, outlining reporting requirements and communication channels between the PAC and the Provincial Administration.

- Provincial Administrators should invite the HIV and AIDS Response Coordinator to join the Provincial Management Team

- PAC should be co-chaired by a representative of the Provincial Administration and by a representative from the non-government sector.

4.0 PROVINCIAL AIDS COMMITTEE SECRETARIAT

4.1 Staff Issues

The implementation of the PAC's functions is largely supported and performed by the Secretariat. These roles range from facilitating and supporting the establishment of a multi-sectoral committee; mobilising local resources; undertaking advocacy work; disseminating IEC materials; facilitating and supporting the establishment of District AIDS Committees and supporting their work; developing and implementing provincial plans; managing and accounting for funds; and monitoring the provincial response.

A Provincial AIDS Committee Secretariats (PACS) is comprised of a number of full time staff who are the 'working arms' of the PACs (and therefore the NAC at provincial level). PACS' were envisaged to consist of a full time HIV Response Coordinator (HRC), a Provincial Care and Counselling Coordinator (PCC), a Provincial Peer Education Coordinator, a keyboard operator and a driver. The Peer Education Coordinator positions have never been filled due to funding constraints and existing peer education support provided by the EU Sexual Health Project. The Provincial Administrations were to employ the keyboard operator and driver for the PACS.

The Review Team found that few provinces have the complete complement of PACS staff (even excluding the Peer Education Coordinator position) which has in many cases hindered their ability to coordinate and monitor the provincial response, or to play a liaison role between the national and local level. In most provinces visited the Provincial Administrations have not provided the keyboard operator and/or driver. A few PACS have been able to get support from the Provincial Administration either by seconding staff from other divisions of the administration or by receiving funding to recruit for those positions. As of the end of March 2006, HRCs for all provinces have been appointed except for Southern Highlands and New Ireland Provinces. PCCs for all provinces have also been appointed, however the Madang PCC recently passed away.

The HRC is accountable for the effective and efficient implementation of the provincial HIV response including administrative support and co-ordination of all HIV and AIDS multi-sectoral programs in the province. S/he is responsible to the Chair of the PAC and the Deputy Director of NACS. The position is currently classified as grade 12. The terms of reference for the HRC specifies 19 core tasks to be performed and many of these are major tasks that require high level skills. These tasks range from providing secretariat support to the PAC; management and administration of the PAC Secretariat Office including the preparation of financial reports and acquittals; to that of coordinating and supporting stakeholder requirements; ensuring that the HIV response is reflected in provincial and fiscal plans; as well as providing the necessary reports to the different stakeholders. The terms of reference for the HRC is attached as Annex 7.

The Provincial Care and Counselling Coordinator is responsible for the effective and efficient provision of services to coordinate the Care and Counselling Programs in the province. S/he is responsible to the Chair of the PAC, and the National Counselling

Coordinator of NACS. The HRC is the immediate supervisor. The position is currently classified as grade 10. The role largely focuses on supporting and mobilizing counselling and care activities in the province and regularly reporting on those activities to the PAC and the National Counselling Coordinator (see Annex 8).

The Review Team found that in some provinces the current staff management arrangements specified in the TORs for the HRC and PCC have caused some confusion and tension. The HRC is the supervisor for the PCC, but the PCC is accountable to the PAC chairperson and the National Counselling Coordinator. A clearer management structure would be to have all PACS staff including any contractual staff that may be working at the district level accountable to the HRC. That gives the HRC the authority and responsibility to manage all the PACS staff. The HRC should be accountable to the NACS Regional Manager for the performance of the PACS. The Regional Manager will have to be sensitive to gender issues that can arise under this proposal and take positive steps to minimise any difficulties. The proposed line of accountability fits with the NACS Organisational and Management Structure approved by DPM. Also, the GoPNG now directly funds the HRC and PCC positions through the NACS allocation.

The proposed change in responsibilities for the HRC requires the TOR for that position to be reviewed. The current list of 19 core tasks is too much to ask of one individual and thus HRCs currently ignore some tasks or perform them badly. The additional task of managing all the PACS staff increases the responsibilities from supervision alone. The HRC will become responsible for the staff performance appraisal process and staff development. NAC has recently approved increasing the HRC position to Grade 14. The Council's decision will not be implemented until it is approved by DPM. Thus, the focus of the position should be on higher level activities such as strategic organisational development, management of staff, coordination with stakeholders, liaising with the Provincial Authority, supervising the required reporting, and interacting with the PAC.

The PCC TOR will also need to be reviewed. NAC has approved an upgrade for the position to Grade 12. The higher levels of responsibility associated with the increased grade level will have to be reflected in the TOR along with recommended change that the PCC be accountable to the HRC.

The Review Team found that the current PACS establishment is too small for a PAC to successfully accomplish all functions. It should be noted that NACS is including funding for the Peer Education Coordinator positions in its FY2007 budget request. If funding for this is appropriated, positions may be able to be filled by mid-year. Those new positions will help. WHP PACS was found to be one of the best functioning PACS in the country. The Governor and Provincial Administration have provided additional funds and staff (driver and keyboard operator) for the PACS. The PACS staff are coping with the workload by working uncompensated hours and using volunteers (an issue that is further discussed in section 6.2). Other PACSs are in similar situations. Two positions that would assist the PACS are an administration officer and an accounts clerk. The administration officer would assist the HRC to organise meetings (including PAC meetings) and produce reports in addition to day to day administrative tasks and keeping the office open

while others are in the field. The accounts clerk would assist with financial management (an area that is weak in many PACS) and the production of quarterly financial reports. Both positions would be accountable to the HRC.

The funding for these positions is currently problematic. To best meet the needs of the different provinces several models may have to be tried. Also, there may need to be a phase in period rather that every PACS starting at the same time. Option 1 would be the direct employment of the new staff by the NACS Sectoral Response Branch. Funds would come from the GoPNG and development partners. In option 2 the positions would be funded by the Provincial Administration and seconded to the PACS. The funds would come from the Provincial Administration as part of their contribution toward the HIV response. Option 3 would involve cost sharing by NACS and the Provincial Administration. Existing funding partnerships would be expanded.

Option 1 could be used initially to support well functioning PACS in provinces that have already signed and complied with a MOU. In essence this could be a reward for past good performance. Those PACS could improve their performance and be a model for others to follow. They would also test the benefits gained from the staffing increase. Option 3 could be used in the first instance to support active PACS in provinces that have partially complied with their MOU obligations. Option 2 could be negotiated with provinces that have yet to sign an MOU and where the PACS is currently weak. However, the Provincial Administration may refuse to negotiate or provide funding in which case those PACS will remain weak.

Human Resource Management

During the fieldwork consultations a number of respondents raised issues that related to recruitment of staff, induction for PAC members and PACS staff, staff appraisal and accountability, and staff development. Existing processes were viewed as weak and slow. The Review Team notes that until March 2006 the NACS did not have a human resource development officer. The current DPM approved NACS Organisational Structure now includes a Human Resource Development Section within the Corporate Services Branch. Discussion with the Assistant Manager HRD (AM HRD) indicated that steps are being taken to strengthen HRM within NACS and PACS.

A capacity mapping activity has been undertaken for NACS and the report is now available. That report highlights the need to develop human resource policies, procedures, and systems. The identified priority areas for policy development include induction, probation, and staff appraisal. The AM HRD expressed the need to move forward in the identified priority areas and to apply the procedures in the General Standing Orders. She also identified a need to undertake capacity mapping for the PACS as an extension of the previous activity. The Review Team supports the extension of capacity mapping for PACS. The activity should begin as soon as possible in four provinces – 2 with well functioning PACS, 1 with and average functioning PACS, and 1 with a poorly functioning PACS.

Communications Infrastructure

During the field consultations several HRCs expressed frustrations at the lack of reliability of phones and faxes when contacting NACS and other HRCs. They can be weather dependent and can drop out during periods of network congestion. A supplement to their currently available communication technologies is HF radio. Most HRCs stated that they currently use the Health Radio at the Provincial Health Office to contact rural stakeholders. They find this to be a very effective means of communicating. However, they said it was also inefficient in the sense that they must go to the PHO and wait for the radio to be available. Communications between the HRC, local level stakeholders and NACS could be improved by providing the PACS and NACS offices with HF radios.

Consultation with the CBSC radio adviser confirmed that a NACS network could piggy back on the National Health Radio Network and its control centre if funding were available. Separate channels could be setup for PACS and NACS. The radio at each PACS office could have the NACS and PACS channels as well as the appropriate channels for the provincial health centre and local church networks. In addition, by being tied into the Health Radio Network control centre NACS could take advantage of the network's broadcast feature to conduct in-service education programs for staff. Currently the cost to purchase and install an HF radio is AUD $10,500. NACS should investigate the cost-effectiveness of opening this communication channel for itself and PACS.

4.2 Alternative Structure

In several of the provinces visited the PACS has been weak and the HIV response has suffered (e.g. EHP, Morobe, SHP, WP). A variety of factors have led to the current situation and those factors have been persistent in some provinces for an extended period of time. These provinces offer an opportunity to trial an alternative model for the PACS that differs from the NACS direct provision approach used in the other provinces.

As stated in the Background section of this report, Loevinsohn and Harding (2005) found that contracting health service delivery to non-state entities rapidly improved the delivery of primary health care. The experience of the Cambodia randomised trial showed that contracting also increased service utilisation and decreased expenditure. A PNG trial of contracting for HIV coordination services in a province (including coordination of activities at the provincial and district level) may show that similar positive effects from contracting can be gained even in provinces that have experienced considerable difficulties in the past. A short term (3 year) trial should be undertaken in two provinces.

NACS could develop and advertise an expression of interest seeking organisations that would consider providing PACS functions for a trial province. An information session would be held to explain the details to interested organisations. NACS could choose to open negotiations only with organisations that have a good track record in other areas of the HIV response. NACS would identify the key activities and deliverables to be undertaken and interested and acceptable organisations would submit a tender. A contractual relationship would be established with the most suitable organisation. It would be very beneficial if a separate contract for monitoring and evaluation of the trial

was let to a different capable organisation at the same time to capture the positive and negative lessons from the trial.

This trail would not be without risks. (1) No organisations may be interested in tendering. In that case the trial dies. (2) Provincial stakeholders may not recognise the authority of the contracted organisation. Keeping stakeholders informed about the process should minimise that risk. Also the contracted organisation will be operating on behalf of the PAC and NACS. (3) The Provincial Administration may not engage with the contractor. This risk should be no higher for a contract model than it is with the current model. (4) The contractor may not be able to deliver the specified services with the specified quality. Dealing with known organisations with good track records should minimise this risk. The contractual arrangement should specify the sanctions that would be engaged for none performance of key activities. The contractor would also have a reputation to protect. At the end of the day, the trial provinces were selected due to their underperformance and this is an attempt to improve that situation. A positive experience similar to that of health services in Cambodia would provide lessons for obtaining gains in all provinces in PNG.

4.3 Recommendations

- The terms of reference for the HRC and PCC needs to be revisited and revised to be aligned with the proposed changes to accountability and grade level. This is important as evaluation of performance for the HRC and the PCC are based on the TOR.

- Three additional staff should be funded for the PACS, a Peer Education Coordinator, Account Clerk and an Administration Officer. PACS that are functioning well should receive the additional staff first.

- NACS should extend the capacity mapping activity to 4 PACS as soon as possible.

- NACS should investigate the cost-effectiveness of establishing a HF radio network.

- NACS should conduct a 3 year PNG trial of contracting for HIV coordination services (including the provincial and district levels) in 2 provinces with a history of poorly functioning PACS.

5.0 DISTRICT LEVEL RESPONSE

5.1 Role and Function of District AIDS Committee

The TORs for the Provincial AIDS Committees highlight the role of PACS in establishing District AIDS Committees to be responsible for the implementation of provincial activities at the local level. DACs have a major role to play in identifying local priorities (as facilitated by the District Strategic Planning Process), providing feedback on the implementation of provincial activities at the district level, coordinating the activities of different stakeholders at the local level, and raising local awareness about the need to be involved in the HIV response. There is expression of grave concerns in communities about the epidemic. Many communities have witnessed young people dying and fear amongst community members was quite apparent when the Review Team met with them. For instance, in Lufa in the Eastern Highlands, people openly expressed their concerns about people who have returned from urban areas to die in their communities including "strange" deaths reported in communities.

Links between the PACs, districts, and the LLGs are inadequate. In the majority of provinces, the PACs/PACS have struggled to fully engage with stakeholders at district level. Where efforts have been made to extend beyond the provincial capital, they have often ended at the District Administration, and LLGs have been ignored in some provinces – even urban LLGs which would be easily accessible by the PAC. In many cases there has also been a failure to strategically connect with existing district and ward level leadership. Across the country, few ward councillors and LLGs have been purposively connected with the work of the PACs. Stakeholders (including ward councillors and district administrators) highlighted the need to engage with existing community committees, such as Ward Development Committees. LLGs consulted reinforced that they don't want new 'HIV committees' at their level, but rather guidelines and material support to integrate HIV into existing activities and village patrols.

The initiation of the District Strategic Planning process (see section below) stimulated the organisation of DACs and highlighted the need for a bridge between the PAC and rural communities. For example, communities and districts in the Western Highlands have moved to establishing District AIDS Committees as seen in Minj and Anglimp South Waghi Districts. In the Central Province, a number of large Motuan Villages have established committees to facilitate community responses as seen in Gagabagaba and Porebada Villages. In the Finschafen District of the Morobe Province, the District Administration established a District AIDS Committee in September 2005 and it has met regularly since. Also in Morobe,the Huon Gulf District Administration has recently established a working committee within the Administration to facilitate the establishment of a District AIDS Committee. When the District AIDS Committee is established and operational, the working committee will be disbanded to allow the DAC to function as the body responsible for supporting the district response. In Milne Bay all districts have AIDS committees established.

District and LLG level staff along with community members consistently stated that the DAC should be made up of implementing organisations. The DAC should meet periodically and use the meetings as an opportunity to network, share ideas, discuss common issues, and to discuss future directions. The DAC should serve as the bridge between local level activities and the PAC. The operational arrangement recommended by District Administrations is for the District Administrator or his nominee to chair the committee. Secretariat support is required for the DAC. Currently that support is frequently provided by the administration, through its District Health Services. The DAC should report directly to the PAC through the PACS. A number of Districts suggested that chairpersons of the DAC be represented on the PAC. However, due to the large numbers already on the PAC and the distances involved in many provinces it is more feasible for District representation to be through a single representative who may change on a rotational basis.

The DACs will need to work closely with the PACS. DACs are the local 'eyes and ears' for the PAC. Good communications will have to be developed and maintained. The NAC radio network discussed earlier will help improve communication infrastructure. PACS will also have to assist DACs to develop, maintain, and utilise the management (including planning and monitoring), reporting, coordination, and HIV promotion skills required for DACs to do their job effectively. These responsibilities will increase the workload for PACS staff and DAC members.

