FOREWORD

Papua New Guinea is experiencing an HIV/AIDS epidemic that if not checked will have severe consequences for the development of this nation. To be effective in controlling the epidemic and in delivering successful programs, we need to scale up our efforts to support the PNG Government in its response to the epidemic. Earlier this year the government developed the HIV/AIDS National Strategic Plan (NSP) 2004-2008. When this plan is approved it will provide the framework for our efforts for the next few years.

The environment in which we all work in PNG is constantly changing, and the rapidly escalating epidemic brings new challenges that must be addressed. These challenges include the socio-economic and political environment, a deteriorating health system, limited capacity and leadership at all levels and lack of resources for the government body, the National AIDS Council Secretariat (NACS).

There are also opportunities such as the establishment of the Parliamentary Advocacy Group, the successful proposal to the Global Fund to Fight AIDS, TB and Malaria and an increasing number of agencies funding HIV/AIDS activities. Key Government of PNG work includes effecting HIV/AIDS into the Medium Term Development Strategy (MTDS) and the public sector HIV/AIDS response framework developed by the sub-committee of the Central Agencies Coordination Committee (CACC) within the NSP focus areas.

The Australian Government has been providing support for HIV/AIDS in PNG since the early 1990s. The current National HIV/AIDS Support Project (NHASP) is due to finish in October 2005. NHASP has focused on education and awareness, counselling and care, clinical services, surveillance and strengthening the capacity of National AIDS Council Secretariat and other program partners. In moving toward the next phase of Australian assistance we are seeking to better understand the factors that are driving the epidemic and develop new ways to support the HIV/AIDS program. In doing this Australia will work closely with key partners and stakeholders to design strategies that will make a difference.

This Stakeholder Mapping study documents the range of current activities that are being undertaken in all sectors across PNG by a wide range of stakeholders, and also identifies gaps that need to be addressed. In this context better coordination between stakeholders is of critical importance and the need to strengthen NACS to be able to coordinate the response is urgent.

We hope that this information will help all partners to better target their support. NACS, AusAID and UNAIDS worked together to coordinate this stakeholder mapping. We hope that this collaboration shows the way for improved coordination in the future.

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Head of AusAID in PNG

Dr Ninkama Moiya  
Director, NAC Secretariat

Dr Nii-K Plange  
Country Program Coordinator  
UNAIDS

September 2004
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<td>ADB</td>
<td>Asian Development Bank</td>
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<td>ADRA</td>
<td>Adventist Development Relief Agency</td>
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<td>ANCP</td>
<td>AusAID NGO Cooperation Program</td>
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<td>APHEDA</td>
<td>Australian People for Health, Education and Development Abroad</td>
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<td>APLF</td>
<td>Asia-Pacific Leadership Forum</td>
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<td>ART</td>
<td>Anti retroviral therapy</td>
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<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<td>BCC</td>
<td>Behaviour Change Communication</td>
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<td>CBO</td>
<td>Community Based Organisation</td>
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<td>CDS</td>
<td>Community Development Scheme</td>
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<td>CHW</td>
<td>Community Health Worker</td>
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<td>CPHL</td>
<td>Central Public Health Laboratory</td>
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<td>CRIS</td>
<td>Country Response Information System</td>
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<td>CS</td>
<td>Correctional Service</td>
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<td>CSW</td>
<td>Commercial sex workers</td>
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<td>DPM</td>
<td>Department of Personnel Management</td>
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<td>EU</td>
<td>European Union</td>
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<td>FBO</td>
<td>Faith-based organisation</td>
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<td>FHI</td>
<td>Family Health International</td>
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<td>HAMP</td>
<td>HIV/AIDS Management and Prevention Bill</td>
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<td>HCW</td>
<td>Health care worker</td>
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<td>HSIP</td>
<td>Health Sector Improvement Program</td>
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<td>ICRAF</td>
<td>Individual and Community Rights Advocate Forum</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>Institute of Medical Research</td>
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<td>IPPF</td>
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<td>KAP</td>
<td>Knowledge, Attitude and Practice</td>
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<td>LJSP</td>
<td>Law and Justice Sector Program</td>
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<td>M &amp; E</td>
<td>Monitoring and Evaluation</td>
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<td>MSM</td>
<td>Men who have sex with men</td>
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<td>Acronym</td>
<td>Full Form</td>
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<td>MTDS</td>
<td>Medium Term Development Strategy</td>
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<td>NAC</td>
<td>National AIDS Council</td>
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<td>National AIDS Council Secretariat</td>
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<td>NCD</td>
<td>National Capital District</td>
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<td>NDoH</td>
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<td>National Judicial Staff Services</td>
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<td>National Research Institute</td>
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<td>National HIV/AIDS Strategic Plan</td>
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<td>OI</td>
<td>Opportunistic Infection</td>
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<td>Provincial Counselling Coordinator</td>
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<td>Post Exposure Prophylaxis</td>
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<td>PLA</td>
<td>Participatory Learning and Action</td>
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<td>People Living with HIV/AIDS</td>
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<td>SCIPNG</td>
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<td>Sexually Transmitted Infection</td>
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<td>SYP</td>
<td>Special Youth Project</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>Training of Trainers</td>
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<td>United Nations</td>
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<td>United Nations Development Programme</td>
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<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
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<td>UPNG</td>
<td>University of PNG</td>
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September 2004
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>USD</td>
<td>United States Dollar</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<tr>
<td>VSO</td>
<td>Voluntary Services Organisation</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<td>YWCA</td>
<td>Young Women’s Christian Association</td>
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EXECUTIVE SUMMARY

In the effort to respond to the crisis of HIV and AIDS in PNG, an increasing number of international and local agencies are becoming involved. The Australian government has been at the forefront in supporting PNG’s effort to address the HIV epidemic since 1995 and is now developing the next phase of its program of assistance. As part of this process, AusAID undertook this HIV/AIDS Stakeholder Mapping exercise to identify the range of current and planned HIV-related programs in PNG, and to look at the gaps and opportunities in order to assist with prioritising its funding for future programs.

This mapping exercise sets out to describe the HIV/AIDS activities that are being undertaken in PNG, not to assess or review these activities. The exercise focused on identifying major activities through established organizations rather than reporting on the myriad of small-scale activities, that have been funded through grant programs.

The report also describes some of the experiences of agencies in delivering particular programs and initiatives, including some of the lessons learned and program models that have proved successful. In undertaking this study it was clear that there are a number of issues that are constraining an effective response to HIV and AIDS. These include: role and capacity of NACS; lack of leadership and political commitment; lack of coordination and collaboration between agencies; competition among agencies; and lack of capacity for program implementation.

Key gaps in services and policies were identified in areas of treatment, prevention, social and behavioural research, leadership and coordination, monitoring and evaluation, and in family and community support. The opportunities identified were: an increased number of players and funding coming into PNG; a commitment to better coordination among donors; recognition of need to build capacity at all levels; and, implementation of key policies to promote a supportive environment.