Where consistent support has been forthcoming from the PACS, District AIDS Committees have performed well in stimulating and expanding the response in the districts. In Western Highlands Province the PACS has invested time to assist the start up of the DACs. In addition the PACS successfully obtained resources from the WHP Provincial Administration for the training of community leaders, one of the priority activities emerging from the district strategic plans. This process of engaging ward, village, religious, and traditional leaders in the response to HIV has led to community support of the District AIDS Committee's in that province, and significantly greater positive involvement of community leaders in HIV response activities. The focus on community leadership (rather than politicians or religious leaders only), is a valuable strategy for reaching the ward and community level. This investment in training has strengthened the PACS-DAC relationship and improved the DACs ability to play a role in coordinating activities down to community level. Western Highlands Province is providing a model of the PACS-DAC relationship that other provinces could learn from through discussions and visits.

District Strategic Planning Process

The District Strategic Planning process has been an extremely valuable way of building community consensus around appropriate future activities in the HIV response. This process provided an opportunity for relationship and consensus building at the district level. Community members implementing HIV-related activities were able to work together and build their networks. A facilitated process was used to allow local stakeholders to identify district specific vulnerabilities, strengths and priorities. This process was further strengthened by the use of the social mapping data that resulted from

the social mapping work supported by NHASP over the last 2 years. The development of the District plans fostered a great deal of enthusiasm and momentum at district and community level. In some cases it was the impetus for the development of District AIDS Committees. The process was universally highly regarded by the stakeholders involved, and seen as an extremely positive NHASP initiative.

Unfortunately, in a number of provinces visited by the Review Team the momentum developed during the strategic planning process has started to wane. Common reasons given for the decline in momentum included: (1) the absence of concrete strategies for moving forward, (2) limited support from the PAC/PACS to take the next step, (3) lack of resources to implement planned activities, (4) waiting for local Members of Parliament to endorse the Strategic Plan.

After the fieldwork phase of this Review had concluded, district level planning activities took another step forward. A process was undertaken to translate the strategic plans into annual activity plans and estimate the implementation cost for FY2007. An annual planning process that includes monitoring indicators and timeframes is being established. The provincial activity plan is being created by rolling together the district plans and adding in the PACS activities that are required. These developments should greatly strengthen the momentum for expanding the HIV response at the local level. DACs will be able to use the plans to guide their awareness, coordination, monitoring and reporting activities. PACS will be able to use them to strengthen their own coordination and monitoring responsibilities as well as to identify areas where they can assist the DACs to build the skills they require. Stronger relationships between PACS, DACs, and stakeholders should result from the annual planning cycle.

5.2 District Coordinators

DACs will have a major role to play in the local level HIV response. The response could lose its focus if there is not an individual who is responsible for ensuring the follow through of planned activities between DAC meetings. A District level coordinator could assist the DAC to coordinate the HIV activities of stakeholders; liaise with stakeholders at the local, district, and provincial levels; monitor the implementation of activities against the annual activity plan; and write the reports that are required by the stakeholders. In an active district a full time coordinator may be required.

The need for paid district coordinators to be part of the provincial response was raised in every province the Review Team visited. In districts where DACs have been established it is common practice for the District Administrator to appoint a district employee (frequently health staff) to take on the coordination task in addition to their current activities. In some districts this has led to resentment among district government staff as other responsibilities have been neglected by the appointed coordinator. As the level of the district response increases more coordination time will be required.

Decisions regarding the district coordination role need to be approached with caution. The needs of the districts are not uniform. There are organisational and management

issues that need to be considered such as ceilings on staff numbers, the availability of staff with the required skills, and how the coordinators position would be managed. There are also cost issues.

During the next two years several pilot studies should be conducted in different provinces to test various models of coordination at the district level. The pilots should be conducted in provinces that currently have a well functioning response to help determine the value of adding the coordinator. Each model should have a trial in at least 2 districts in a pilot province and in at least 2 pilot provinces. Each province that participates in the pilot should also designate a control district for comparisons. At a minimum the following options should be tested:

A. PACS contractually employs an individual with appropriate skills who is based at the district level. Potential advantages: correct skills, strong links to PACS.

B. District appoints current employees to take on the role. Potential advantages: no increase in staff costs, local control.

C. District seconds staff member to PACS and NACS/PACS jointly undertake capacity building activities to ensure the person has the correct skills. Potential advantages: correct skills, strong links to PACS, strong links to district, no additional salary costs.

D. PACS contractually employs an individual with appropriate skills who works with multiple districts. Potential advantages: correct skills, strong links to PACS, lower salary cost per district served.

A natural experiment will also be taking place as districts across PNG prepare to implement their annual activity plans. No doubt some districts will be more successful than others. NACS (with assistance from AusAID) should develop an operational research program for identifying key success factors for those districts that implement the annual activity plan well, and to identify the role of district coordinators in that success.

5.3 Recommendations

- A representative for the DACs should be included in the PAC.

- The PACS should provide the DACs with technical assistance in the areas of coordinating, liaising, monitoring, and reporting about stakeholder activities.

- AusAID should continue to support the evolving annual planning cycle for districts and provinces.

- NACS (with AusAID support) should conduct a series of pilot studies during the next 2 years to trial different models for district coordinators.

- NACS (with AusAID support) should develop an operational research program for identifying key success factors for those districts that implement the annual activity plan well, and to identify the role of district coordinators in that success.

6.0 NATIONAL AIDS COUNCIL AND ITS SECRETARIAT

6.1 Functions of the National AIDS Council

The National AIDS Council Act 1997 provided a mandate for the establishment of the NAC as a Statutory Authority. The objectives of the NAC as outlined in the Act are:

- To take multi-sectoral approaches with a view to prevent, control and to eliminate transmission of HIV and AIDS in PNG
- To organise measures to minimise the personal, social and economic impact of HIV infection and the disease of AIDS
- To ensure, as far as possible, that personal privacy, dignity and integrity are maintained in the face of the HIV and AIDS epidemic in PNG, in accordance with the Constitution and the Global Strategy on AIDS.

The NAC membership includes 19 government departments, representatives of the private sector, Churches, non-government sector, the National Council of Women, and people living with HIV. The NAC is responsible for formulating, implementing, reviewing and revising national policy, for the prevention, control and management of HIV and AIDS. The NAC is responsible for providing advice and recommendations on a multi sectoral HIV response to the NEC and other levels of government; for monitoring and coordinating the national response, and for the administration and allocation of financial resources to support the response. The Act also mandates the NAC with overall responsibility for initiating responses in some areas such as research, counselling, care and legal services. In 2004 responsibility for the NAC, and its secretariat NACS, was transferred from the Ministry of Health to the Prime Minister's Department.

6.2 Role and Functions of the National AIDS Council Secretariat

The National AIDS Council Secretariat (NACS) was established with the specific function of supporting the NAC in the formulation, review and revision of national policy, and for monitoring and coordinating the implementation of the national strategy (National Strategic Plan 2006 – 2010). The NACS is the operational body of the NAC, with personnel responsible for specific technical and policy areas. The NACS has 121 approved positions, but not all were filled at the time of this Review.

Relationship with PACS

The NACS is accountable for the implementation of the NSP nationally at all administrative levels. As discussed above, the PAC and PACS are the 'arms and hands' of NAC and NACS at the provincial level. The PACSs are essentially an extension of NACS and as such NACS needs to manage and support them. The DPM approved organisation and management structure of NACS makes those relationships clearer than they have been in the past. That structure is currently being implemented as part of the transition associated with the end of NHASP.

Under the DPM approved management structure there is a Manager for the Sectoral Response Branch who reports to the Deputy Director Operations. Under the Branch Manager are four Regional Managers plus the HRC and PCC for each province. The direct employment of the HRC and PCC within the Branch should clear up some of the past confusion about accountability and reporting lines. Further clarification would occur if the HRC is given management accountability for all PACS staff (as recommended above) and reports directly to the relevant Regional Manager who in turn reports to the Branch Manager. A clear chain of accountability would then run from the NACS Deputy Director down to all PACS staff.

The role of the Regional Manager (RM) positions is currently being defined. It is evolving out of the PLC positions that existed during the fieldwork phase of this Review. The RM will need to work closely and communicate frequently with the HRCs to keep information flowing, monitor progress, build management capacity, help resolve problems, and undertake performance appraisals. The RM's job should be clearer than it was for the PLCs due to ongoing changes in addition to the implementation of the DPM approved structure. An annual planning cycle is producing costed district and provincial level annual activity plans. This process should include a quarterly review. The annual plans will guide the HRCs' activities and the RM will be able to use the quarterly review to help monitor the HRCs' performance. Also, the HRD Branch will establish policies and procedures as a matter of priority for induction and performance appraisal that should improve the performance and accountability of the HRCs and RMs.

Several of the findings from the Review Team about the support provided to PACSs by the NACS are still relevant in spite of the progress discussed above. The lack of human resource capacity, particularly in the management area, within the NACS has been an ongoing constraint on the organisation to provide the required level of support to the PACS for expanding provincial level capacity. Support has largely come from development partners working in collaboration with NACS counterparts. The work of the PACS was supported by NACS largely through the four PLC positions and the Provincial Programs Adviser based in NACS.

Support to the PACS from the PLCs has been inadequate. This was largely the result of the overloading of PLCs with many competing responsibilities (wearing the 'many hats' associated with their PLC responsibilities, HRSS activities, providing support to short term NHASP advisers, being the provincial link persons for an enormous number of provincial level training and workshops conducted by both NHASP and NACS, and importantly the lack of clarity over how their responsibilities to NHASP and NACS should lie). In some cases of poor PLC performance, the NHASP was slow to rectify the situation and take disciplinary action. In other cases, where PLCs were seen to be particularly competent, they then became overloaded with involvement in every new NHASP activity. The lack of a standardised reporting format from PACS to PLCs to NHASP and vice versa has compounded this situation.

In general the Review Team found support from the national level (both NHASP and NACS) to the provinces to be weak. It has been adequate where the PACS is strong (e.g.

WHP), but not where the PACS is patchy (e.g. Milne Bay) and quite inadequate where they are weak (EHP, Morobe). It was unrealistic to expect one PLC to cover five provinces, particularly if a number of those provinces have weak PACS. It was completely unrealistic to expect one Provincial Programs Adviser to cover 20 provinces from a NACS point of view. This has meant that NACS has been seen as somewhat irrelevant by the PACs, particularly when it comes to technical assistance or the resolving of problems. However, the Provincial Governments perceived HIV as being almost totally NACS' responsibility which is an unfortunate combination.

Resources

To improve support from NACS to PACS and avoid the problems of the past, additional resources are required. The number of Regional Managers should be increased to 6. The Review found that 4 PLCs were not able to provide adequate support to five PACSs each. This is likely to be the case even if competing responsibilities are reduced because a number of weak PACS will require intensive assistance to improve. RMs providing support to weak PACS will need to be responsible for fewer provinces while those providing support to average and good PACS could have a larger number of provinces. The RMs need to provide regional support and should be based at provincial level to provide stronger support on a daily basis. By being based within a PACS the RMs will get a better feel about the challenges faced and strategies required to deal with them effectively. The RM will need to travel to nearby provinces to provide support. They will require an adequate travel budget to ensure that they assist all their allocated provinces. Since there will initially be only 4 RMs for logistical reasons they should be based in Mt. Hagen (Highlands region), Madang (Momose region), Port Moresby (Southern region) and Rabaul (Islands region). That allocation will need to be reviewed as additional RMs are employed and the workload reallocated.

In general the management and coordination skills of HRCs are weak. The recommended expansion of the capacity mapping activity to PACS would identify the priority areas for management development. The RMs will need to spend considerably time working with them to improve those skills. There is currently a shortage of people in PNG with strong management skills so it is likely that the RMs will need to improve their capacity in this area as well. The Review Team recommends that AusAID provide long term management advisers to work with the RMs. Those advisers would assist with the required management development activities at the regional, provincial, and district level to improve the HIV response.

The PAC Operations Manual was designed to assist PACS staff to operate in a manner consistent with NACS and government procedures. The Review Team found that many of the PACS offices visited had an incomplete copy of the Manual. Some HRCs indicated that they have never had a complete manual. Some PACS staff stated that they found the sections that they had used to be helpful. The Review Team was not able to undertake and extensive review of the value of the manual given the limited time available. However, changes that have occurred and will occur during the next year (NACS structure, HRD activities, grants program, etc) make the current manual outdated. The Manual should be redeveloped to take account of these and other changes that have

occurred since its last update. This will require a special project with its own financial and human resources. The Manual could be a valuable resource for improving PACS performance. RMs should ensure that HRCs always have a complete and up to date Manual.

Volunteers have been and are likely to remain an important resource for the HIV response. The Review Team found that volunteers are used by stakeholder organisations to implement their programs and activities. PACSs use both short and long-term volunteers. Some volunteers work with the PACS and other organisations almost daily and are available all day. However, the use of volunteers is not costless to an organisation. Frequently volunteers are provided with training. The high turnover of volunteers can increase training costs. Some organisations provide volunteers with bus fare or lunch money. Not providing those incentives can also increase volunteer turn over. Long term volunteers sometimes expect that they will eventually be able to fit into a job within the organisation. Individuals have their own reasons for doing volunteer work within the HIV response. An automobile accident that injured several volunteers on their way to a PACS activity has raised the issue of insurance for volunteers and organisational liability. The Review Team recommends that NACS develop a policy about volunteerism that addresses the issues of incentives, insurance, and liability.

NACS should assist the PACS to tap into the international volunteer pool. Recruiting international volunteers to work with PACSs would assist them in their HIV response activities by providing individuals with skills that are required. The HRC for Madang Province (not a Review province) told the Review Team Leader that having a VSO working with her has been extremely valuable for the Madang response. NACS, with the assistance of AusAID, should consult with the PACS and develop a list of the needed skills and then work with the major volunteer organisations to source individuals with those skills willing to work with the PACS. It would be more efficient to undertake this task from the national level rather than leave it to the interested PACS.

6.3 Recommendations

- The number of Regional Managers should be increased to 6 and they should be based with PACSs in strategic provinces.

- AusAID should provide long-term management advisors to counterpart with the Regional Managers.

- NACS, with the assistance of AusAID, should undertake a special project to redevelop the PAC Operations Manual.

- NACS should develop a volunteer policy that gives guidance about the use of volunteers, incentives, insurance, and organisational liability.

- NACS, with the assistance of AusAID, should develop a program for recruiting international volunteers with required skills to work with PACS.

7.0 COORDINATION

7.1 Mainstreaming the HIV Response

Coordinating a multi-sectoral response to HIV requires that the NACS and PACS strengthen their relationships with a large number of players from the governmental and non-governmental sectors. In the governmental sector some departments such as health are involved with AIDS work while others need to mainstream HIV as part of their core business. The office of the Prime Minister and the Department of Provincial and Local Government Affairs (DPLGA) have particular responsibilities to facilitate the mainstreaming of the HIV response into the normal activities of departments at the national, provincial, and district levels. DPLGA has sent out circular instructions to Provincial Administrators to include HIV in the work the provinces are doing. Similarly, the PM's Department has included one additional criterion to be used in assessing the performance of Departmental Heads that considers the department's activities to address the issue of HIV within their respective organisations. Follow-up is required to ensure that the issued instructions are being followed.

With the exception of the health and education sectors, a majority of public sector organisations have minimal involvement in the HIV response. During the fieldwork phase of this Review a team member participated in a workshop on provincial planning for Provincial Administrators, Planners, PACS, and major stakeholders. The workshop included a half day session on mainstreaming HIV. The workshop has to some extent clarified the difference between AIDS work and mainstreaming HIV as part of core business and has generated much interest in the area of mainstreaming. The Milne Bay Provincial Advisers demonstrated the best understanding of what mainstreaming of HIV (and integrated planning) could look like, and would be well placed for piloting of support for this at provincial level. However, it is likely that substantial follow-up and support will be required to generate mainstreaming activity at the provincial or district levels.

DPLGA has plans to provide follow-up on the interest stimulated in mainstreaming. NACS has been asked to do a presentation at the Annual Provincial Administrator's Summit in August. That activity will assist to establish, at the executive level, a common understanding about Provincial implementation of the NSP and the role of mainstreaming in the HIV response. DPLGA has included mainstreaming HIV in its 2007 Annual Plan as a priority area. The goal will be "To mainstream the HIV and AIDS Response in Provincial Corporate Plans." Strategies to be employed include raising awareness about HIV amongst provincial administrators, key managers, and district administrators, and ensuring that all provincial and district administrations adopt HIV and AIDS as a Key Result Area of their Corporate Plan. To take the mainstreaming activities forward AusAID should support the placement of a mainstreaming adviser within DPLGA.

7.2 Health Sector

The relationship between NACS and the NDOH nationally appears to be strengthening, however the historical challenges that have existed between the two government agencies appear to have been replicated at provincial (and subsequently district) level. Currently the same individual holds the posts of Minister for Health and Minister Advising the Prime Minister on HIV and AIDS. This situation presents a window of opportunity for NACS to work with the minister to develop a strategy for better integrating the work of NDOH and NACS. The expansion of antiretroviral therapy to the provinces requires solid working relationships between provincial hospitals and PACS. Strong relationships with provincial hospitals has enabled some PACS to foster referral links (particularly in the area of HIV testing), and to link community based groups with technical expertise within the hospital.

Strengthening the relationship between the PACSs and the Provincial Health Offices should be a priority for the next 12 months. It would be useful to for discussions to be held between the PACSs and Provincial Administrations to determine a formal role for the PHA on the PAC executive (where these exist). This should not necessarily be a time-intensive role (such as that of PAC Chairman), but a meaningful advisory role aimed at ensuring complementarity of HIV response activities, health service delivery and health promotion activities at district and provincial level. Weaker relationships between the PACSs and the Provincial Health Advisers have hindered the engagement of the health sector in the districts. District Health Advisers show enthusiasm for greater involvement in the provincial response to HIV and AIDS, but are sometimes unclear as to how to link with the PACS in the absence of guidance from the PHAs. The initiation of district and provincial level annual activity planning for the HIV response has reinforced the need for the PACS to work closely with health providers in order to better coordinate the HIV response.

7.3 Education Sector

Last year the Department of Education launched its HIV Policy and it is currently working on an implementation strategy. Other ongoing activities include adding the teaching of reproductive health (including HIV and AIDS) into the curriculum for teachers colleges, building reproductive health into the personal development part of the curriculum for grades 6 – 8, and working with UNFPA to provide in-service training to teachers about reproductive health. Teachers are one of the few professional groups located in rural areas and are valuable village level resources. The District Education Inspectors also spend considerable time in rural areas. NACS needs to work with the Department of Education to determine how teachers and inspectors can play a role in monitoring the HIV activities in rural areas. There is a need for monitoring individuals who bring the HIV awareness message to rural communities to ensure that the message does not drift over time. There is also a need to monitor community level HIV activities that are supported by NACS to ensure they are carried out effectively and in compliance with appropriate legislation and policy.

7.4 Private Sector

The private sector is a key resource and needs to be encouraged to be more active in the HIV response. In some provinces, the private sector has been actively involved in responding to the impact of HIV among workforces and local communities. In Enga, Western Province and New Ireland, the mining industry has been directly supporting HIV-related activities for many years now. The HRSS has also strengthened the involvement of the private sector in a number of provinces. An increasing number of individual companies are beginning to take serious steps to responding to HIV within their workforces (for example, East-West Transport in Goroka, Protect Security and Coca-Cola in Mt. Hagen).

However, evidence of genuine public-private partnership on HIV is limited. In a few communities, large companies are providing health and HIV-related services to local people beyond their employees. For example in Milne Bay, the Milne Bay Estates oil palm company have played a leadership role in HIV prevention the province. There is less evidence of public-private collaboration for the mainstreaming of HIV across different sectors at this time.

Whilst the Provincial Chamber of Commerce was represented on many PACs in the provinces visited by the Review Team, only, Morobe and West Sepik had active involvement of the Chamber in the PAC. The Private Sector Support Unit based with the Chamber of Mines and Petroleum has been actively working with private sector organizations throughout the country carrying out advocacy and awareness programs. The work of the unit is generating interest and demand from the private sector. Support from NACS for an inter-provincial forum on HIV and the private sector, showcasing the work of companies providing strong support to the provincial response, may be one way to further engage the Chambers of Commerce and other private sector representatives.

7.5 Strengthening Relationships

There appears to have been an assumption, at both national and PAC level, that stakeholders would “come to us” – that organisations and community groups would voluntarily communicate and liaise with the PAC/PACS about their proposed and ongoing activities. This has not always happened. Community groups have primarily engaged with the PAC/PACS in order to seek funding for the implementation of activities. Where funding has been unavailable (and in particular where frustration has developed with the NHASP grants process), community groups have often ceased to engage with PACS staff. NGOs and Churches have sometimes bypassed the PACs in seeking funding assistance (whether from NHASP or other sources), and communication about ongoing projects has been inconsistent. This is particularly true in provinces where the PAC is weak, and stakeholders implementing HIV-related activities have been unable to see the value in liaising with the PAC about their activities.

The HRSS/Tingim Laip activities have made an important contribution toward expanding the HIV response. HRSS coordinators must ensure that they keep the HRCs fully informed about their activities. Also, the HRSS coordinators must be involved with the

district planning exercises so that their activities are reflected in the plan and so other stakeholders can consider how HRSS activities may affect their own activities. For example, in Morobe Province the initiation of HRSS sites increased the demand for VCT services and the district health service was not prepared for that increase in demand. District level planning and stakeholder conferences should improve the coordination of activities between stakeholders and lead to better services for the people.

Stakeholders in a number of provinces recommended that consideration be given to supporting HIV and AIDS stakeholders' meetings or forums (one or twice a year). These forums would provide an opportunity for stakeholders to meet with the PAC/PACS, and each other, outside formal PAC meetings which are *"filled up with PAC business"* (community stakeholder, Milne Bay). It was suggested that these forums be organised by the PACS, and that transport and accommodation be resourced to allow the PACS to bring in representatives from all districts. Stakeholders felt such a forum should be structured to facilitate the sharing of experiences and lessons learned from current activities; discussion of initiatives proposed by NACS, donors and the stakeholders themselves; and identification of opportunities for integration and consolidation of efforts. Regular stakeholder forums would provide an opportunity for the PACS to update a provincial database and allow accurate mapping of the districts. The forum should be tied into the annual activity planning cycle.

7.6 Recommendations

- AusAID should support the placement of a mainstreaming adviser within DPLGA to take the mainstreaming activities forward

- NACS should work with the Minister for Health and the Minister Assisting the Prime Minister for HIV and AIDS to develop a strategy for better integrating the work of NDOH and NACS.

- PACSs and Provincial Administrations should hold discussions to determine a formal role for the PHA on the PAC executive.

- NACS should work with the Department of Education to determine how teachers and inspectors can play a role in monitoring the HIV activities in rural areas.

- NACS should support an inter-provincial forum on HIV and the private sector, to showcase the work of companies providing strong support to the provincial HIV response. This may be a way to further engage the Chambers of Commerce and other private sector representatives in the HIV response.

- PACS should budget for an annual structured stakeholders forum to facilitate the sharing of experiences and lessons learned from current activities; discussion of initiatives proposed by NACS, donors and the stakeholders themselves; and identification of opportunities for integration and consolidation of efforts. The forum should be tied into the annual activity planning cycle.

8.0 FUNDING

8.1 Funding Sources

Funds to support the NACS provincial HIV programs come from three sources – international development partners, GoPNG, and provincial governments. The provincial program has been largely funded by AusAID through the NHASP. Until January 2006 that funding supported the salaries of the Provincial HIV Response Coordinator and the Provincial Care and Counselling Coordinator. The GoPNG has now taken over funding those positions. NHASP support also included quarterly operational funds of at least K3,000 for each PACS (more funds are available for provinces with high risk settings). A number of Provincial Governments have taken on the responsibility of providing funding to support the operations and activities of PACS. Western Highlands, Morobe, and Central Province have made budgetary allocations from their provincial budgets to support the work of the PACS.

Financial commitments from Provincial Administrations have been channelled through different budgetary lines within the Provincial budgets. For instance, commitments by the Provincial Governor are paid out of the Governor's Office as in the cases of Western Highlands, Eastern Highlands, and Morobe. They are generally provided to the PACS as a grant and paid directly into the PAC's Operating Account. When the Provincial Government has provided annual allocations as in the case of Morobe, this funding has been provided through the Provincial Health budget as a grant to the PAC. The PACS must provide a budget to the Administration to access the funding. In Central Province, the K20,000 annual allocation to the Central PAC has been channelled through a new budget line created within the Provincial budget specifically for the PAC. To access and expend these funds, the PACS must follow normal financial procedures like any of the Administrative Division. HIV has been identified in the MTDS as an expenditure priority. Thus, there is a need to explore sustainable ways of providing increased funding to PACS from provincial budgets to support the provincial HIV response.

Provincial Budgets are financed from two sources; the first are the grants from the national government paid to the provinces as a requirement under the Organic Law. The second are funds generated internally by the provincial government. It is against the Organic Law to sanction any of the funds going to the provincial governments to fund priority programs of the national government such as the HIV response. There is currently a Parliamentary Bill sponsored by the National Economic and Fiscal Commission (NEFC) to tie a certain percentage of Provincial Government funds to infrastructure, health and education programs in the provinces. This could be a reliable source of funding for provincial HIV activities. The Bill is due for the first reading in the August Parliamentary sitting and is likely to be hotly debated by very vocal Governors. Changes to the Organic Law will be required if the Bill passes. This legislative fiat approach could be a lengthy process. Provinces need to be encouraged to use a larger slice of their internally generated funds for the HIV response to comply with the MTDS.

8.2 Funding Requirements

The recently completed district and provincial annual activity planning process has generated costed plans for each district and province which are currently being refined. The Review Team strongly supports this integrated planning process as funding requirements will be tied to activities. The size of the required resource envelop will soon be known. The level of funding to be provided by the three major funding sources can start to be negotiated. Potentially this process could encourage provincial governments to increase their contributions as they will know what their funds will be buying. If the funding requirements exceed the resources the priority activities that are affordable can still be undertaken.

Funds are required for HIV activities including the coordination activities that are the responsibility of the PACS and capacity building. The level of operational funds required by each of the PACS is currently being quantified and should be known in the near future. Likewise, the capacity building requirements of the PACS and its stakeholders should also have been identified in the planning process. If this is not the case a pool of contingency funds will have to be set aside for this purpose.

8.3 Financial Management

It is likely that for at least the next 3-5 years the majority of funding for the provinces' response, including funds for the PACS, will come from development partners. In this case PACS will receive the bulk of their funds as a grant from NACS. The PACS will have to continually improve their financial management capacity and the recommended addition of an Accounts Clerk to the staff should assist in this area. However, it is likely that at least in some provinces the provincial government will also increase its funding to the PACS. If those funds are provided to the PACS in a form other than a grant deposited into the PACS Operational Account the financial management task will be complicated.

Currently, Central Province is accessing funding through two different systems (although that does not appear to be causing great concern at this stage) and other provinces could be in the same situation. The long term goal should be to strengthen and utilise standard government financial systems for the HIV response but that may not be practical in the short run. Situations also vary from province to province. During the annual planning process the PACS and Provincial Administration should agree on how PA funds will be accessed by the PACS. That will enable the PACS to include financial management training funds into its operating budget to build capacity to access and manage the PA funds if required.

With the end of NHASP, NACS will assume more responsibility for funding the provincial response. Its financial management burden will increase and it will have to gear up its finance systems and procedures. The NACS capacity mapping report recommended that NACS review and refine finance procedures. The Review Team supports that recommendation. Financial management in the PNG government system is a complex, technical, and dynamic area. The PGAS is being phased out and replaced by IFMS. Dual systems and procedures may be required for a period of time. A special study should be carried out to determine the best way forward for NACS and that study should

identify any lessons about trust fund management that can be learned from HSIP. The refined financial procedures will have to be included in the PAC Operations Manual or that manual will have to be supplemented with a Finance Procedures Manual.

During the next 5 years funding for the HIV response will no doubt increase. NACS will have to assist stakeholders to scale up their activities at the provincial and district level. Some PACS will be better able than others to coordinate and stimulate activities. NACS needs to determine how spare or additional resources will be allocated. Should well performing PACS be rewarded and encouraged to become models from which others can learn? What type of incentives may encourage provincial governments to provide more support for the provincial response? Should poorly performing PACS receive special attention to try and boost their performance? Should all these types of questions be handled on a case by case basis? NACS needs a process for addressing issues of equity in outcome and incentives for provincial governments to become more engaged in the response.

8.4 Recommendations

- During the annual planning process the PACS and Provincial Administration should agree on how PA funds will be accessed by the PACS. That will enable the PACS to include financial management training funds into its operating budget to build capacity to access and manage the PA funds if required.

- NACS, with assistance from AusAID, should undertake a special study to review and refine its financial systems and procedures to ensure they are sound and safe. The study should also identify any lessons about trust fund management that can be learned from HSIP.

- NACS should develop a process for addressing issues of equity in outcome in the provincial HIV response and incentives for provincial governments to become more engaged in the response. This will assist NACS to allocate spare or additional resources to provinces.

9.0 GRANTS

NHASP and NAC have established a grants program to provide funds for Provincial and District HIV activities. The grants program is managed by a Grants Committee. Government and non-government organisations can seek HIV project funds by completing and submitting a standardised grant application. Grants submitted by CBOs, church organisations, and other small groups are to be screened and endorsed by the grants sub-committee at PAC level prior to being forwarded to the NAC/NHASP Grants Committee. Large international NGOs and major churches submit their major grant applications directly to the NAC/NHASP Grants Committee and are to send a copy of the grant application to the relevant PAC to keep them informed. The NAC/NHASP Grants Committee reviews all applications and decides which are to be funded. Approved funds are distributed and monitored by NACS/NHASP staff.