The key outcomes of this exercise were:

- The development of a matrix of activities mapped against the focus areas of the National Strategic Plan 2004-2008 (NSP). The matrix is intended to be a “living” document that can be added to when new activities arise or when there are changes to existing programs. It is intended that this matrix become the responsibility of NACS to update and maintain and that it be a resource to all involved in the effort as well as assisting NACS in its role of coordination.
- A description of successful program models and lessons learnt that may be useful in determining design and delivery of future programs.
- The identification of critical gaps in the current response to HIV and AIDS in PNG. These are described within the NSP framework and highlight areas that may need some enhancement in a future HIV program.
- The identification of opportunities that have arisen through increased stakeholder activity and funding and provide a basis on which a future program of support can be built.
- The identification of a number of constraints and challenges that will need to be addressed if we are to mount an effective response to the epidemic in PNG.
1. **INTRODUCTION**

1.1 **Background**

The HIV epidemic is rapidly escalating in PNG despite an increased number of organizations becoming involved in the response. It is now recognised that PNG has a generalised epidemic that has the potential to cause significant economic and social costs to the country. Although reported cases of HIV are now over 8000, recent estimates indicate that this number could be as high as 50,000. PNG has the highest rate of HIV/AIDS in the Pacific region and is now the fourth largest country in the Asia-Pacific region with a generalised epidemic. It is estimated that by 2010, HIV/AIDS prevalence rates could reach 18%.

Government action has been limited and under funded, however there is evidence of broader sectoral involvement and the development of some initiatives in private and nongovernmental sectors. Overall the response is gathering some momentum, however the political commitment to address this emergency within PNG is far from adequate.

There are also an increasing number of international agencies seeking to support HIV/AIDS activities in PNG. Within the last 2 years, funding has been made available through USAID and more recently from the British government. There are also a number of international NGOs beginning to implement HIV/AIDS programs within the country. Some of the increased response among local agencies in particular, is due to the grant funds available through National HIV/AIDS Support Project (NHASP). However there has also been more activity through UN agencies as they begin to mobilise their response.

The government program is managed through National AIDS Council, however the Secretariat is under resourced and is struggling to coordinate the range of players and activities that are now emerging. UNAIDS established a country office in PNG during 2003. While this office is responsible for coordinating UN activities within PNG it is increasingly being called upon to coordinate donor activities in general. However, it is a small office and has limited resources to undertake this role.

There have been a number of reviews of HIV and AIDS programs in PNG. These include GOPNG Functional and Expenditure Review of NAC (2002), Review of NHASP (2002), Review of the HIV/AIDS Medium Term Plan (2002) and the Human Development Strategy Missions led by the World Bank (2003 and 2004). These reviews have highlighted similar issues of concern relating to lack of political commitment, limited capacity within government program, little coordination and poor multi-sectoral response.

The National HIV/AIDS Strategic Plan for the period 2004 to 2008 was completed earlier this year. It was recently approved by NAC but has yet to costed. This Plan provides the framework for the national response across seven focus areas: treatment, counselling and care; education and prevention; epidemiology and surveillance; social and behavioural research; leadership, partnership and coordination; family and community support and monitoring and evaluation. The process of developing this Plan did bring many of the players together through the consultations and did begin to identify many of the activities that were underway and planned.

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1 World Bank/AusAID/ADB. Control of HIV/AIDS IN PNG. Jan 2004

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September 2004 13
NHASP, the Australian government’s primary vehicle in supporting the response to the epidemic in PNG, is to end in late 2005. This project has played an important role in supporting the national program and initiating many of the treatment, care and prevention activities throughout PNG. The Australian government is committed to continuing to support PNG’s effort to address the HIV epidemic and is looking to develop the next phase of its program. As part of this process, AusAID is undertaking this HIV/AIDS Stakeholder Mapping exercise to identify the range of HIV-related programs in place in PNG at present and look at the gaps and opportunities in order to assist with prioritising its funding for future programs.

1.2 Scope of exercise

The scope of this mapping exercise was to:

- Document current efforts to address the epidemic. These included both primary (HIV specific) and secondary activities (eg women’s literacy, poverty alleviation)
- Identify successful program models, including the essential elements that can be used to replicate and/or adapt programs in other settings.
- Identify implementing agencies and technical expertise.
- Document planned efforts, including proposed time to commencement
- Identify critical gaps in the current response to HIV in PNG, including infrastructure, skills and systems
- Assess whether key agents in the response against HIV, including people living with HIV/AIDS have been included sufficiently.

1.3 Methodology

The methodology for this exercise was developed in conjunction with a Steering Group which comprised representatives from AusAID, NACS, UNAIDS and NHASP. This Group met three times to discuss the development of the exercise, its progress and outcomes.

Consultations were held with a broad range of stakeholders from government, donor agencies, private sector and non-governmental organizations. These consultations were conducted in Port Moresby, however there were a small number of consultations with people from the provinces, who were in Port Moresby during the time of the exercise or where it was possible to talk by telephone.

During the consultations, stakeholders were asked to identify their current and planned activities, the budget, geographic reach and target populations for these activities. The consultations also explored partnerships between agencies, capacity for program development and implementation and evidence for coordination and collaboration.

Following the consultations, a workshop was held with key stakeholders. The findings from this exercise were presented and small groups discussed and identified solutions to the constraints and challenges that had been identified during the consultations. The workshop was also used to identify further gaps and opportunities. This report contains the issues raised and discussed during the workshop.

The mapping exercise was limited by its timeframe and focus on national level agencies, based in Port Moresby. While every effort was made to identify the range of activities that were
HIV Stakeholder Mapping

occurring across PNG, particularly outside of the capital, there are gaps in relation to the provincial activities. There were also some difficulties in locating people to talk with and obtaining accurate and up to date information.

This mapping exercise set out to describe the HIV/AIDS activities that were being undertaken in PNG, not to assess or review these activities. However attempts were made to gather some qualitative information through any program reviews or evaluations that had been conducted.

The exercise has focused on identifying major activities through established organizations rather than reporting on the myriad of small-scale activities, that have been funded through the grant programs of NHASP and Community Development Scheme. Much of this grant funding has gone to community-based organizations for one-off projects or activities.

An outcome of this exercise has been the development of a matrix of activities. This was developed against the focus areas of the National Strategic Plan 2004-2008 (NSP). The matrix is intended to be a “living” document that can be added to when new activities arise or when there are changes to existing programs. It was agreed at the Stakeholder Mapping Workshop conducted on 24 June 2004 that the matrix should become the responsibility of NACS to update and maintain. It is intended to be a resource to all involved in the effort and to assist NACS in its role of coordination.

2.0 CURRENT HIV/AIDS ACTIVITIES IN PNG

The current and planned activities of agencies working in PNG are described at Annex 1. These agencies include AusAID-funded projects, development partners, government departments, international and locally based NGOs, and faith-based organizations. These agencies and activities are also mapped against the National Strategic Plan which is attached at Annex 3. Given that this is the endorsed plan for PNG, it serves as a relevant basis upon which to map stakeholder activities.

2.1 Global Fund

PNG submitted an application to the Global Fund in late March 2004. This application was approved in late June. The total budget for 5 years is almost USD 30 million. The Fund aims to:

- To reduce the spread of HIV/AIDS, improve care for those infected and minimize the social and economic impact on affected individuals, families, communities and the country as a whole. Specific objectives are:
  - Reduce HIV transmission among young people and create a supportive environment for PLHA by 2009
  - Scale up VCT services in 20 provinces by 2009
  - Scale up anti-retroviral treatment (ART) and monitoring facility through 30 public, private, NGO and faith-based clinics by 2009.