This process has been effective in getting funds to organisations to implement projects in line with the priority areas identified in the National Strategic Plan. In the last two years, total grants approved and disbursed totalled K7.2 million. Grants for counselling, care and VCT totalled K4.5 million (63% of total), grants to organisations implementing multiple component actives totalled K1.3 million (19%), grants for education, awareness, and information activities totalled K0.9 million (12%), grants for training totalled K398,000 (6%), and grants for hard infrastructure development totalled K42,000 (<1%).

NACS is now taking on the full management of the grants program. The Review team discussed the grants process with representatives of small and large organisations which had received and not received grant funding. PAC members, PACS staff, and NACS/NHASP staff involved in the grants process were also consulted. A number of issues were uncovered. The major issues can be classed as user issues, administration issues, and growth issues. These issues are raised in order to help strengthen a program that has been effective and will need to grow over the medium to support a larger response at the provincial and district levels.

User Issues

Representatives from a number of grass roots organisations and community groups viewed the grant application as complex and "not user friendly". They required assistance to complete the application and stated that PACS staff were not always able to assist them in a timely manner. They also express frustration about the time lag between submitting an application and finding out if it had been funded or not. Some PACS staff commented that responding to frustrated grant applicants took up a substantial amount of time.

Representatives from large organisations that had been successful in the grant process raised several important points regarding the process. One respondent stated that strength of the current grant program was that NGOs were able to obtain funds to initiate or expand services while retaining control over staff and payments, thus retaining accountability in service delivery. Representatives expressed a need for multi-year funding to provide continuity for staff and service delivery. One suggestion was for 5 year funding with a mid-term review. Also, organisations that are expanding the scope

and scale of their services need funding for organisational development activities. Management competence, including monitoring and evaluation skills in particular, take time for staff to develop and are crucial to the success of service development and delivery. Managers need to be able to work their way up to higher levels of responsibility with an appropriate mix of experience and training. Another need identified was that the grant process should take into account an organisation's past performance to allow well performing organisations to expand services quickly. An additional issue was the need for "gap filling funds" to allow required services to be initiated while line agencies are organising program funding. An example given was the need for health centres to provide services to stop mother to child transmission of HIV yet funding for that service is not currently available from NDOH.

Administration Issues

The current Grants Program is essentially a "pull" based system. The availability of funds pulls in applications from organisations with ideas about what services to provide and where to provide them. This system has been very successful in generating grant applications, perhaps even too successful. A large number of applications have come in. Also, many poor quality applications have been received particularly from small organisations. NACS/NHASP has only a small number of staff to process the applications for the Grants Committee. A backlog of applications developed. As expected the Grants Committee approved the highest quality applications that proposed delivering services that were identified as priorities in the NSP. An unintentional outcome of this pull based system was that a number of provinces received relatively little grant support (see Annex 5). As grant support is a major tool for funding provincial and district level activities this has contributed to support for response activities being unequitable between provinces, and patchy coverage of HIV-related responses within provinces.

The Grants Program needs to be modified to include a monitoring component that ensures that all provinces are receiving an acceptable minimum level of grant support for response activities. Criteria will need to be developed to define an acceptable minimum level of grant support. Also, a push component could be added to the system. If provinces do not have organisations that can deliver the priority services with acceptable quality, grant funding could be made available to organisations with a good track record willing to expand into new geographic areas. Organisational development funds could also be made available to allow new providers to develop where required. A combination of the two strategies would work best. An established organisation could assist the development of new service providers. A six monthly review process for the grants program is required to monitor its outcomes.

A new development that the Grants Program must adapt to is the initiation of the annual district planning process. An outcome of the district planning process is district and provincial level annual activity plans. The Grants Program will be a major funding tool for the identified activities. The timing for developing, accepting, processing, and approving grant applications will need to be integrated into the district planning cycle.

Growth Issues

The Grant Program will need to expand during the next few years as the provincial and district activities grow to respond to the HIV epidemic. The expansion will have to be well managed to provide solutions for the issues identified in this review, institute efficient financial management controls for the enlarged program, and to respond to future issues that will inevitably arise. NACS should explore how it can integrate with and/or learn from the CDS grants program and HSIP. The current shortage of financial management expertise in PNG means that expansion in one area could undermine activities in another area.

CDS has several years experience in running a substantial grants program (around K12 million in approvals for FY2006) with a rural focus. It is also addressing a number of issues raised by users of the NAC Grants Program such as multi-year funding, funding for organisational development, and proposal writing assistance for CBOs. Similar administrative issues are being grappled with including processing a large number of applications, databases to help manage the program, staff development, and monitoring the activities of grantees. To manage its full array of programs CDS employs 40 national and regional staff and 100 part-time fieldworkers. NACS and CDS may find synergies by sharing CDS fieldworkers to assist CBOs to develop HIV grant proposals and to monitor grantees in rural areas.

HSIP is managing K103 million for FY2006. It disperses funding at the provincial and district level as well as providing funds directly to some NGOs. It currently uses a trust account model because the government financial systems are not reaching the district level. In the second half of 2006 it will trial providing funds to some districts using the District Treasury offices with the Province being responsible for acquittals. HSIP funds are used to support the priority programs of NDOH (including HIV) that are included in the provincial and district annual activity plans. Expenditure is constrained due to the lack of service delivery capacity at the district level and a shortage of staff with appropriate financial management skills at all levels. At any one time 3-5 provinces are barred from accessing HSIP funds because they have not met acquittal guidelines. HSIP can access CBSC funding for skills development at the national, provincial, and local level and is working to improve the financial management capacity in the health sector. The long term goal is to help strengthen the government financial system so appropriate financial management takes place at the provincial and district level.

HSIP is facing issues that the NAC Grants Program will face in the future as it scales up and needs to disperse funds at the district level. Synergies may be found by working together particularly in the areas of financial management training, undertaking acquittals, and distributing funds to districts.

PACs that are functioning well could assist the NAC Grants Program to operate more efficiently. They could be given decision making authority for small grants up to a certain threshold which could be determined on a case by case basis through negotiations with the NAC Grants Committee chairperson. The ability of the PACs to play a greater role in supporting the NAC Grants Program would be greatly enhanced by the addition of an accounts clerk to the PACS staff. If CDS were assisting organisations to write grants that

are addressing district priorities, the burden on PACS staff should be manageable and turn around time for decisions reduced. Standardised procedures for the routine share of grant approval information between PAC and the NAC Grants Committee would have to be strengthened. Improved information sharing mechanisms would have the additional benefit of keeping PACs informed about decisions made by the Grants Committee as well. This was an area of concern expressed by several PACs. CDS has developed a database management system that allows for the routine flow of this type of information from national to provincial level and may be able to assist in this area.

9.1 Recommendations

- The NACS grant application should be revised so that applications for less than K5,000 are simple and extremely user friendly; applications for K5,001-100,000 require more detail; and applications for greater than K100,001 require the most detail.

- NACS should allow organisations to be able to apply for and receive multi-year funding.

- NACS should include a grant management fee for organisations that receive grants greater than K100,001.

- NACS should allow and encourage organisations to include organisational development activities in their applications.

- NACS should modify the grants approval process to include a monitoring component that ensures that all provinces are receiving an acceptable minimum level of grant support for response activities. Criteria will need to be developed to define an acceptable minimum level of grant support. Grant approval outcomes should be reviewed every six months to determine if the minimum standards are being achieved.

- NACS should modify the grants process to ensure that, at least for major grants, the timing for developing, accepting, processing, and approving grant applications is in synch with the district planning cycle.

- NACS should explore how it can integrate with and/or learn from the CDS and HSIP grants programs. In particular, it should explore how it can use CDS field staff to assist community groups to prepare applications and to monitor village level activities; also, how it can work with HSIP in the areas of financial management training, undertaking acquittals, and distributing funds to districts.

- NACS should transfer to well functioning PACs the decision making authority for small grants up to a certain threshold which is determined on a case by case basis through negotiations with the NAC Grants Committee chairperson. The threshold should be increased as a PAC demonstrates its ability to run the program efficiently.

10.0 FUTURE SUPPORT

10.1 Technical Support

Long-term Mainstreaming Advisor
To enhance the provincial HIV response during the next 5 years AusAID should provide technical support to DLGA. A long-term mainstreaming adviser should be recruited to support the mainstreaming work of the DPLGA. The adviser would work on a daily basis with DPLGA staff plus provincial and district level staff to assist them to integrate HIV support. The objective is to build staff capacity using a learning by doing methodology. The adviser will act as a trainer, coach, and mentor staff at each administrative level.

Long-term Management Advisors
AusAID should recruit long-term management advisors to counterpart with each of the Regional Managers employed by NACS. Enhancing management capacity at the regional, provincial, and district level is critical to the success of the HIV response. The advisors would initially work with the RM to build specific management skills. The RM would then reinforce those skills by working to build the same skills with the targeted PACS staff. The advisor would coach and mentor that activity. The next round would have the PACS staff person work with an appropriate staff member for the district. The PACS staff would develop their instruction skills while the RM acts as coach and mentor. This learning by doing approach would offer staff the opportunity to develop capacity to build skills as well as improve their own technical skills.

Although each advisor would have management and capacity building strengths they should also each have a different specialist skill. In this way a mix skills such as change management, coordination and liaising, monitoring and evaluation, human resource management, and financial management would be available to the RMs and others.

10.2 Role of the AusAID Sub-national Initiative

The Sub-national Initiative of Government supported by AusAID through the Department of Provincial and Local Level Affairs broadly intends to enhance the capacity of provinces in service delivery, covering the areas of public administration, planning and budgeting. The program is currently being piloted in Eastern Highlands, Central and East New Britain and has the potential to further strengthen the PAC/Administration relationships in the provinces. In East New Britain, the Acting Provincial Administrator has engaged the SNI adviser to work closely with the PAC and the Secretariat to firmly establish working relationships with the relevant divisions in the Administration. The Administration has also added on HIV as one of its Key Response Areas in its annual plan. In the Central Province, the SNI adviser is a member of the advisory team to the PAC and provides the link between the Administration and the PAC/PACS. In the Eastern Highland where that PAC has been particularly weak in mobilizing an integrated province wide response, the SNI advisor has helped to bridge the relationship gap between the Provincial Management Team, the PAC and its Secretariat. The SNI advisor sits on the PAC as part of the advisory support team to the PAC and in particular to the finance and administration committee.

There is an opportunity here for the NACS/PACS and the SNI provinces to work collaboratively in relationship building as well as capacity enhancement for improved service delivery. Initiatives under some SNI programs to mainstream HIV in Provincial Corporate Improvement Plans as in the Eastern Highlands and identifying HIV as a provincial KRA as in the case of East New Britain are initiatives that must be supported by NACS and its partners as a key tool for strengthening the involvement of the administrations in the response.

As the SNI expands into new provinces it will help to highlight the role of mainstreaming for provincial and district level agencies in the HIV response. The support that SNI provides through the Provincial Performance Improvement Initiative will help to improve management systems at provincial and district level. Improved planning, implementation, and monitoring skills at those levels will assist agencies achieve the targets that are set in the annual planning cycle for the HIV response.

11.0 REFERENCES

Bloom, E., I. Bhushan, et al. (2006). Contracting for Health: Evidence from Cambodia. 8th Bureau for Research and Economic Analysis of Development Conference on Development Economics. New York, Centre for International Development, Harvard University.

Bossert T and Beauvais J. 2002. Decentralisation of health systems in Ghana, Zambia, Uganda and the Philippines: a comparative analysis of decision space. Health Policy and Planning, 17: 14-31

Buve A, Kalibala S, McIntyre J. 2003. Stronger health systems for more effective HIV/AIDS prevention and care. International Journal of Health Planning and Management, 18: S41-S51

Dawes R. 2003. Investigating the interface between health system reform and HIV/AIDS in sub-Saharan Africa: an approach for improving the fight against the epidemic. African Journal of AIDS Research, 2(1): 23-31

Lamptey P, Zeitz P, Larivee C (eds). 2001. Strategies for an Expanded and Comprehensive Response to a National HIV/AIDS Epidemic. Arlington: FHI/USAID

Loevinsohn, B. and A. Harding (2005). "Buying results? Contracting for health service delivery in developing countries." Lancet **366**: 676-681.

Jeppsson A. and Okuonzi S. 2000. Vertical or holistic decentralisation of the health sector? Experiences from Zambia and Uganda. International Journal of Health Planning and Management, 15: 273-89

Mohiddin A. and Johnston D. 2006. HIV/AIDS mitigation strategies and the State in sub-Saharan Africa – the missing link? Globalisation and Health, 2(1): 1-5

Saide M. and Stewart D. 2001. Decentralisation and human resource management in the health sector: a case study (1996 – 1998) from Nampula province, Mozambique. International Journal of Health Planning and Management, 16: 155-168

Soeters R. and Griffiths F. 2003. Improving government health services through contract management: a case from Cambodia. Health Policy and Planning, 18(1): 74-83

Annex 1
Adviser Terms of Reference

Annex 1

TERMS OF REFERENCE

REVIEW OF PROVINCIAL PROGRAM

1. Introduction

The development of an expanded and effective provincial response is critical to the success of efforts to curb the growth of the HIV epidemic in Papua New Guinea. This response was expanded significantly from late 1990s with the establishment of Provincial AIDS Committees (PACs), increases in grant funding for community level activities, increased involvement of government, non-government and faith based organisations and greater commitment from Provincial and District level government in many areas. Much of this response has been funded through National HIV and AIDS Support Project (NHASP) which will end in December 2006. Responsibility and management of the provincial response has been centrally managed through National AIDS Council Secretariat (NACS) and increasingly this responsibility is being devolved to Provinces through Memorandum of Understanding (MOUs) with Provincial Administrations. As the Project winds down and AusAID is preparing for its new program of support, it is timely to assess the current provincial response and identify the direction and capacity for ongoing support to this program.

2. Background

PACs have been established in all provinces in Papua New Guinea. The PACs function as provincial committees of the NAC and have multi-sectoral representation. The PACs are responsible to NACS for the administration and coordination of HIV and AIDS programs through a multi-sectoral approach in the province. The PACs decide policy and direction of the provincial response, screen grant applications and recommend funding for grants to local groups. They are also the key mechanism for the supervision, coordination and monitoring of the implementation of the national strategy at provincial and district levels.

The provincial program of NACS has been primarily funded through NHASP. This funding has supported, salaries of two positions for each PAC, provision of equipment, repairs and maintenance, operating costs and funding activities through a grants program. The project also provides staffing and support to provincial teams and PACs through Provincial Liaison Coordinators (PLCs), based at the national level. The provincial program was established on the basis that provincial governments would assume ongoing funding for these positions once NHASP was completed. Provincial government were also expected to fund support and administrative positions within the secretariat and provide space for the office.

In 2003 the Functional and Expenditure Review of NACS found the lack of funding, poor resource management and performance, limited skills and commitment were some of the factors undermining program development and implementation at the provincial level. There was also little accountability for the program at the local level. Subsequent reviews

recommended greater integration of these positions within local structures and the development of MOU between NACS and provincial governments to streamline management and operations of PACS. These reviews also made clear that the "one-size fits all" model of PACs was not appropriate for all provinces and that new structures needed to be developed to reflect local needs.