The specific activities proposed are:

- Peer education training
- Provision of HIV education in and out of schools – all schools to provide effective HIV/AIDS education
- Establishment of youth friendly centres – 5 centres to be established
• Workplace education programs
• Establishment of PMTC services – minimum package of services available
• PEP for health workers and women who have been raped
• VCT sites – establishment of one centre in all 89 districts, counsellor training
• Support for PLHA groups and leadership training to reduce stigma
• ART, care and support – 30 ART facilities, targeting 1500 - 7000 PLHA, procurement of drugs and development of monitoring systems
• Training for OI and ART treatment
• Strengthening laboratories
• Establishment of day care centres and home based care networks
• Strengthening capacity of NGOs
• Strengthening capacity of NACS

The Global Fund application highlights a number of issues relevant for future programming. These issues are:

• There is a broad assumption in the proposal that there will be operational funding for NGOs. Currently most functioning NGOs are funded through NHASP grants, including operational costs. A number of these NGOs are listed as implementing agencies. How is it proposed that these agencies will have capacity to implement activities?
• There are serious capacity issues for most NGOs and CBOs in PNG. The Fund proposal plans to develop an umbrella organization, however funding to develop its role to support and develop other NGOs is quite limited.
• There is an assumption that health systems can support the establishment of many more services within this sector. For example, the establishment of a VCT centre in every district will require ongoing staffing and operational costs from health sector.
• There is a heavy emphasis on training in all areas, particularly training workshops and TOT. This mode of training has been shown to have a limited impact on performance within the health sector and that other modes of training are more effective\(^3\). Moreover, there are few existing systems of in-service training outside of project-based activities and any new activities developed through the Fund would have to be self-sustaining and probably parallel to these systems.
• It is quite apparent that implementation of these activities will take a huge effort in coordination. There are a number of agencies nominated to undertake activities, including NACS in a number of areas. Much work needs to be done around sorting out roles, responsibilities, partnerships, reporting, monitoring etc in relation to coordination of these programs. Clearly NACS should have a lead role in this and will require more resources that what is specified in this proposal.

A table of proposed activities and the budget for year one is at Annex 3.

3.0 ISSUES ARISING FROM IMPLEMENTATION

During the consultations a number of areas relating to implementation were explored. These included the experiences of agencies in delivering particular programs and initiatives and any lessons learned and program models that proved successful. There have been very few

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\(^3\) SMRG/NDOH. Review of In-Service Training in PNG Health Sector. Sept 2003.
evaluations undertaken of these programs and initiatives. Most of the comments received relating to any successes or lessons learned were based on anecdotal information and personal experiences rather than on particular evidence.

3.1 Lessons learned
The following are some of the lessons learned in implementation of activities within PNG to date. These lessons are based on anecdotal evidence and experience of the agencies consulted.

Program funding and sustainability
- Where funding has been provided directly to government agencies, it can stimulate the development of workplace initiatives. For example, the Law and Justice Sector Program funding for workplace policy initiatives has resulted in a number of agencies developing workplace policies and discussing the development of awareness program within the agencies.
- Without adequate organisational infrastructure, many local NGOs and CBOs are not able to access ongoing funding and form sustainable partnerships.
- The quality of grant proposals can be enhanced through assistance provided for the development of proposals.
- Grants to community organisations can stimulate local activities, however without organisational support and structure, these activities are usually one-off and have little sustainability.

Capacity building
- Undertaking a realistic assessment of the capacity of partner agencies is necessary for implementing an effective program. Few non-government agencies have the organisational and technical capacity to deliver comprehensive programs and many are struggling to sustain their programs.
- Overseas study trips can be useful in learning about other epidemics and responses, their effects and impact. However, these need to be followed up to ensure that there are ways to bring in the information and learning from these visits to current programming efforts.

Program and intervention development
- Programs and projects have a greater chance of success when they build on what has gone before, particularly using processes of review and evaluation to assess and revise approaches.
- Baseline research is essential for effective planning and programming and provides a useful starting point for monitoring and evaluation of activities. However few agencies have the skills to conduct this research.
- Peer education is more than awareness, and programs need to ensure proper targeting that is focused on behaviour change, in addition to condom distribution and information giving.
- Activities are more effective and can be successfully implemented when they are kept simple and focused.

Community engagement
- Community initiated programs have a greater chance of reaching target populations and engaging people in the response. Community based health care programs are
demonstrating that the involvement of communities can lead to more relevant and sustainable responses.

- Developing processes to build and maintain relationships with local communities can strengthen agencies’ abilities to engage and involve these communities in program development and implementation. Some of the faith-based organizations are working actively to establish and maintain relationships within their local communities. This appears to result in more engagement and utilisation of local services.

**NGO response**

- Institutionalising processes for the coordination of local NGOs can sustain these agencies commitment and effort in facilitating the provincial response. Regular meetings with NGOs are organised through NCD PAC and these have been useful forums for exchange of ideas and bringing people together.

### 3.2 Successful Program Approaches

There are a number of program models and approaches that were identified as good practice in program development and implementation. Although these have not been evaluated they are described as possible approaches for design and delivery of programs in PNG.

#### 3.2.1 Use of intervention research

Several intervention research activities have been deemed to be successful in gathering information about HIV/AIDS in specific target groups.

**World Vision**

World Vision’s Periodic Presumptive Treatment research was conducted with support from NDoH and IMR. The research involved an open cohort of commercial sex workers (CSWs), who were followed over time. Treatment was provided to the CSWs every three months for common curable STIs, and testing was conducted for HIV and STIs throughout the trial. Final tests are currently being conducted to ascertain whether the presumptive treatment for STIs has had an impact on the HIV prevalence rate. World Vision considers that this model has been successful, and its findings will be useful in determining future interventions with CSWs.

**IMR/ UNICEF**

IMR, with UNICEF support, have conducted Participatory Learning and Action (PLA) and Participatory Rural Appraisal (PRA) studies in Karkar Island and the Trobriands. These studies have served to identify constraints to behaviour change and to develop culturally acceptable HIV/AIDS programs in these communities. Behavioural information has already been collected, and the information has been reported back to the communities. It is planned that community leaders will use this information to design appropriate prevention programs.

**IMR/FHI**

FHI has collaborated with IMR to produce a research instrument for baseline surveillance surveys, focusing on commercial sex workers in Port Moresby and Goroka, and MSM in Port Moresby and Central Province. The assessment will focus on demographic characteristics, risk behaviours and geographical distribution. It is intended that the data will inform Save the Children’s *Poro Sapot* project.
NHASP

NHASP’s annual social marketing campaigns began in 2001. These campaigns aim to increase the knowledge of people about HIV/AIDS and to bring about a shift in social values, which would in turn support the reduction of risky behaviour. The first campaign was preceded by the collection of baseline KAP data from two thousand (2000) subjects, which provided the basis for the evaluation of the first major social marketing campaign in PNG. The evaluation of the first social marketing campaign provided the basis for the second social marketing campaign, and similarly the third and the soon to be launched fourth campaign. Each campaign evaluation involved assessing the knowledge, attitudes and behavioural intentions of 2000 subjects. To date, there is now a database of information on the KAP of 8000 people.

3.2.2 Bringing disparate groups together

The Save the Children Poro Sapat Project works with MSMs, commercial sex workers (CSW) and the police. Part of this work involves promoting links and mutual understanding between the police and commercial sex workers, through such activities as project-facilitated meetings between the parties and joint participation in Save the Children’s annual retreat. Save the Children believes that this interaction is a valuable part of its work, as the development of understanding and respect between the groups will help promote the better treatment of sex workers by members of the police.

3.2.3 Partnership Approach

Partnerships between NGOs have proved to be a useful way of sharing expertise to deliver programs and to build capacity of local organisations. These partnerships are developed primarily as funding relationships, or as collaborative supportive arrangements around implementing particular programs. Examples of these include:

World Vision

In World Vision’s program with sex workers in NCD, a partnership model has been developed to implement program activities in counselling, peer education, skills training and literacy programs. Partners, which include YWCA, StopAIDS, Hope Worldwide, the 6-Mile Health Clinic and ICRAF, all contribute to World Vision's program through delivery of targeted components. As World Vision coordinates and oversees this process, this model serves to build the strength of partner organisations while also expanding the coverage of the project. In developing this partnership approach, World Vision conducted a capacity assessment of 32 NGOs, however the outcomes of this assessment are still being analysed.

European Union

The European Union’s work in peer education has involved partnerships with a range of groups, including research institutions, disciplinary forces, trade unions, and community organisations. EU has also provided capacity building to civil society organisations to implement its peer education intervention programs.

UNAIDS and Parliamentary Advocacy Group

UNAIDS has developed a partnership with this Group to support its advocacy role within Parliament. This partnership provides guidance and advice as well as resources for this work.
NHASP/NACS Counselling Network
NHASP/NACS have trained large numbers of counselling trainers drawn from all sectors for example, private, government, NGOs and church agencies. These trainers in turn provide training for others within their sectors. NHASP coordinates a nationwide network of these trainers and facilitates quarterly meetings to share information and ideas and to distribute and develop resources. The project is also developing a database of the training undertaken by these trainers and is working towards an accreditation system for counsellors.

3.2.4 NCD Provincial AIDS Committee

The NCD Provincial AIDS Committee (PAC) is working effectively to organise the NCD response, both in its work with coordination of local organisations and on the High Risk Settings Strategy.

Coordination of local organisations
The NCD Provincial AIDS Committee Secretariat is responsible for coordinating programs in the NCD areas. The PAC coordinates a large number of disparate organisations, including 30 NGO partners and 40-60 CBO partners, and keeps records of organisations, contact details and key activities.

The coordination effort on behalf of the PAC has been impressive. Regular meetings are held for local organisations, where NGOs and CBOs are able to share experiences and ideas. Through these efforts, the PAC has been able to develop a strong network in NCD.

High Risk Settings Strategy - Social mapping
The NCD PAC has also facilitated a social mapping exercise, as part of the High Risk Settings Strategy conducted in collaboration with NACS and NHASP. This exercise will help ensure that duplication of activities is kept to a minimum, and is intended to facilitate partnerships and coordination between organisations working on the Strategy. To this end, the NCD PAC has holds regular meetings for organisations to discuss implementation and coordination issues.

3.3 Constraints and challenges

3.3.1 Lack of leadership, including political commitment

Despite considerable activity in relation to leadership training and advocacy for political engagement, political will is largely absent. Late in 2003, the Parliamentary Advocacy Group was established. This group includes members of parliament and some government ministers who are committed to advocating within the parliament and government agencies for an improved response to HIV/AIDS and more recently have attempted to raise the issue within Parliament. There are also a small number of key ministers who are working within their electorates to mobilise community action and within the political arena to mobilise government support for HIV/AIDS.

There are also a number of leadership training initiatives. These include:
- APLF program through UNAIDS
- UNDP Leadership Development Program
- Training of religious leaders through UNICEF
- Training program for village court magistrates across PNG
Numerous small community based activities have also been funded that include advocacy components. These activities are primarily conducted by women’s groups through Provincial Councils of Women. However these activities appear to be conducted largely in isolation from other advocacy initiatives at the community or national level and are funded through one-off grants, making their sustainability uncertain.

Government activity is still very low and resources for HIV activities within government agencies are very limited. There is no guidance, direction or advocacy for government agencies to implement HIV/AIDS programs. While a number of government agencies are considering the implementation of workplace policies, there is also little financial and technical support being offered to assist with these activities from the national program. Of specific concern is the lack of response within the health sector, despite grim warnings of the impact of the epidemic on the capacity of the health system to cope with an increasing number of cases.

3.3.2 Lack of coordination - Donors and NGOs

With the increasing number of agencies becoming involved in the response to HIV/AIDS, coordination is clearly becoming a major issue. There are a number of areas for coordination:

- The responsibility for coordination of response by GOPNG and role of NACS
- Coordination of development partner funding and activities
- Coordination of NGO activities at national level
- Provincial coordination of activities

NAC and its secretariat have a central role to play in coordinating and managing the response in PNG. Many agencies have experienced and continue to express a disappointment in the ability of the National AIDS Council to provide support, direction and leadership. NAC and its secretariat are seen as needing to play a much stronger role in leading and coordinating the response, however the Secretariat lacks the capacity in terms of financial and organisational resources to be effective. This lack of capacity of NACS was identified in a review of the functions and operations of NAC and its secretariat in 2002 (Functional and Expenditure Review of NACS, 2002). While NACS has made significant progress in raising the issue of HIV/AIDS within the general community, there are still difficulties in consolidating its role and functions to operate as the key government body coordinating the response in PNG. Putting NAC at the centre of the response, and equipping it with adequate technical and financial resources to perform this responsibility, needs to be strongly supported. NACS however needs to promote its responsibility for managing the response and invite players to discuss new initiatives and programs prior to implementation.

There is also some lack of clarity around the perceived role of UNAIDS and NACS in relation to development and support of new initiatives. There appears to be a tendency for agencies to approach UNAIDS for support and to discuss new programs rather than approach NACS.

The National Strategic Plan provides the direction for activities to be undertaken in PNG for the next few years. Although the strategies in this Plan still need to be costed and prioritised, the NSP does give NAC the mandate to provide direction to the range of players and coordination of their activities. NAC and NACS however will need to establish means to do this through regular meetings with key players and developing mechanisms for identifying and approving new programs and projects.
The process of developing the NSP was a positive one in that it brought people together to discuss and agree on the way forward, however there does not appear to be ongoing efforts to sustain the interest and energy generated through this process. There is no a clear way forward for implementing the strategies outlined in the Plan.

NHASP and NACS are facilitating the development of provincial and district strategic plans for HIV/AIDS which are linked to provincial and district policies and plans and are also aligned to the NSP. These planning exercises are jointly undertaken with the Department of Planning and Rural Development to enhance the likelihood of local government ownership and funding. Making these plans widely available should provide a framework for the participation of stakeholders and donors in the provincial response. How this will be monitored and evaluated is not yet clear.

Donors are already committing their resources to specific activities, and in general these are in line with the NSP. It would be desirable, however, for these players to make decisions about their activities in conjunction with NAC. Without a costed plan that can be presented to donors, these decisions will continue to be made in isolation of the priorities of the overall response.

There is evidence of improved coordination among UN agencies through UN Theme Group. This Group meets regularly supported by UNAIDS secretariat. Through this mechanism these agencies have developed a Joint Work plan that aims to support the GOPNG response and address gaps in the national response. The five strategic areas nominated in this plan are: NSP; leadership and political commitment; advocacy by civil society; monitoring and evaluation and technical assistance to NACS and national response. The plan sets out how these areas will be addressed by UN Co-sponsors through to 2008.