MOUs have been signed for a number of provinces and they set out the obligations of provincial governments and NAC in relation to staffing, management and funding for the program. These MOUs are also a stimulus for provinces to identify their responsibilities in relation to addressing HIV and AIDS in the province including budgetary allocations.

The AusAID Role of Government Study (2005) found that there is clearly a much-improved level of response and more initiatives were emerging at sub-national level. These were:

- More commitment and leadership by Provincial administrations - Governors are providing leadership within Provincial Assemblies; some Provincial Administrations providing funding for PAC staff and operational costs; some Provincial Administrators chairing PAC and Working groups and taking more responsibility for day-to-day management of the secretariat.
- There is an increasing level of activity at districts: formation of District AIDS Committees in some districts.
- PACs are mobilising provincial government support and in some provinces are securing external funding from donors.
- Different models for coordination of the response are emerging: working groups were encouraged as an alternative to PACs in some provinces; stakeholder forums are established in some provinces (Morobe).
- Activities such as social mapping, district strategic planning, counsellor training, theatre groups, have increased stakeholder involvement, interest and provided focus for local efforts.
- Grant funding to local organizations has increased the level of community mobilisation across the country.
- Initiatives such as UNDP Leadership Development program appear to have galvanised action in a number of provinces and mobilised leaders at all levels
- Faith based organizations have strengthened their responses in most provinces and are leading the way in provision of care and community support services.

However, despite much more activity at sub-national level there are significant constraints and challenges that are impacting on the effectiveness of this response:

- Activities are largely concentrated in provincial towns or near the urban areas.
- Communication between PAC, PACS and Provincial Administrations, including the lines of accountability and reporting are not clear.
- Political support from provincial government is not demonstrated in financial support of HIV and AIDS programs.
- Leadership and governance issues of PACs

- Ongoing difficulties with management of provincial program from national level – issues of management support, regular feedback, supervision, responsiveness to grant applications, timeliness of grant funding, and distribution of materials.
- Issues of capacity and resource management among PACS.

Much of the provincial response to date has been driven by structures and funding from the national level, however there is an increasing response at the sub-national, driven by provincial governments and civil society groups. This is inevitably creating tension with a centralised approach and may need to be reviewed to take account of greater need for locally driven responses. Importantly, stakeholders wanted an increased response at the LLG level, using existing structures and networks. There is an increasing distance between this level and the structures set up at provincial and national level around communication and technical support to develop local responses.

Recent moves at the national level suggest that the government may be moving away from supporting a centrally funded provincial program and is looking to strengthen provincial efforts to become more involved. The NEC decision (No 241/2004 on public sector response and National Strategic Framework) recommends that:

> Department of Provincial Affairs and Local Level Government together with NAC, spearhead the review of provincial coordination guidelines. The guidelines should establish self-coordinating entities within each provincial structure whereby more responsibility of fighting HIV and AIDS epidemic is decentralised and ownership remains with provinces and their leaders.

NACS has now received funding for the provincial positions as part of its staffing establishment in the 2006 Budget. MOUs between NACS and Provincial Administrators that have been signed to date specify that provincial administrations will fund at a minimum, the administrative and support positions for PACS.

AusAID's Sub-national Initiative aims to improve national government's ability to support sub-national levels of government, improve service delivery and impact of aid program through better coordination. This initiative provides an opportunity in selected provinces to ensure that HIV and AIDS is appropriately addressed through planning and monitoring mechanisms of Department of Provincial and Local level Government Affairs, and through the provincial and district Joint Planning and Budgeting Priorities Committees.

Continued support for a response at the sub-national level is necessary and will need to be substantially increased as the epidemic progresses. The mobilisation of civil society organizations will also continue to increase and are likely to receive funding from a variety of sources. Provincial governments will be required to take a stronger lead in ensuring that these groups are addressing provincial priorities and are taking more action to coordinate these efforts.

It is clear that provincial programs need to be decentralised, managed locally and provincial governments need to take greater ownership and responsibility for the coordination of local responses. This review needs to examine the capacity of local structures to undertake this responsibility and the resources required to do this effectively.

The review also needs to clarify responsibilities and mechanisms for the effective delivery of support from the national to provincial and district levels and ways to improve accountability and performance.

3. Outcome of the Review

The Review will identify ways to effectively support a decentralised program in line with government vision and expectations for the provincial response to HIV. This includes identifying options for external support including resources required to strengthen the provincial program and improve performance, ways to improve delivery of technical and financial assistance, capacity development and stakeholder engagement and coordination.

4. Key tasks

Key tasks will include:

Review of key documents and report

- Review of key reports and documents on current provincial activities in Papua New Guinea
- Limited review of literature on effective provincial, multi-sectoral responses to the HIV epidemic in developing countries, to serve as a comparison for findings in Papua New Guinea.

Structure and operations of PACs and Secretariats

- Examine the current structures of PACs, including the various forms that are operating in provinces; their membership and operations (including PAC manual); decision-making responsibility, processes for management and assessment of grants and other resources.
- Assess the role and function of PAC Secretariat including:
    - Staffing and grading levels
    - Current positions and job descriptions
    - Management and supervision for these positions
    - Capacity and resources for effective operations
- Document factors that influence the performance of PACs
- Provide options on alternative structures that may more effectively support the provincial response including options for integration with Provincial Administrations

National-provincial management and support

- Assess the role of MOUs to achieve greater ownership and commitment from provincial governments and also to achieve greater clarity in the relationship and expectations from NACS
- Assess the capacity of provincial administrations to resource and manage the response, including:
    - support for management of HIV positions
    - financial and budgetary commitments for the response
    - reporting and accountability arrangements

  - mainstreaming HIV into provincial sectoral activities
- Assess the appropriateness of the role of NACS to provide financial and technical support to the provincial program and how this can be delivered
  - Assess current positions and organisational systems that provide technical and management support to PACs
- Identify ways to strengthen mechanisms of accountability between PACs, Provincial Administrations and NACS
- Assess the level of support required to establish support structures at district level
- Document management and support mechanisms that have contributed to improved performance of provincial programs and where appropriate identify options for ways to deliver this assistance.
- Assess Provincial government commitment to place a high priority on the response to HIV and AIDS

Coordination and engagement with stakeholders

- Assess the role of PACs as a multisectoral body to coordinate stakeholders
- Assess the impact of activities such as High Risk Setting Strategy, District Planning, and care, counselling and home based care training on provincial engagement and how these may be better integrated with other HIV activities at provincial level
- Identify ways to strengthen relationships and linkages between the PACs, PAC Secretariat with:
  - Sub-National Initiative in selected provinces
  - other government agencies
  - civil society organisations
- Identify ways to strengthen public–private partnerships at the provincial level

5. Key documents:

- Functional and Expenditure Review of National AIDS Council Secretariat (March 2002)
- Role of Government Study (2005) – Parts one and two
- Papua New Guinea's National Strategic Plan for HIV and AIDS 2006-2010
- NAC Act, HAMP Act
- Provincial plans and budgets
- District planning manual and District Strategic plans
- Social Mapping reports
- High Risk Setting Strategy and reports
- Other NHASP Reports - Capacity Building, Provincial Program Strategy, Annual Plans and Quarterly reports, Gender Report (MS 95). Youth Strategy Reports.
- PAC Administration Manual
- MOUs

6. Process for the Review

An independent Review team will be mobilised to undertake this review. The team will be supported by a Steering Group which will oversee and guide the process and outcomes of the review.

The Steering Group will include representatives from NACS, DPLGA, Provincial Administrations, DPMNEC, AusAID (SNI), NHASP and other donors. It is anticipated that the review team will meet with the Steering Group at the outset of the mission to determine methodology and reporting arrangements. There would be two follow up meetings between the two groups – one at a mid way point in the consultations and then again at the end of the mission to discuss findings and possible recommendations.

Methodology for the Review will be determined in consultation with the Steering Group and will be based on agreed criteria.

7. Qualifications and Experience

The Review team will comprise three consultants and representatives of Government of Papua New Guinea. Collectively the team will possess a broad range of skills and experience including program evaluation, organisational assessment, public sector administration and reform, and development of community based responses to HIV and AIDS. Team members will possess excellent communication and facilitation skills and be experienced in conducting participatory, quantitative and qualitative research. Previous experience of working within multi-sectoral responses to HIV in developing countries is desirable. Experience of working in Papua New Guinea is also highly desirable. The team members should possess an understanding of the HIV and AIDS and the cultural context in PNG.

8. Duration and Timing

The Review will be undertaken during April/May over a 5 week period. The team will be mobilised in Port Moresby and travel to selected provinces.

1. Steering Group appointed – end March
2. Team mobilised – mid April
3. Meeting held with Steering Group – mid April
4. Review of documentation and plan for consultations developed – mid to end April
5. Consultations undertaken in provinces – 4 weeks from end April to end May
6. Meeting with Steering group – mid May
7. Presentation of findings and possible recommendations – end May
8. Report presented – end June/early July.

9. Outputs

1. Detailed report that is no longer than 25 pages in length plus annexes and executive summary.
2. Facilitation of workshop with key stakeholders to discuss findings and recommendations.

Annex 2
Persons Consulted by Province

Annex 2
Persons Consulted By Province

WESTERN HIGHLANDS PROVINCE

Name	Position and Organisation
Dr K Biya	Medical Officer, Mt Hagen General Hospital
Dr Magdalyn Kaupa	Pediatrician, Mt Hagen General Hospital
Pym Mamindi	Planner, WH Provincial Administration
Julie Bengi	Acting Director, Policy and Planning – WH Provincial Administration
Mufi Koa	Director, Provincial Health Services – WH Provincial Administration
Sr Marina	Catholic AIDS, Rabiamul Care Center
William Goi	HIV/AIDS Facilitator, Western Highlands Women Empowerment
Robin Yakumb	PHO, Mt Hagen General Hospital
Kerry Galang	PHO
Joshua Leve	Tengtenga Orphanage Centre
John Paulus	HRSS, WHPAC
John Tokam	HRSS, WHPAC
Mathew Noki	Social Worker, Mt Hagen General Hospital
William Pena	Kenan Care Center
Joe Kua	Mt Hagen City Authority
Paias Mukali	Chaplain, Protect Security Firm
Thomas Keleya	WHPAC
Noel Tanku	Health, WHP
Roma Raga	Manager, Highlander Hotel
Joshua Meninga	HRC, WHPAC
Paul	Youth Leader, Tengtenga Orphanage Center
Augustine Koipa	Coco Cola, Mt Hagen
Mathew Kumi	Minj Health Centre
Joseph Bugents	Minj Health Centre
Joseph Bit	Minj District AIDS Committee
Peter Komni	Maternal Health Services, Minj
Starky Nuka	Minj District Administration – DAL
Kare Papere	Minj District Administration – LLG
Agnes Kerry	Anglimp South Waghi HIV/AIDS Coordinator
Mary Kimin	Women's Rep. Anglim South Waghi District AIDS Committee
Regina Ambra	PLWH, Anglimp South Waghi District AIDS Committee
Dr Zure Mombati	Pathology, Mt Hagen General Hospital
Sr Rose Bernard	Shalom Care Centre, Banz
Clement Korken	District Administrator, South Waghi
Agnes Mek	Women's Rep. South Waghi District
Kuk Gola	District Health Adviser, South Waghi District

BANJ District	
Sr. Rose Bernard	Trainer/Counsellor, Shalom Care Center
Joshua Meninga	SHP PAC, HRC
Clement Rohcen	Banj District Administrator
Agnes Mek	District Aids Committee member
Agustine Misik	Youth Rep, District Aids Committee
Kuk Gole	District Health Promotion Officer, District Aids Committee
James Yeka	Acting District Health Officer, Siatrict Health Office
John Aris	Faith Based Organization rep, Bible Church
MINJ District	
Joseph Bugents	Nursing Officer Health Division, Banj District Health Office
John Tokam	H RC WHPACS
Joseph Bit	PAC member, District Aids Committee
Peter Komwi	District Midwife, Banj District Health Center
Kimen Gokumi	District Administrator, Banj District Administration
Stanley U. Nuka	District Rural Development Officer, Banj District Administration
Kare Papre	District Officer, Banj District Administration
Mathew Kumi	Resident HEO,Banj District Health Center
Regina White	PLWHA, Banj District AIDS Committee
Mary Kimen	Women Rep, Banj District AIDS Committee
Agnes Rerry	District AIDS Coordinator, HRSS, Banj District AIDS Committee
MT. HAGEN	
Agnes Go	KBO Account Clerk, Western Highlands Provincial AIDS Committee (WHPAC)
Ruth Joshua	Volunteer KBO, (WHPAC)
Appolos Jumbak	PCC, (WHPAC)
Joshua K Meninga	HRC (WHPAC)
Bob Nananga	Driver, (WHPAC)
Augustine Koipa	PAC member, Stakeholder, Coca Cola
Paul Komat	PAC member, Tengo Tenga Orphans Care Centre
Paias M .Chaplain	Protect Security, Protect Security Company
John Paulus	HRSS coordinator, WHP PAC
Joshua Levi	Coordinator, Tengtenga Orphans Center
William Goi	HIV/AIDS Program Facilitator, WHP PAC Rural Womens Empowerment
Rev. James Koi	Chairman WHPAC
Jems Sakul	HRSS Coordinator, WHPAC
Paul Ray	Public Relations Officer, Western Highlands Provincial Government
Julie Bengi	Director Policy & Planning, Western Highlands Provincial Government

EAST NEW BRITAIN

Name	Position and Organisation
Dorothy Luana	Senior Programs Officer, PPII
Molly Pesso Waninara	Economic Research Officer, Division of Planning and Research
Xystus Kinala	Acting Adviser, Division of Planning and Research
Paul Laore	Education Planner, Division of Planning and Research
Bolton Towok	a/Provincial Planner, Division of Planning and Research
Bruce Alexander	Chairman, Chamber of Commerce, Rabaul
Jane Larme	a/DSDO, Rabaul District Administration
Joshua Wowo	a/District Health Coordinator, Rabaul Dist. Administration
Melchi Tutuai	DGLO, Rabaul District Administration
Carol Tanaen	a/Director, Nursing Services, Nonga Base Hospital
Ettie Selep	Nonga Base Hospital
Damien Posing	PORO Support Project, Save the Children, PNG
Rakel Torino	OIC, Pharmacy, Nonga Base Hospital
Joe Balik	Acting CEO, Nonga Base Hospital
Dr Marku	Obstetrician, Nonga Base Hospital.
Francis Soli	OIC – Pathology, Nonga Base Hospital
Theresa Mohe	Consultation Clinic, Nonga Base Hospital
Dr Bayl Vetuna	Paediatrician, Nonga Base Hospital
Jack Mecki	VCT Response Coordinator
Rosemary Sovek	CBO, Rabaul District
Doreen Iga	CDS Development Coordinator
Paul Varitia	Marketing Manager, ENB Savings and Loans
Wendy Ulnas	St Mary's Vunapope, HIV/AIDS Coordinator
Jeremiah Rovoi	Kokopo District AIDS Task Force
Ronald Jack	Kokopo District Health Educator
Philip Bailoenakia	Executive Director - ENBSEK
Sharon Diave	Program Coordinator, Gender - ENBSEK
Elsie Killie	Chairperson, PNG Red Cross – ENB Branch
Wesley Kulep	Observer
Tongne Elizabeth	Acting Coordinator, Wide Bay Conservation
Wilson Tangeria	Department of Works, ENB
Steven Auri	PCC, East New Britain PAC Secretariat
Dr Paul Harino	Nonga Base Hospital
Simon Passingan	Barefoot, Facilitator & Trainer
Bernard Lukara	Acting Provincial Administrator, ENB Provincial Administration
Levi Mano	Acting Deputy Administrator, ENB Prov. Administration
Matron Placidia Nohan	St Mary's Vunapope
Nocholas Larme	a/Provincial Health Adviser, ENB Prov. Administration
Fedilis Bola	Coordinator, Preventive and Promotive Health