The UN Theme Group has now been extended to include other development partners. There has only been one meeting of this group to date and it is too early to assess how well this extended group might work together. There has also been some discussion about who should lead the broader donor group and take responsibility for coordination of donor activities. UNAIDS has a coordinating role with UN agencies and could continue to do this with a broader group, although its resources are somewhat limited.

The increasing number of NGOs and CBOs now involved in the response to HIV/AIDS highlights the need for much better coordination of their activities. More international NGOs are beginning to set up offices and establish programs in PNG. Some of these groups have been working in PNG for some time and are only recently extending their activities to address HIV/AIDS. Funding available through grants has also facilitated the development of new NGOs as well as extended the capacity of existing ones. There is some evidence of coordination through informal networks and collaborative partnerships. The NCD Provincial AIDS Committee has established a regular forum for NGOs involved in implementing the High Risk Settings Strategy in NCD, and StopAIDS and Hope Worldwide have attempted to coordinate their programs in schools.

In order to develop a coherent response, more formalised coordination mechanisms need to be established. These could include: the establishment of a National Leadership Program to coordinate leadership training activities; the establishment of an umbrella organization for NGOs working in HIV/AIDS and the development of regular NGO meetings; specific forums for those working with sex workers, or young people.
3.3.3 Fractured state of play among implementing agencies

It was apparent through the stakeholder consultations that the HIV/AIDS response lacks cohesion. While there is little coordination of program activities, there is also not enough collaboration occurring between agencies. Examples of collaboration are: between IMR and FHI; between some of the UN agencies; StopAIDS and other NGOs. Within UN agencies there is also collaboration on implementation of leadership activities.

A number of partnerships are also emerging. These include:
- World Vision and local NGOs to implement programs with sex workers
- European Union’s Peer Education Program is being implemented through a number of NGOs
- FHI is funding SCiPNG to implement a program with sex workers and MSM
- UNICEF and UNFPA are funding programs through NGOs
- UNAIDS and the Parliamentary Advocacy Group

In general these partnerships are funding relationships between well-established NGOs, such as international NGOs, rather than supportive arrangements to build capacity and facilitate the development of local organisations. Many local organizations are struggling to find funding for their activities and would benefit from establishing partnerships with donor agencies that also build capacity as well as provide resources to support these organizations and improve their longer-term viability. Support for organisational development should also be a key aspect of the funding support to local agencies.

There are also reports of increased competition between some organizations and what appears to be a desire for these agencies to protect their “patch”, rather than being open to cooperation and sharing of information and resources. This is evident among some agencies working in peer education and also among those working with sex workers. It appears that some of the issues relate to the approaches being used and differences in method. This is not helped by the lack of direction and coordination from the national program and there is little shared vision of how to work together in implementing the response. There also appears to have been little effort by agencies who have some leverage, for example those who provide funding, to bring people together to sort out differences and build a collaborative response.

Clearly there is a need to facilitate more networking and information exchange between agencies to provide the opportunity for those working in similar areas to discuss methods and approaches and come to agreement on working together. There is also an urgent need for agencies to identify their comparative advantage in order to develop a collaborative response. This means identifying what the organization has to offer and how this fits with what other players are doing.

There is also a need for a national information system on HIV/AIDS activities in PNG. A national monitoring and evaluation reference group has been established to identify ways to monitor the national response and to establish the Country Response Information System (CRIS).

This mapping exercise has begun to document many of the key activities being undertaken and could provide the beginning of a database that could be managed by NACS and updated regularly provided adequate resources were given to support this activity. Data from this exercise could feed into the CRIS when it is established.
3.3.4 Capacity to implement programs

The mapping exercise explored some of the issues of capacity among agencies to implement their programs. In general, local NGOs lack the organisational and technical skills needed to support their activities. Few organizations have a clearly identified purpose or mission, and no strategic or operational plans. Those that are registered as NGOs lack functioning governance systems, such as Boards of Management, and have poorly developed organisational systems for management of their resources including financial reporting. Paid staffing positions are low in most organisations and many operate through the goodwill of volunteers.

Most local NGOs working in HIV/AIDS have received funding through the NHASP grant scheme. This funding is usually limited to supporting the implementation of their activities, not supporting the operational and infrastructure expenses. In exceptional cases NHASP has provided funding for operational and infrastructure expenses, where expenses are proportionate to the proposed activities. For example, most of StopAIDS and SYP’s operational expenses are paid by NHASP. Therefore many local organisations are struggling to maintain their organisational base and are unable to make any longer term plans in relation to their activities. This lack of organisational capacity also limits their ability to secure longer-term partnerships and funding and therefore their viability.

3.4 Gaps and opportunities

The following gaps in the HIV/AIDS response were identified through this mapping exercise and during the workshop held with stakeholders. These gaps are identified within each of the NSP focus areas.

 Treatment, counselling, care and support

- Treatment for mothers as part of PMTC
- Hospital protocols for victims of sexual assault (eg. post-exposure prophylaxis) – this is a proposed activity with the Global Fund
- Universal precaution policies in the police force
- Availability of VCT and rapid testing kits
- Lack of social services and counselling for high risk populations (eg. sex workers, MSM)

 Education and Prevention

- Lack of youth-friendly services
- No incentives for vulnerable groups to participate in peer education
- HIV/AIDS needs to be embedded into literacy programs and poverty reduction strategies

 Social and behavioural research

- Lack of behavioural and social research

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4 NHASP has ordered Rapid Test Kits for a trial, and these kits expected to be widely available by the end of the year.
Leadership, partnership and coordination
- Insufficient engagement with, and commitment from, prominent leaders (e.g., politicians, community and religious leaders)
- No effective coordination mechanisms for stakeholders (donors, government, NGOs/CBOs)
- Lack of strategic information system for stakeholders
- Engagement with media organisations
- Discriminatory insurance schemes

Family and Community Support
- No services for orphans although some are planned
- Child welfare services for orphan support
- Accommodation services for PLHA
- Limited involvement of PLHA in activities - need to support PLHA networks
- Need for technical support for NGOs/CBOs
- Need for further stigma and discrimination initiatives, including advocacy with insurance companies

Monitoring and Evaluation
- Insufficient monitoring and evaluation of programs - technical assistance required to aid organisations in these activities

The following opportunities were identified through the consultations and through discussions at the stakeholder workshop. These opportunities include:

- There are a number of new players in the HIV/AIDS area. These include international NGOs such as, including FHI, World Vision and Red Cross. Organisations such as Care Australia, Austcare and Oxfam/CAA have also expressed interest in funding HIV activities in the future. There has also been an increase in funding for a number of NGO and FBO activities from NGOs based in Australia and NZ.
- The Global Fund provides an opportunity to greatly expand many of the prevention, treatment and care services. Although the size of this funding is still to be determined it does offer the potential to scale up activities such as prevention, VCT and treatment initiatives.
- The new AusAID program is being developed, over the next six to eight months. The Australian government is committed to continuing funding the HIV/AIDS program in PNG and to build on current initiatives. The process to develop the new program will ensure that stakeholders have an input into any new approach.
- Stakeholders involved in the response recognise the need for coordination and collaboration and there is potential to strengthen alliances and develop partnerships.
- There is a strong recognition of the need to build and develop capacity of NGOs and CBOs and that these agencies are necessary to mobilise communities and civil society responses.
- There is also the opportunity for better donor coordination with the Expanded UN Theme Group and a commitment to coordination of NGO activities.