MOROBE PROVINCE

Name	Position and Organisation
Sipai Lutis	District Administration, Finschafen
Gerald Zurenuoc	District Office, Finschafen
Nane Muasa	District Education Coordinator, Finschafen
Andrew Sigrupoi	DEC Finschafen
Timon Taikika	Counselor -Finschafen
Pastor Saking Tangali	Lutheran Church
Ziokowa Rupuang	V/President Finschafen Urban Soccer Associaton
Lingkeo Mesere	District Health Co-ordinator
Helen Posa	Gagidu Urban Health Centre
Ricther Posah (Ricky)	District Service
Kelly Shom	District Service
Dariki Oberong	Inspector – Elementary Education
Cephas Wakas	Curcuit Youth President
Pastor Jessy Dembeng	Curcuit Pastor
Mondo Nare	Ward Council
Pastor Dick Basifu	District Youth Co-ordinator
Hedis Hazo	Poro Support Project Volunteer
Carlos Baraka	Area Coordinator, Poro Support Project
Martina Piai	Area Facilitator, Poro Support Project
Samson Niba	Outreach Volunteer, Poro Support Project
Pamela Khai	Outreach Volunteer, Poro Support Project
Martha Oliver	Outreach Volunteer, Poro Support Project
Mahiro Lari	Outreach Volunteer, Poro Support Project
Dr Rendi Moke	Chairman – Morobe Provincial AIDS Committee
Micha Yawin	Provincial Health Adviser – Morobe Provincial Administration
Elizabeth Malingin	PHA, Morobe Provincial Health Adviser
Captain Margaret Tomili	Salvation Army, Lae
Captain Jerry Tomili	Salvation Army, Lae
Belinda Edward	Coordinator, Morobe Network of PLWHA
Jack Aita	Provincial Disease Control Officer, Div. of Health, Morobe
Sr. Zukuwe Alinke	Coordinator Day Care Center, Angau Hospital,
Micah Yawing	Deputy Provincial Principal Advisor, Prov. Health Office
Rodney Mukinere	Chairman, Morobe Network of PLWHA
James Mintik	Coordinator, Bumbu Development Trust
Sr. Assupta Takap	Coordinato, Catholic Family Life Appostolic, HIV/AIDS Minsitry,
Sam Gani	Community Coordinator, Igam Barracks
Nasame Nonofa	HIV/AIDS Counsellor, Salvation Army Regional Office
Albert B Kaupa	Member, Single Mothers Support Group
Alice Jacob	Member, Single Mothers Support Group
Theresa Waine	Member, Single Mothers Support Group
Poline James	Member, Single Mothers Support Group

Philip Lomai	Coordinator, Nawae Electorate¸ Koye Investment
Steve Karamu	HIV/AIDS Volunteer, Lutheran Social Concern Office
Pstr Gepry Barime	Counsellor/Trainer, Lutheran Life Care
Jack Kumat	Volunteer,
Pstr. Paul Daniels	HRSS Coordinator, Lae Ports/Lutheran Shipping
Kelly Mesere	District Health Administrator, District Health Office
Clement Totavun	District Disease Control Coordinator, District Health Office
Windong Sigwong	Nursing Officer, Angau Memorial Hospital
Takeso Totaya	Director, Lutheran Life Care
Rhona Yabri	Acting Executive Director, PNG Family Health Association
Lorraine Kitimun	Clinical Nurse, PNG Family Health Association
Julie Kitoneka	Volunteer Nurse, P HRSS, UMI Tingim Life, Markham District NG Family Health Association
Milford Tiriwa	Secretary, Maritme Workers Union, Lae Ports
Robert Awai	Site Coordinator, HRSS, UMI Tingim Life, Markham District
Martin Ben	Site Coordinator, Save The Children, Poro Support Project, (PSP) Lae
Monica Telba	Outreach worker, Save The Children,PSP, Lae
Hodis Hazo	Outreach worker, Save The Children,PSP, Lae
Martha Olivia	Outreach worker, , Save The Children, PSP, Lae
Ericki	Outreach worker, , Save The Children, PSP, Lae
Scoth	Outreach worker, , Save The Children, PSP, Lae
Captain David	Pastor, Salvation Army Lae Office
Allan Simon	Security Guard, Protect Security
Francis Masiang	Coordinator, Morobe Provincial Youth Council

CENTRAL PROVINCE

Name	**Position and Organisation**
Thelma Bosin	HRC, Central Province AIDS Committee Secretariat
Rhoda Yani	PCC, Central Province AIDS Committee Secretariat
Sr Marlene	Veifa Catholic Diocese
Leonard Ani	Bioto Theatre Group, Kairuku District
Boge Nohoka	Vanea Theatre, Hiri District
Troy Urwin	Development Specialist, PPII, AusAID
Olive Avei	Planning Division, Central Provincial Administration
Michael Uaiz	Health Manager, Central Provincial Administration
Gei Raga	Deputy Provincial Administrator, CPA
Nanai Arianvogo	Ward Member, Gagabagaba Village
Christopher J Nanggin	School Representative, Gabagaba Village
Rei Rei	Gabagaba Rugby League
Vali Lovai	Gabagaba Elementary School
Grace Vaname	Baptist Church Rep. Gabagaba Village
Basil Vere	Red Cross
Philo Boga	Gabagaba AIDS Committee Secretary
Thomas G. Lalai	Community Policing and Diho Iduhu, Gabagaba Village

Henao Taugau	Gaire Iduhu
Asi Vaname	Baptist Church Representative, Gabagaba Village.
Pedro Solien	Wau Wale Iduhu Rep. Gabagaba Village
Taugaro Namara	Youth Male Representative, Gabagaba Village
Wari Boga	Girl Guide Representative, Gabagaba Village
Vele Uru	Gabagaba Netball Coach
Nansen Lea	Volleyball Representative, Gabagaba
Gado Tau	Laurina Representative, Gabagaba
Tau Tau	Gabagaba Village AIDS Chairman
Tau Gubana	Laurina
Tau Gwaibo	Geabada
Gloria Awai	Catholic Church Representative
Tee Rai	Gabagaba Village
Idau Airi	Gabagaba Village
Heroha Vai	Family Health, Central Provincial Administration

NATIONAL ORGANIZATIONS

Name	**Position and Organisation**
CDS	
Keith Tuckwell	Organisational Development Adviser,CDS
Jenny Clement	Team Leader, CDS
NACS/NHASP	
Dr Ninkama Moiya	Director, National AIDS Council Secretariat
Joy Misien	Grants Administrator, NHASP
Robert Saisagu	Finance Manager, NHASP
Isaac Borani	Finance Manager, NACS
Florence Bundu	PLC, NHASP
Lesley Bola	PLC, NHASP
Barbara Beaton	HRD, NACS
David Passerem	Counseling and Care Adviser, NACS
Sharon Walker	Counseling and Care Adviser, NHASP
Bomal Gonapa	Policy & Legal Adviser, NACS
NDOH	
Angus Walker	Provincial Health Promotion Adviser, CBSC, NDOH
Jeremy Syme	Deputy Director, CBSC, NDOH
Paul Kelly	Planning Adviser, CBSC, NDOH
Rob Ackers	Hospital Adviser, CBSC, NDOH
Steve Groves	Radio Adviser, CBSC, NDOH
Dr Daoni Esorom	Technical Adviser STI/HIV/AIDS, NDOH
Elva Lionel	Director HSIP, NDOH
Other Organisations	
Simon Tosali	Secretary, Treasury Department
Maria Nepel	PNG Chamber of Mines & Petroleum
Dr Rapese	Department of Education
Sr Dominique	National Director, Anglicare StopAIDS
Sr Tarcisia	Catholic Health Services

Duah Owusu-Sarfo	Country Representative, UNFPA
Gilbert Hiawalyer	Assistant Representative, UNFPA

EASTERN HIGHLAND PROVINCE

Name	**Position and Organisation**
University of Goroka HIV/AIDS Committee	
Robert Pomaleu	Senior Tutor – Health Education, Science Department
Grace Wickham	Senior Administration Officer, Personnel Division
Dr. Gayani Jeyarathan	Medical Office, University of Goroka Clinic
Judy Towandong	Student Counsellor
Paul Koro	Educational Faculty
Monica Pusal	Student Services
Dr Onagi	Pro Vice Chancellor (Committee Chair)
Community stakeholders	
Sr Jule Mosinakane	Mipela Yet Programme, Provincial Health Office, PO Box 392 Goroka
Kamawa Onio	Mipela Yet Programme, Kainantu Rural Hospital, , PO Box 242 Kainantu.
Geraldine Valei	Youth Outreach Program, Save the Children in PNG, PO Box 667 Goroka
Aga Mathew	EHP Council of Women, PO Box 62, Goroka (Ph: 732 3340)
Jannelly Gideon	YWCA , PO Box 636, Goroka
Sarah Kahu	YWCA
Agnes Inape	National Broadcasting Corporation (Radio), PO Box 322, Goroka Provincial Administration
Ian Kapu	Education Department PAC representative, PO Box 240, Goroka
Donald Sark	Peer ed. trainer, Community Development
Ross Amino	Peer ed. trainer, Community Development
Lance Imara	Division of Community Development, EHP, PO Box 291, Goroka
Kaue Rogers	Nursing Officer, Medical Unit, Goroka Base Hospital
Agnes Waugla	Goroka District Health Service, PO Box 392, Goroka
Ruth Paliau	HRC, EHP PAC
Ps. Philip Ureguto	PAC Treasurer, EHP PAC
Tony Lupiwa	PAC Member, PNG Institute of M edical Research
Geraldine Maibani	PAC Member, PNG Institute of M edical Research
Clement Matona	PAC Mem Div. Of Health berv, National Sporting Institute
Ken Wai	PAC Secretary,
Captain David Temine	Regional Officer
Dr. Thomas Koimbu	Chairman, EHP PAC, Kainantu Hospital
Geraldine Valei	Senior Program Officer¸ Save The Children
Max Tinkena	HRSS Coordinator, Save The Children
Peter Raynes	HIV/AIDS Program Facilitator ,
Alex Haynt	Manager, Save The Children
Herick Aeno	Project coordinator, NHASP Project, PNG Institute of

	Medical Research (IMR)
Dorthy Kavanamur	Graduate Scientific Officer, PNG IMR
Janet Gare	Graduate Scientific Officer, PNG IMR
Pamela Toliman	Graduate Scientific Officer, PNG IMR
Dr. Joe Appa	CEO Anaesthetist, Goroka Base Hospital
Dr. Pomusa Warima	Direc tor Medical Services, Goroka Base Hospital
Dr. Wendy Pamah	Paediatrician, Goroka Base Hospital
Dr. Frank Dale	Paediatrician, Goroka Base Hospital
Dr. Kila Vanuga	Physician, Goroka Base Hospital
Sr. Bebaro	Sister In-Charge STI Clinic, Goroka Base Hospital
Daniel Igea	Peer Educator, Henganofi
Kepsy Kebo	Councilor, Henganofi LLG
Formai Meneme	HIV/AIDS Councilor/Health Worker, Henganofi, Health Centre
Paol Batuve	Project Officer, Education Office, Henganofi District
Benjamin Upawe	District Laboratory Technician, Henganofi District Health Sub Centre
Pop Sevi	District Health Officer, Henganofi District Health Office
Ugi Mantari	Subsistence Farmer, Henganofi Theatre Group
Jecca Wamax	Vice President¸ District Womens Council
Joel Bandi	Coordinator, Awareness for Community Health, Lufa
Ken Bosinke	Coordinator, Yagaria HIV/AIDS Awareness Group, Lufa
Robert Yafasi	Coordinator, Kunai Community Health
Kox Fayo	Yagaria HIV/AIDS Awareness Group, Lufa
Nathan Sofana	HIV/AIDS Trainer, Yagaria Theatre Group, Lufa
Jim Anoro	LLG Member, Ward 9, Lufa District
Joe Kasa	CHW/AIDS Counsellor, Lufa District
Saku Astro	Clan Leader, Hugogura Clan
Dick Koregito	CHW/AIDS Counsellor, Nupuru Health Center, Lufa District
Tony Tokah	HEO/O.I.C, Nupuru Health Center, Lufa District
Peter D Gare	District Administrator, Lufa District Administration
Johnson Legene	S Teacher, Oliguti Primary School, Lufa District
Yonggarong Taman	SS M, Oliguti Primary School, Lufa District
Ned Serege	Teacher, Oliguti Primary School, Lufa District
Bernard Saidagori	Deputy Head Master, Oliguti Primary School, Lufa District
Jack Kunjin	District Health Officer, Daulo Health Center, Asaro, Goroka, EHP
Joio N Quinn	HEO/Clinical Coordinator, Daulo Health Center, Asaro, Goroka, EHP
Jackie Terra	District Nurse, Daulo Health Center, Asaro, Goroka, EHP
Jenny Gunure	Women's Rep', Daulo Local Level Governmen
John Nokue	Coordinator, Health Prevention, Daulo Health Center
Grace Wickham	Senior Admin Officer, University Of Goroka
Dr. Gayani Jeyarathan	Medical Officer, UniveraityOf Goroka Clinic
Judy Towendong	Student Counsellor,University of Goroka Clinic
P Koro	Education Foundation, University of Goroka Clinic

Monica Pural	Students Services, University of Goroka Clinic
Dr. Duagi	Pro vice Chancellor/Vice Chancellor, University of Goroka
Fr. John Ryan	Missionary, Catholic Church
Captain John Kerari	Pastor, Salvation Army Regional Office
Philip Ureguto	Pastor, Christian Life Center
Michael Muri	MY CHE Program coordinator, Div. Of Health, Goroka
Gireva Gireva	Pastor, Christian Life Center, Salvation Army Regional Office
Capt. David Temine	Pastor, Salvation Army Regional Office
Captain Aee Keire	Pastor, Salvation Army

MILNE BAY PROVINCE

Name	**Position and Organisation**
PAC Executive	
Dr Noel Yaubihi	PAC Chairman, (Director Medical Services, Alotau Hospital)
Taeva Tararau	PAC Vice Chairman, (Provincial Planner)
Billy Naidi	PAC Treasurer, Quality Control Officer, Health)
Richard Dawana	Chair of Ethical and Legal sub-committee, (Dep. Prov. Health Adviser, Legal issues)
Siemu Bates	HRC
Milne Bay Provincial Administration	
Henry Bailasi	Provincial Administrator
Kila Geleba	Director – Economics in
Provincial Administration Divisional Heads	
Leki Komulaus	A/Provincial Adviser Agriculture & Livestock
Michael Kape	Provincial Adviser Local Level Government
Sunema Bagutio	Provincial Adviser Community Development
Wilson Lote	Provincial Adviser Law and Order
Alotau Stakeholders	
Basil Michael	Youth Representative, Alotau United Church, ph: 6411163
Sr. Silvana Lobo	HIV/AIDS Secretary, Catholic Diocese of Alotau
Florence Frank	Counsellor, Milne Bay Estates, Hagita
James Alepaio	Community Police, ph: 6411701
Ben Napoleon	Volunteer Theatre Trainer, Milne Bay PAC, ph: 641 0443
Rauini Alepaio	Families of police/Christian Revival Church
Charlie Mark	Kwato Church of PNG
Hagu Clinic	
Dr. Dakulala	Physician
Ashley	Health education officer Hagu Clinic
Conservation International	
Emma Galele	Women and Youth Officer
Maudi Pontio	Education and Community Awareness TL
Alotau Urban Local Level Government	
Ila Puka	Mayor
Senori Elliot	Town Manager
Dabobo Women's Drop in Centre and Refuge for Women	

	Didi Nipuega	Chair of Dabobo Women's Interest Group
	Milne Bay Estates Management Team	
	Ephraim Nailina	Divisional Manager Kwea
	James Elias	Divisional Manager Kwea
	Chris Tony	Mill
	Luke Tapas	Mill
	Dawana Kaito	Finance Manager
	Lama Kuri	Transport Manager
	Peter Masolei	Ward Councillor
	Ray Lakani	HEO Milne Bay Estates Clinics
	Nigel Taugaloidi	Electrical Engineer Mill
	Fabian Fernandez	Mill Manager
	Isiah Gisana	Training Manager
	Joe Castle	General Manager Milne Bay Estates
	Milne Bay Estates HRSS Site Committee/Peer educators	
	Rex Billy	HRSS Coordinator
	Sylvester Masolei	Youth representative
	Peter Masolei	Ward Councillor
	Donovan Auo	Vehicle workshop (peer educator
	Charlie Patterson	Village Clerk (counsellor)
	Dorothy Uwedo	Shipping Clerk (peer educator
	Segera Pane	Mill maintenance dept. (peer educator)
	Florence Frank	Counsellor/peer educator/social mapper
	Roselyn Elliott	Youth representative
	Chris Giavidia	Youth representative
	Josef Frank	Youth representative
	Maramatana Rural LLG Representatives	
I	Danny Stanley	Area Manager
	James Rubeni	LLG President
	Clive Aradina	Station Manager
	Esther Stanley	Community Development Officer
	Gabriel Kareba	Village counsellor (MBCS)
	Verna Guise	Village counsellor (MBCS)
	Saunders Soliwini	Ward councillor
	Robertson Toufrabi	Ward councillor
	Milne Bay Counselling Services	
	Sima Koupere	Counsellor
	Ana Lai Dickson	Counsellor
	Gurney Health Centre (VOP Clinic)	
	Sussan Nako	HEO
	Tulaponi Selepana	Sister in Charge
	Rose Elliot	Nursing Officer
	Mary Rose Vilen	CHW/Counsellor
	Jennifer Poella	CHW
	Clara Joseph	Nursing Officer
	Nordy Boimani	CHW

Samarai-Murua District Representatives

Alfred Kunwabe	District Health Officer
Elizabeth Inaido	RMO (visiting)
Naomi Sailasa	HEO
Beru Mukaisi	District Treasury A/Examiner
Margaret Dailele	Nursing Officer (Hospital
Weizman Kiram	District Rural Development Officer
Kalaka Teliwa	Electoral Office
Pala Geno	Education
Ginisi Papua	Community Health Worker
John Tailaweta	Deputy District Administrator
Olive Palmah	Community Development Officer
Lote Naidy	Christian Outreach Church
Libai Stanley	Police Department

Louisiade LLG Representatives

Richard Samano	Chairman for Health
Elliot Kasiatala	Deputy President/Chairman Education
Poate Edoni	Chairman for Women and Church Affairs
Iso Nabwakulea	Chairman for Fisheries/Marine Resources
Bernard Larry	Chairman for Works/Communication
John Nigu	Chairman for Law and Order
Enoka Waukosi	Executive Officer

Misima District Hospital Representatives

John Loilo	CHW (Health Promotion
Wilson Nigu	MLA
Janet Adrian	Nursing Officer
Tapaita Igua	Nursing Officer
Anna Guta	Nursing Officer
Garry Wapai	CHW
Slade Boita	CHW
Ginisi Papua	CHW
Violet Samanov	Nursing Officer
Margaret Dailele	Nursing Officer
Sandra Anslem	CHW
Elizabeth Blaise	HEO
Naomi Tiela	KBO
Epieli Wesley	CHW
Ronald Dailele	Dental Officer
William Ilaiah	Nursing Officer
Jenny Gumaia	Nursing Officer
Dennis Lee	RMO
Elizabeth Inaido	RMO

Additional visits and community discussions included those with the Siagara Village Youth and wider community members; Loaga Community School and Youth Training Centre; Misima Secondary School Staff and Students; Misima Country Club.

WEST SEPIK PROVINCE

Name	Position and Organisation
Joseph Sungi	Provincial Administrator, Sandaun Provincial Administration
Ricky Samen	PCC, Provincial AIDS Committee
Miriam Ake	Trainer/Counsellor, Diocese of Vanimo
Florence Suki	Trainer/Counsellor, Diocese of Vanimo
Pauline Banis	Volunteer, Sandaun PAC
Simon Wama	Community Rep, Wara Kongkong Settlement
Waflou Jacob	Community Rep, Nuku Nuku District
Mark Bunam	Actor, Wantoks Theatre, Vanimo
Deli Waigama	Women's Rep, Sandaun Provincial Council of Women
Johannes Aibung	Youth rep, United Church
Bisani Ansep	DAC rep, Telefomin District AIDS Committee
Judith Kemaly	Actor, Wantoks Theatre, Vanimo
Daniel Neien	Actor, Seki Theatre
Esther Sungil	Youth rep, Assemblies of God Church Youth
Lukas Mambo	Youth rep, Assemblies of God Church Youth
Peter Pihon	Youth rep, Assemblies of God Church Youth
Frank Waflou	Actor, Miri Taummo Theatre Group, Nuku
Joe Apam	Youth rep, St Paul's Catholic Mission, Aitape
Pauline Playah	President, SSA, C/- Governors Office
Erio Sakin	Youth rep, PYSO Community Development
Manuel Wilo	Youth rep, Kusaye Theatre Group, C/- Mission Fatima
David Mason	Youth rep, Vanimo CBC Yuopel
Bonny Leki	President, Chamber of Commerce, Sandaun
Michael Dhati Nokwi	Rep, Aitape West Coast, C/- Barupu Village, Aitape
David Yaisi	Rep, Kusaiye Theatre Group, C/- Fatima Catholic Mission
Paul Weriyai	Volunteer, Vanimo PAC
Paspas Ishom	Youth rep, Rangers Theatre
Elias Kapaure	a/Director Nursing/Coordinator AIDS Program, Vanimo Hospital
Paul Dapsie	Chief Executive Officer, Vanimo Hospital
Dr. Stella Jimmy	Paediatrician, Vanimo Hospital
Deli Wangama	Nursing Officer/Ward 5 unit Manager, Vanimo Hospital
Paul Nengai	Accountant, Vanimo Hospital
Belinda Yamkeyac	Resident HEO, Vanimo Hospital
Matthew Nangui	Xray Technician, Vanimo Hospital
Josephine Molas	Medical Records, Vanimo Hospital
Sandra Paulus	O.I.C Revenue, Vanimo Hospital
Miana Tau Mabone	Port Manager, Customs Operations Wutung
Aaron Kopi	Quarintine Officer, Department of Health
Patrick Aluliale	Volunteer/Peer Educator, LLG Ward Member
Caroline Bunemiga	Provincial Liaison Coordinator, NHASP
Bernard Mangituo	Personal Officer, Dept of Works
Michael Wundia	CIS Officer, CIS Vanimo

Paul Dopsie	rep, Vanimo Hospital
Leonnie RamRam	Rep, National Broadcasting Commission
Bonny Kawat	Advisor, Provincial Planning Branch
Peter N Aibung	Advisor PTS, Planning & Technical Services, Vanimo
Alphonse Yonou	Councilor Ward 5, Vanimo LLG
Simon Wama	Village Court Magistrate, Ward 4, Vanimo LLG
Clement Wowil	Community Leader, Vanimo LLG
Joshua Warwin	Teacher, Vanimo LLG
Mathias Putwei	Teacher, Vanimo High School

WESTERN PROVINCE

Name	**Position and Organisation**
Sr. Marina O'Donnell	Coordinator, Home of Peace, Catholic Mission Daru
Mili Duligi	Pastor, S/H
Corpral Geru Dura	Peer Educator, CIS Daru
Rogen Moiba	Coordinator, Theatre & Youth, Catholic Mission, Daru
Rebecca Malawa Women's rep	Women'srep/PAC Member, PLOW Daru
Steven Douglas	A/President - Business Houses, Daru Island Chamber of Commerce
James Ase	PAC Member
Daina Exow	Director/PAC Member, ECOSEEDS
Robin Koria	HRC, Daru PAC
Luui Morris	Provincial Health Officer, PAC member
Pastor Kevin Naga	Pastor, Christian Life Centre
Sr. Dawe Tuti	Sister In-Charge STI Clinic, Daru Hospital
Sr. cathy Paulus	Himara Kigiro Clinic, Daru Hospital
John Baira	Community Health Worker, Daru Hospital
Joyce Koria	Volunteer, Home of Peace, Catholic Mission, Daru
Waiguna Waiki	Volunteer, Morehead Circuit, United Church, Daru
Sila Wainetti	Counsellor, Home of Peace, Catholic Mission Daru
Rev Tiati Kelly	Bishop/Superintandant, United Church Daru
Rev' Immanuel Samson	Reverend, United Church Daru
Ilaebi Naso	Pastor, Four Square Church
Kevin Naba	Pastor, Christian Life Centre
Ulva Amoni	Pastor, New Apostolic Church Daru
Jimmy Harry	Catholic Youth Coordinator, Daru Catholic Diocese
Nabea Maidi	Chairman, Oro Youth
Daipa Moses	Treasurer, IASA Youth Group, Catholic Diocese
Paul Samson	Member, Peter Sakas Youth
Montfort Gausa	Member, Peter Sakas Youth
Raphael Kiwi	Member, Peter Sakas Youth
Norbert Humphrey	Member, Oro Youth
Joseph Geii	Secretary, Catholic Youth
Keni Geii	Rep, St Mary’s Youth
Henos Maki	Pastor, Youth, Catholic Church Daru
Nelly Danaya	Coordinator, Christian Life Centre

Moses Nugu Turiu	Coordinator, Conerstone Church Daru
Br. Felix Marong	Spiritual Director, Catholic Church Daru
Nawa Sido	Rep, Catholic Youth Daru
John Henjapari	rep, Catholic Youth Daru
Esther Tommy	Treasurer, Catholic Youth Daru
Nathaniel Gregory	rep, Catholic Youth Daru
Matia Prai	Rep, Oromosopuwo Youth
Tanibu John	Rep, Oromosopuwo Youth
Br. Zaza	rep, Catholic Youth Daru
Arnold Kogea	rep, Catholic Youth Daru
Lilian Kogea	rep, Catholic Youth Daru
John Indeng	Captain, Steamship-PNG Coastal Shipping
Benson Collins	Chief Engineer, Steamship-PNG Coastal Shipping
Hawks S Wode	Disease Control HEO, Kiunga Hospital
Usa Sagi	Coordinator, Community Health Services, Kiunga
John Lari	District Health Manager, Kiunga District Health Office
Elwin Sobi	Community Health Worker, Kiunga Hospital
Greg Maim	Nursing Officer/District AIDS Coordinator, Kiunga Hospital
Sr. Jufienne Rasoazanandro	Nursing Officer, Catholic HIV/AIDS Secretary
Sr. Lois Mathieu	Nursing Officer, BSN, Catholic HIV/AIDS Secretary
Philip Mara	CHW, VCT Assistant Coordinator, BSN, Catholic HIV/AIDS Secretary
Renagi A Raga	Director Social Development, Fly River Provincial Govt
Avenon Deknong	Community Health Worker, Ningurum Health Centre, Kiunga
Durengen Himen	Community Health Worker, Ningurum Health Centre, Kiunga
Duenam Tawoe	Community Health Worker, Ningurum Health Centre, Kiunga
Tobias Kasiman	Community Health Worker, Ningurum Health Centre, Kiunga
Dubute Wainu	Community Health Worker, Ningurum Health Centre, Kiunga
Margret Paki	Women's Rep, YWCA, Tabubil
Susan Nagual Aufo	Church rep
Rex Yago	Church rep, Seventh Day Adventist Tabubil
Jo Risk	Public Health Advisor, JJA Corporate/OTML
Alphonse Saiho	EAP/TOT/Counsellor, OK Tedi Mines Limited
Pastor Samuel Noah	Chairman, Tabubil District AIDS Committee
Ignas Wanjiman	Sergeant, Tabubil Police Station
Rody Ukin	Coordinator, HIV/AIDS Program, Tabubil
Charles Paleu	HEO/OIC STI Clinic, Tabiubil Hospital
Peter Bulungol	Director, OTML TC.P. Health

SOUTHERN HIGHLANDS

Name	Position and Organisation
Luke Magala	Coffee Trainer, NGO Community Based Health Care Program, Tari
Herbert Dimbagu	District Health Manager, Tari
Pulupe Wauwe	Deputy District Administrator, Tari District Administration
Frank Kasahya	Laboratory Technician, Tari Hospital
Joseph Warai	Cordinator, NGO Community Based Health Care Program, Tari
Marilyn Peri	Senior Trainer, NGO Community Based Health Care Program, Tari
Doris Pipi	Community Affairs Officer, Oil Search Limited, Hides Gas Field
Pius Amanal	Community Health Worker, Tari District Hospital
Jacenta Hajape	Care center Committee, NGO Tari District Women's Assoc
Sr. Eveline	Pastoral Worker, Kupari Catholic Mission
Martha Parale	Health Worker, Pureni Health Centre
Hetera Hekele	DPA, PAC Chairman, Southern Highlands Provincial AIDS Committee
Elizah Mamu	OIC Pathology, Mendi Hospital
Dr. Nolpi Tawang	a/ Director Medical Services, Mendi Hospital
Jefery Hurums	Health Promotion Officer, Mendi Provincial Health Office
Rev. D. Siuar	Deputy Chairman SHP PAC, United Church Mendi
Sr. Rose John	Rep, Catholic Mission, Kumin, Mendi
Senior Constable Joshua Koaire	O.I.C Community Policing, Mendi Police Station
Levi Kuni	Rep, District AIDS Committee, Ialibu Hospital
Jacob Mambi	Media Rep, Mendi Administration
Veronica Temakang	Acting HRC/PCC, SHP PAC
David Kembrami	Nursing Officer, Nina Clinic, Mendi
Joseph Turian	Chief Executive Officer, Mendi Hospital
Sr Wasi Kerak	Director Nursing Services, Mendi Hospital
Dr. T Madike	Senior Medical Officer, Mendi Hospital

Annex 3
Semi-Structured Interview Questions

Annex 3
Semi-Structured Interview Questions

Key issues and questions to be raised with stakeholders

Structure and Operations

1. Functions of the Provincial AIDS Committees (PACs) and Provincial AIDS Committee Secretariats (PACS) – What do they perceive as their roles and responsibilities, is it one of coordination and implementation?