5 NHASP has provided some training for journalists and radio workshops.
• The implementation of the HAMP Act and ILO workplace toolkit will promote supportive environments and development of workplace activities.
ANNEX 1 - CURRENT HIV/AIDS ACTIVITIES IN PNG

The following is a description of agencies consulted and their activities in PNG. These agencies include AusAID-funded projects, development partners, government departments, international and locally based NGOs, and faith based organizations. These agencies and activities are also mapped against the National Strategic Plan which is attached at Annex 2.

AusAID-funded projects

NHASP

Current activities

- Development of IEC materials, training in use of materials, community theatre initiatives, development of social marketing and media campaigns, distribution of condoms, facilitation of active participation of priority groups in behaviour change activities (eg. National Youth Workshop in 2004)
- Development of High Risk Settings Strategy
- Support for National Counselling and Care Advisory Group, development of coordinated national HIV/AIDS counselling training, development of VCT manual, funding for establishment of HIV centres (POM and Madang, Simbu, Western Highlands, Wewak), technical assistance to NGOs, capacity building and training of PCCs, training in home based care, training of community and home based care teams and families in palliative care
- Drafting of HAMP Act, support for development of workplace policies, review of TRIPS requirements, education and resources for the implementation of the Act
- Support for improved data collection and sentinel sero and behavioural surveillance
- HIV prescribers training course, technical support to clinics, development of ART guidelines
- Social mapping of all provinces
- Strategic planning for all provinces embedded in local government strategic planning.
- Capacity building of NACS, PACs and NGOs/CBOs
- Management of NHASP/NACS Grants Scheme
- Condom procurement and distribution outside of health services. Procurement of drugs, test kits and reagents.

Target populations

- All

Geographic areas

- All provinces

Budget

- $60 million over 5 years

Planned activities

- Continued support for education and prevention, including funding a national HIV/AIDS and Sexual Health Seminar, support for schools, continue focus group
activities to determine priority group priorities, expansion of High Risk Settings Strategy in selected provinces, support for World AIDS Day 2004 campaign and related activities in provinces, expanded condom distribution

- Continued support for strengthening of counselling and care programs (including possible establishment of a national registration for counselling) and development of referral guidelines for counselling. Introduction of rapid testing and scaling up of VCT sites.
- Expansion of provincial strategic planning.
- Development of Home Based Care strategy, program and training manual
- Support for further sentinel surveillance sites into rural and non health settings, establishment of National Surveillance Coordinating Committee
- Improve quality of clinical care management of STIs and HIV/AIDS
- Continued assistance to NACS and PACS in M&E activities, assistance to NACS to develop M&E framework for NSP, support for the monitoring and review of NSP implementation

Community Development Scheme (CDS)

Note: CDS has not funded HIV/AIDS activities directly since 2000, as it was considered that these activities were outside the expertise of the project. However, several activities (current and planned) are relevant to HIV/AIDS future programming issues.

Current activities
- Supporting income generation activities, including rehabilitation of coffee, sawmill enterprises, "women's activities" (including baking, sewing and guesthouses) and market vegetables. CDS has provided funding, training and skills development.
- Institutional Strengthening projects

Planned activities
- Introduction of HIV/AIDS as a cross-cutting issue across all CDS activities. CDS staff will be trained to consider issues of HIV/AIDS and sexual health at the project identification stage.
- Supporting capacity building of NGOs, including a possible grant to the Capacity Building Project (previously funded by German Development Agency, GTZ).

Health Services Support Program (HSSP)

Current Activities
- Integration of HIV/AIDS discussion into all workshops/training/in-service training
- Condom (generic) procurement and delivery
- Integration of Health Sector HIV/AIDS and STI plans in Provincial Annual Activity Plans
- Supply of antibiotic treatment for STIs

Target Population
- Health workers, general population

Geographic Areas
- All provinces
Budget
- $240,000 on condoms per year (figure from 02/03 FY)

Planned Activities
- Continued condom procurement and supply
- Production of HIV/AIDS and STI modules for CHW pre-service curriculum
- Facilitate productive and collaborative arrangements between the Provincial Health Office and the PAC in each province.

Central Public Health Laboratory (CPHL)

Current Activities
- Construction of new CPHL, which will include the relocation of the existing HIV/AIDS laboratory

Target Populations
- Laboratory workers

Geographic Areas
- NCD

Budget
- $700,000 (04/05 project budget)

Planned Activities
- Laboratory equipment repair and procurement
- Laboratory management training
- Workshops on Building Asset Management Systems

Financial Management Improvement Project

Current activities
- None

Planned activities
- In development of next phase of project to mainstream HIV/AIDS awareness into training program and support implementation of this training in Finance and Treasury Departments.

GOPNG departments

NACS

Current activities
- Coordination of national HIV/AIDS response
- Partnerships and liaison with government departments, churches, NGOs, CBOs, private sector and research institutions
• Implementation of NHASP project activities, including education, awareness and behaviour change, counselling and care and surveillance initiatives
• Assistance to ongoing reviews of government policy and programs, drafting of handbook on HIV/AIDS strategic planning, assistance to develop district plans
• Support to PACs

Target Population
• All

Geographic areas
• All provinces

Budget
• K706700 for 2004 (salaries and some operational costs)

Planned activities
• Establishment of national network of NGOs
• Continue support to NDOH to establish and maintain sero and behavioural surveillance sites
• Continued support for development of sectoral policies (at national and provincial levels) to address HIV/AIDS Prevention and Care, continued assistance to strategic planning.

National Department of Health

Current activities
• HIV/AIDS policy, guidelines, hospital standards, protocols
• ART clinic in PMGH (Heduru) – training, clinical services, HIV clinic,
• VCT clinic in PMGH
• Lae Clinic – ART clinic, VCT
• STI clinics
• Strengthening reproductive health, training of health care workers
• Training of laboratory workers, procurement and distribution of HIV testing kits, review standard operating procedures
• Develop guidelines for HCW sero and behavioural surveillance, conduct training, establish and maintain sero and behavioural surveillance sites, improve feedback of data, establishment of the National Surveillance Coordinating Committee
• HIV Awareness through health promotion and training activities, Healthy Island Program
• Condom procurement and distribution

Target Populations
• Health care workers, health facilities

Geographic areas
• All provinces
HIV Stakeholder Mapping

Budget

Planned activities
- Strengthening of HIV/STI section in NDOH
- Strengthening management and capacity of laboratory services
- 38 STI clinics to be built
- Establish new and maintain sero and behavioural surveillance sites, including sentinel surveillance in the military and possible surveillance at Ramu Sugar Company, expansion of sentinel sites to Gulf, Central, ESP, Simbu
- HCW training

Department of Personnel Management (DPM)

Current Activities
- Development of HIV/AIDS Workplace Policy for all public sector organisations, to be incorporated in the Public Service General Orders (end of 2004)

Target Populations
- Public servants

Geographic Areas
- All provinces (policy will be applicable from national to LLG level)

Budget
- None

Planned activities
- Establishment of working committees to aid in development of workplace policy
- Run workshops and education programs on new policy

Department of Education

Current activities
- Inclusion of HIV/AIDS awareness activities in Personal Development Curriculum for Upper Primary (Grades 6-8)
- HIV/AIDS awareness through Population Education Curriculum (with UNFPA) – includes community outreach
- Teachers’ College training for teachers in adolescent and sexual health
- Pilot curricula development activities conducted with UNICEF (Buka, Milne Bay, Central)

Target Populations
- School children, teachers, communities

Geographic areas
- All provinces

September 2004
Budget
- USD 170,000 for UNICEF activities

Planned activities
- Development of workplace policy
- Integration of HIV/AIDS awareness into Personal Development syllabus for secondary schools

Correctional Service (CS)

Current activities
- The Correctional Service HIV/AIDS Strategy, which includes policies on discrimination and human rights, universal health precautions for staff and voluntary testing for detainees
- Information and Education programs for staff, detainees and surrounding communities. Condoms have been distributed to staff
- Peer Education programs, involving training of peer education trainers among staff and detainees. European Union has involved CS in the development of the Peer Ed manual.