2. Selection and motivation of PACS and PAC

3. Stability and turnover of PAC and PACS

4. Communication mechanisms between PACS and PAC, PACS and the Provincial Administration and PACS and NACS

5. What examples are there for embedding national programs to those of the PACS

6. What alternative structures can be suggested that would work well for the provincial response apart from the current structure

7. What structures or arrangements can be used at district level that would ensure effective response at district level?

8. How useful is the PAC Administrative Manuel to its users?

9. What are the major contributing factors to the good performance and or non-performance of PACS?

10. Issues relating to resource distribution to the provincial response – sources, adequacy etc

11. Links/Relationship of district/provincial HIV plans to the overall district and provincial plans

12. Reporting mechanisms/effectiveness?

National-Provincial Management and Support

1. Expectations of NACS in terms of the MOUs between Provincial Administrations, PACS and NACS.

2. Reality in the Provinces in terms of the administrations honoring the MOUs? PA commitments in pre-MOU years

3. Demonstration of commitments beyond verbal commitments?

4. What is being provided so far from NACS and NHASP in terms of technical support

5. What other resources exist out there that PACS can draw on for technical and financial support?

6. Where district AIDS Committees exist, what do they perceive their major roles and responsibilities and what should be the composition of its membership?

7. What capacity has the PA has in supporting the mainstreaming of HIV activities into the sector programs

8. Resource Flow: How do you anticipate for resources to flow from resource providers to implementing stakeholders.

9. What processes other donors are using in terms of supporting provincial/district response activities?

10. With HIV now highlighted as a priority of government in the MTDS, how do you anticipate this commitment being translated into reality in terms of national or provincial commitment?

11. Do you anticipate increased government resource allocation to be in line with policy priorities?

12. What processes or procedures are being forged in terms of discussing with provinces in terms of keeping provinces in line with implementing government's policy priorities.

13. Given the competing priorities of government in terms of resource allocation, how or where would HIV be placed within all other priorities?

Coordination and Engagement with Stakeholders

1. What roles and responsibilities (activities) are PACS currently performing that relates to stakeholder coordination?

2. What other responsibilities are you also performing that is not of stakeholder coordination and who do you think should be performing these tasks?

3. What are some of the major issues and constraints that inhibit PACS ability to effectively coordinate stakeholders

4. What are your perceptions and views with regard to specific/special programs such as HRSS, DSP, Counseling etc, and do you perceive these as provincial HIV activities? How can these programs be better integrated and owned as provincial activities?

5. What mechanisms/arrangements are currently in place that enables partnership building between the PACS/PAC with:

   a. Sub-national initiatives (only for EHP, ENB and Central)
   b. The provincial administrations
   c. Other government agencies
   d. Civil society organization

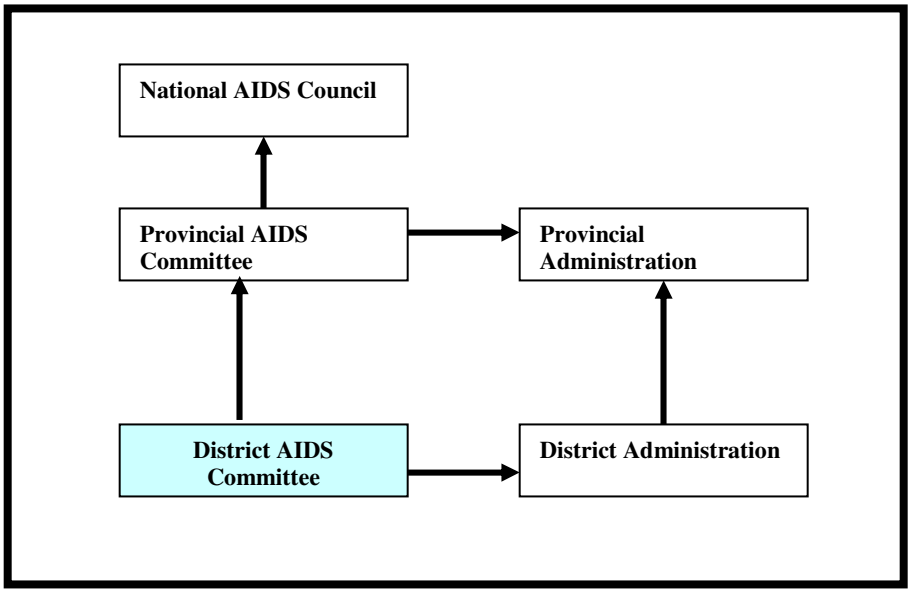
6. What activities/initiatives have you forged with the private sector in term of engaging them as partners in the response? Are there other ways of further engaging them in strengthening this partnership?

7. What mechanisms can be established for better coordination or how can we strengthen the existing mechanisms for enhanced coordination? How can these be linked to the national coordination mechanisms?

Annex 4
Structural Arrangements for HIV Response

Annex 4

Structural Arrangements for HIV Response



Annex 5
Grant Summary by Province and Component

Annex 5
GRANT SUMMARY BY PROVINCE AND COMPONENT (Jan 2004-Jul 2006)

Province	Components and Amounts					Provincial Total
	Multiple Components	Awareness, Education, Condom Distribution, Advocacy	Training	Infrastructure Development	Counseling, Care, VCT	
CENTRAL PROVINCE	0	19,263.57	0	0	1,425,149.08	1,444,412.65 (20%)
EAST SEPIK	0	64,463	158,499.96	0	1,127,270	1,350,232.96 (19%)
NATIONAL CAPITAL	1,000,000	93,316.40	27,250	0	0	1,120,566.4 (16%)
WESTERN HIGHLANDS	22,780	118,532.76	41,004.50	8,416.80	480,426.63	671,160.69 (9%)
MOROBE	156,404	28,925.56	36,436	0	223,034.06	444,799.62 (6%)
EASTERN HIGHLANDS	108,314	95,309.44	0	13,367.63	219,867.98	436,859.05 (6%)
WEST NEW BRITAIN	0	3,520	0	0	380,000	383,520 (5%)
GULF	0	87,052	3,000	0	81,660	171,712 (2%)
ENGA	0	55,244	12,710	0	67,246.99	135,200.99 (2%)
EAST NEW BRITAIN	0	24,950	8,000	0	80,000	112,950 ((2%)
MADANG	28,773	71,150	0	0	0	99,923 (1%)
BOUGAINVILLE	0	27,757	29,470	0	30,922.88	88,149.88 (1%)
SANDAUN	0	55,131.56	27,876.40	0	0	83,007.96 (1%)
SOUTHERN HIGHLANDS	0	2,975	0	20,000	56,285	79,260 (1%)
SIMBU	0	56,837.10	12,811.89	0	0	69,648.99 (1%)
ORO	11,200	38,290.10	0	0	0	49,490.1 (0.7%)
NEW IRELAND	0	25,645.25	19,735	0	0	45,380.25 (0.6%)
MILNE BAY	0	18,071.18	20,957	0	0	39,028.18 (0.5%)
MANUS	0	17,282.85	0	0	0	17,282.85 (0.2%)
WESTERN PROVINCE	12,310	0	0	0	350,000	362,310 (5%)
TOTALS	**1,339,781 (19%)**	**903,713 (12%)**	**397,750 (6%)**	**41,784 (0.6%)**	**4,521,862 (63%)**	**7,204,890**

Annex 6
Roles and Responsibilities of PAC and PACS

Annex 6

Roles and Responsibilities of PAC and PACS

Functions of the Provincial AIDS Committee (PAC)

The functions of *Provincial AIDS Committees* are described as:

- To establish a multi-sectoral provincial committee to assist NACS to administer and implement all HIV/AIDS programs in the province
- To mobilize provincial resources to address HIV/AIDS issues and assist NACS in negotiations with Provincial Government officials regarding the placement, extended support and long term sustainability of the project
- To coordinate, assist and support the Provincial Response Coordinator, Provincial Counseling Coordinator, Provincial Peer Educator in the administration, facilitation and advocacy role on provincial HIV/AIDS activities, particularly where this requires inter-provincial or multi-sectoral interaction
- To assist NGOs and government sectors in the provision and dissemination of HIV/AIDS education and information materials, to carry out awareness and advocacy in the province
- To solicit funding and other assistance from the provincial government and to raise funds provincially to carry out HIV/AIDS activities in the province
- To cooperate with provincial government, Health Department, NACS and other counterpart agencies in their sectoral input into HIV/AIDS related activities in the province
- To establish District and Community based AIDS Committees to be responsible for the implementation of provincial activities
- To identify risk factors in the provincial setting and address these factors appropriately
- To carry out operational research on HIV/AIDS related issues as required and directed by NACS
- To support the implementation of the Provincial HIV/AIDS Activity Plan, monitor and report on the achievement of the objectives to NACS
- To ensure regular monthly or quarterly PAC meetings to assess and evaluate progress of HIV/AIDS programs in the multi-sectoral framework in the province
- To ensure Grant Funds for HIV/AIDS programs are properly utilized under the budget components and appropriate acquittals and financial reports are regularly provided to NACS as required
- To be accountable for monies and assets allocated for the purposes of carrying out HIV/AIDS functions and responsibilities
- To ensure the long term establishment if the PAC office and the provision of necessary equipment and support from the Provincial Government, Health Department and counterpart agencies and such other activities delegated by NACS to PAC to be carried out under a Memorandum of Understanding (MOU) between the parties. (*Terms of Reference for Provincial AIDS Committees - draft 1/6/01)*

Annex 7
National Aids Council Secretariat and the Provincial Aids Committee – Terms of Reference – Provincial HIV/AIDS Response Coordinator

Annex 7

NATIONAL AIDS COUNCIL SECRETARIAT and the PROVINCIAL AIDS COMMITTEE

TERMS OF REFERENCE

Provincial HIV/AIDS Response Coordinator

The Provincial HIV/AIDS Response Coordinator will be responsible to the Chair of the Provincial AIDS Committee and the National AIDS Council Secretariat, specifically to the Deputy Director for the administrative support and coordination of all HIV/AIDS multi-sectoral programs in the province.

TOR

- Organize the monthly PAC meetings;
- Responsible for the day to day administration and management of the PAC Secretariat Office and supervision of all program and ancillary staff;
- Manage the fiscal and program planning, management and reporting, including the drafting of the Provincial HIV/AIDS Implementation Plan;
- Coordinate, supervise and facilitate all HIV/AIDS multisectoral response in the province
- Organize and coordinate all PAC meetings, provide the agenda, take minutes of meetings and distribute to all PAC members and NACS;
- Provide appropriate monthly, quarterly and annual reports on the provincial HIV/AIDS activity implementation status to its PAC members and NACS;
- Facilitate the management of proper financial records and to prepare and submit the quarterly financial reports and acquittals to NACS and appropriate Provincial Government Authorities as required from time to time;
- Maintain proper administration records and to keep a register of all assets, including insurance details;
- Coordinate inter-agency relationships and monitor the implementation of the provincial HIV/AIDS programs by non-government organizations and other partner agencies and to maintain appropriate information database;
- Disseminate HIV/AIDS education and information materials and coordinate the distribution of resources and condoms to identified partner groups and to maintain an accurate register of distribution

- Assist the Provincial AIDS Committee Grants Sub-committee in the assessment of NGO grant applications, make recommendations, and to manage the provincial NGO Grant Funds to ensure proper accountability and systematic reporting to the PAC members and NACS;
- Assist the Provincial AIDS Committee and NACS to monitor and implement appropriate evaluation methodologies to ensure that program interventions and their outcomes can be accurately measured;
- Responsible for the communication collaboration between the non-government organizations and other sectors, and for the coordination and support for NGO programs in the province
- Review of capacity of provincial NGOs and CBOs to work in HIV/AIDS awareness and care and to prepare a database of local capacity
- Providing assistance in the planning and conducting of capacity building and technical skills enhancing workshops for NGOs and partner agencies in the provinces
- Responsible for the management of the HIV/AIDS Resource Centre;
- Conduct district visits and supervision of NGO HIV/AIDS care and awareness programs;
- Liaison between all sectors to ensure HIV/AIDS programs are reflected in the provincial health and fiscal plans; and
- Planning and coordination of major provincial HIV/AIDS awareness activities such as the World AIDS Day.

Annex 8
National Aids Council Secretariat and the Provincial Aids Committee – Terms of Reference – Provincial Counseling Coordinator

Annex 8

NATIONAL AIDS COUNCIL SECRETARIAT and the PROVINCIAL AIDS COMMITTEE

TERMS OF REFERENCE

Provincial Counseling Coordinator

The Provincial Counseling Coordinator will be responsible to the Chair of the Provincial AIDS Committee, the National Counseling Coordinator and National AIDS Council Secretariat, for the coordination of all counseling and home care programs in the province.

TOR

- Assist the Provincial AIDS Committee to coordinate and facilitate all HIV/AIDS Counseling and Home Care programs in the province;
- Assist the National Counseling Coordinator in the development of provincial counseling and home guidelines, protocols and standards;
- Assist the National Counseling Coordinator in the development and testing of national curriculum, training materials and handbooks for counseling and home care;
- Assist the Provincial Response Coordinator to develop quarterly and yearly work plans on HIV/AIDS Counseling and home care programs in the province;
- Assist the Provincial AIDS Committee to provide monthly, quarterly and annual counseling activity plans and reports to its members and NACS;
- Assist the Provincial AIDS Committee to mobilize and coordinate the training of existing NGOs, CBOs, Church, Womens groups and other relevant partners to create a network of counselors;
- Assist and coordinate the implementation of the provincial HIV/AIDS Counseling and home care programs by non-government organizations and other partners;
- Assist the PAC to achieve quality and control and ensure choice, confidentiality and judgment free counseling and care for all;
- Assist and provide guidance, monitor, evaluate and document the counseling and home care activities in the province;
- Facilitate training, resourcing and maintain follow up of all people involved in the counseling and care program at all levels of the community; and
- Establish, monitor and maintain an appropriate HIV/AIDS Home Care program for the province in association with all partner agencies.