Target Populations
- Staff, detainees and communities surrounding institutions

Geographic areas
- Institutions across PNG (all provinces)

Budget
- Funding is provided through the department and through AusAID project support (Law and Justice Sector Program (LJSP) and NHASP).
- Current proposal to LJSP for K20-30,000 for one year’s training and awareness activities for five main jails (Buimo, Bomana, Bihute, Kerevat and Baisu)

Planned activities:
- Development of workplace policy.

Royal Papua New Guinea Constabulary

Current activities
- HIV/AIDS awareness training conducted for all police officers (including reserve and auxiliary) as part of training package. Spouses are also included.
- Supply of videos on HIV/AIDS and video players to the Lutheran Shipping Company for broadcast on its six vessels (Lae, Rabaul, Wewak)

Target Populations
- Police officers and spouses

Geographic areas
- All provinces
Planned activities
- National Policy on HIV/AIDS (draft completed but needs revision to incorporate new HIV/AIDS Management and Prevention (HAMP) legislation)
- Involvement of community police in High Risk Settings Strategy in NCD
- Involvement in development of European Union peer education manual

Law and Justice Sector Program (LJSP)

Current Activities
- HIV activities in National Judicial Staff Services (NJSS)– ToT, HIV/AIDS awareness as part of induction programs

Target Population
- Employees of Law and Justice Sector Agencies

Geographic Areas
- All provinces

Budget
- K10000 per agency from Law and Justice Sector Program to implement HIV/AIDS related activities

Planned Activities
- NJSS to work with NACS to develop workplace policy
- Ombudsman Commission and Magisterial Services – working to establish awareness programs
- LJSP will include HIV/AIDS module as part of Village Court Training

Department of Defence

Current activities
- Mandatory testing for all service personnel, including pre and post test counselling
- VCT for surrounding communities
- Home and community support, including facilitation of positive personnel to return to communities
- Awareness, limited condom distribution, Training of Trainers (TOT) for counselling and awareness
- Involvement in high risk setting strategy in NCD

Target populations
- Defence personnel, families and surrounding communities

Geographic areas
- All provinces

Budget
- K4900 (NHASP proposal for Home based care training at Taurama Barracks, NCD)
HIV Stakeholder Mapping

Planned activities
- Home based care program at Taurama (in NCD), training for mothers for community care
- Establish HIV coordinators for Defence
- Development of HIV Policy

Department of National Planning and Rural Development

Current Activities
- Inclusion of HIV/AIDS as a priority area in the Medium Term Development Strategy (MTDS)
- Monitoring of HIV/AIDS development projects
- Implementation of National Population Policy, which includes policy on HIV/AIDS
- Project Planning Manual-inclusion of guidelines on HIV/AIDS for new projects
- Inclusion of HIV/AIDS in District Planning Manuals

Target Population
- General population

Geographic Areas
- All provinces

Budget
- Nil allocated

Planned Activities:
- Consideration of how best NGOs and CBOs can be linked to government to implement national HIV/AIDS efforts
- Support for provinces to integrate HIV into provincial plans

Department of Agriculture

Current activities
- Small holder income generation activities

Target populations
- Staff of department, rural populations

Geographic areas
- All provinces

Budget
- Nil allocated

Planned activities
- Integrating HIV/AIDS into gender awareness programs across department
HIV Stakeholder Mapping

Department of Mining

Current activities
- HIV awareness program with staff undertaken with StopAIDS
- Distribution of condoms to mine sites
- Distribution of pamphlets through department officers who visit mines

Target populations
- Staff of department

Geographic areas
- All provinces

Budget
- Nil allocated

Planned activities
- HIV/AIDS awareness activities within workplace (these will be supported by NHASP).

Department of Social Development

Current activities
- Training and awareness with community development workers, women and youth groups

Target populations
- Staff of department, community development workers, women and youth groups

Geographic areas
- NCD

Prime Minister’s Department

Current Activities
- Development of National Plan of Action for HIV/AIDS, which will include recommendations to place NACS under the Prime Minister’s Department (to be completed before end of 2004)

Target populations
- NACS, General population, staff of department

Geographical areas
- All provinces

Planned Activities
- Workplace policy for the department

Department of Finance and Treasury
HIV Stakeholder Mapping

Current activities
- None

Target populations
- Staff of Department

Planned activities
- HIV awareness training with support of Financial Management Improvement Project

Institute of Medical Research

Current activities
- Research on molecular epidemiology and surveillance of HIV-1
- Baseline research activities with Family Health International (FHI), UNICEF
- Collaboration with private sector (Porgera mine)
- Behavioural research activities
- Clinical research – funded studies on gonorrhoea and genital ulcer disease

Budget
- K1 million

Planned activities
- Baseline and effectiveness evaluation with female sex workers and MSM, community leaders
- Research on factors affecting ART delivery in PNG
- Clinical and behavioural studies

Development Partners

UNAIDS

Current activities
- Technical support to NSP, NACS
- Asia-Pacific Leadership Forum (APLF) – leadership training
- Coordination of UN HIV/AIDS activities, expanded to other donors
- Development of Monitoring and Evaluation technical working group
- Advocacy with key community and political leaders

Target populations
- Government and community leaders, NAC, UN agencies

Geographic areas
- NCD

Budget
- USD328600 (to 2005)

Planned activities
- Strengthening NGO capacity to support delivery of ART programs


- Development of Monitoring and Evaluation (M & E) Framework
- Coordination of NGO activities

**UNICEF**

**Current activities**
- PMCT program – HCW training in 4 centres and establishment of centre at POM, IEC materials
- In-school education – primary schools, curricula development, development and distribution of IEC materials (flyers and handbook), teacher training in 4 provinces
- Out of school education – drama, debates, essays
- IMR operational research project – KAP studies to develop leadership programs

**Target populations**
- Young people, women, community leaders

**Geographic areas**
- NCD, NSP, Milne Bay, Central, Madang, NI, ENB

**Budget**
- USD 260000 (to 2005)

**Planned activities**
- Expand PMTC centres to Lae, Rabaul, Mt Hagen
- Radio program - soap opera type program, based on series of scripts centred on lifestyles of people across PNG
- Lifestyles education program with youth groups
- Targeting religious leaders – 2 workshops (Madang and POM) with FBO leaders
- Orphans – situational analysis planned

**UNFPA**

**Current activities**
- HIV/STI prevention project with sex workers through World Vision PNG
- Curriculum development on sexual and reproductive health with DOE
- Advocacy intervention package for HIV prevention among young people through Family Health Association
- Adolescent and Sexual Reproductive Health project – peer education activities through UPNG, YWCA and church youth leaders
- Gender advocacy activities – role models through National Council of Women, CEDAW legislative review
- Safe motherhood, reproductive health and STI activities through NDOH

**Target populations**
- Women, girls

**Geographic areas**
- Most provinces

**Budget**
bullet USD1.05 million for 2004

**Planned activities**
- Expand pilot projects where evaluation is favourable
- Expand youth peer education project to other institutions
- Training in syndromic management of STIs

**UNIFEM**

**Current activities**
- Program has not commenced

**Target populations**
- Women, political leaders

**Geographic areas**
- NCD

**Budget**
- USD 91,575 (over 5 years)

**Planned activities**
- Review of national programs
- Orientation workshops on gender and HIV/AIDS
- Training workshops for policy makers
- Advocacy workshops
- Gender focused research
- Support for policy development

**UNDP**

**Current activities**
- Advocacy and policy dialogue on HIV/AIDS at national level
- Leadership development program
- Integration of gender dimensions into national programs, with UNIFEM
- Development of workplace policy toolkit with ILO

**Target populations**
- National government agencies, political and community leaders

**Geographic areas**
- NCD

**Budget**
- USD500,000 (to 2005)

**Planned activities**
- Expanding leadership program to include 4 regional workshops on HIV/AIDS
- Development of National Human Development Report for PNG
• Workshops on workplace policy kit
• Advocacy workshops on HIV/AIDS and gender

WHO

Current activities
• Strengthen diagnostic capacity of laboratories (CPHL and provincial)
• Strengthen NDOH surveillance systems and sites
• Technical support to surveillance program
• Policy, guidelines and protocols for ART
• Establishment of pilot centre for ART

Target populations
• NDOH, health care workers

Geographic areas
• NCD

Budget
• USD200,000; USD 500,000 (ART drugs)

Planned activities
• Scaling up ART program
• Development of guidelines and protocols for HIV and TB
• Strengthening laboratory capacity
• Health promotion activities on HIV/STI

World Bank

Current activities
• Design of strategy for future assistance to the HIV/AIDS response
• Evaluation of HIV/AIDS programming
• Poverty reduction, through support for macro-economic and human development

Planned activities
• Planned HIV/AIDS awareness component in Highlands Highway construction project
• Smallholders projects in Palm Oil industry that incorporates HIV/AIDS components

European Union

Current activities
Develop cadre of researchers to conduct qualitative research
• Undertake community based needs assessments to feed into design of pilot interventions
• Implementation of one pilot targeted intervention (Central Province), focusing on peer education networks
• Improve capacity of civil society groups to implement targeted interventions, through stakeholder analysis and workshops for NGOs, CBOs and churches working in peer education.
HIV Stakeholder Mapping

- Partnerships with Department of Social Welfare and Development, disciplinary forces (Police, Military, CS, security companies), Trade Union Congress and research institutions.
- Development of Peer Education Manual
- Peer education training

Target populations
- Youth (in and out of school), unions, public servants and private sector.

Geographic areas
- NCD, Gulf, Central, SHP, WHP, EHP, Madang, ENB, New Ireland, Bougainville, Morobe, Milne Bay

Budget
- Euro 3,500,000 (over 5 years)

Planned activities
- Scaling up pilot projects with vulnerable groups, including training, peer education and linkages with other services (VCT, Education, Microfinance)
- Piloting Peer Education Manual
- Revisions of project mechanisms and impact, and further peer education needs assessments
- End-of-pilot evaluations
- National workshops on “scaling up” strategies.

Asian Development Bank

Current Activities
- Financial support for ART pilot
- HIV/AIDS awareness component in Fisheries College Project
- Promotion of HIV/AIDS Prevention through support for health sector (HSIP)

Target Populations
- PLHA, general population

Geographic areas
- NCD

Budget
- USD 450,000 (for pilot ART)

Planned activities
- Development of an HIV/AIDS Mainstreaming Policy in the Asia-Pacific region (includes PNG). All new ADB projects will include HIV/AIDS awareness and prevention.
- The LIFE project (Literacy Is For Everyone) will include an HIV/AIDS component.
- Continued focus on HIV/AIDS prevention

British High Commission

September 2004
HIV Stakeholder Mapping

Current activities
- Leadership and advocacy initiatives
- Promotion of activities addressing violence against women
- Facilitation of international experts' visits to PNG
- Strengthening parliamentary processes
- Support for funding of VSO program

Target populations
- Business, government, religious and community leaders

Geographic areas
- NCD

Budget
- Ad hoc funding for activities

Planned activities
- Leadership sensitisation trip to Southern Africa, for business, political and religious leaders
- Initiatives to address disability

JICA

Current Activities
- Technical support in health sector

Target Populations
- Laboratory workers

Geographic Areas
- NCD and four regional laboratories

Budget
- Nil allocated

Planned Activities
- Supply of 5 CD4 machines to major hospitals (possible)
- Training in HIV/AIDS laboratory diagnosis - possibility of sending a PNG national to Japan for training.

International NGOs

Collaboration for Health

Current activities
- Training of care teams from nine facilities across PNG to improve quality of HIV care and develop comprehensive systems of care and support
HIV Stakeholder Mapping

- Build capacity to develop and implement supportive policy and managerial environments and supportive systems for adherence and self-care
- Development of training manuals and materials

**Target populations:**
- Facility managers, nurse supervisors, care teams

**Geographic areas**
- NCD, ENB, SHP, WHP, ESP, Simbu

**Budget**
- AUD250000

**Planned activities**
- Complete training program
- Follow up and monitoring of training

**Family Health International**

**Current activities**
- Targeting vulnerable groups: Female sex workers (FSW) and men who have sex with men (MSM) - working with SCIPNG in the *Poro Saport Project* (PSP).
- Working with Gatekeepers and Police
- Conducting a Behavioural Survey and Formative Assessments in conjunction with IMR
- Formative assessment of FSW populations will look at demographic characteristics, risk behaviours and geographical distribution in Port Moresby and Goroka.
- Assessment of the demographic characteristics and risk behaviours of MSM in Port Moresby (NCD) and adjacent Central Province.

**Target populations**
- Female sex workers and MSM

**Geographic area**
- NCD, EHP, Central

**Budget:**
- USD750,000 for 3 years

**Planned activities**
- Establish an STI clinic easily accessible to FSW and MSM, in consultation with the NDOH.
- Capacity building activities with implementing partners. Training workshops in:
  - Proposal writing
  - BCC and PE program needs assessment
  - Behavioural Studies, Monitoring and Evaluation
  - MSM program design and intervention

September 2004
Hope Worldwide

Current Activities
• HIV/AIDS and Sexual Health Education and Awareness Program in primary schools
• 9-Mile clinic
  o Sex workers (in partnership with World Vision)
  o Testing for HIV
  o Distribution of condoms
• Links with Churches Medical Council, StopAIDS, UNICEF, SYP, AIDS Federation, NCD Health and Red Cross

Target Populations
• School children, communities and sex workers

Geographic Areas
• NCD

Budget
• K110000 per year (AusAID)

Planned Activities
• Peer education activities, including a pilot with StopAIDS to empower children to make “correct” decisions
• Evaluation of current schools program
• 9-Mile Clinic
  o VCT services
  o Development of a youth-friendly service
  o Home visits for PLHA
  o Development of a strategic plan

Red Cross

Current Activities
• Awareness and education programs, including training of registered volunteers in basic awareness and counselling
• Pilot programs in East New Britain and New Ireland for youth peer education activities, including school programs
• Development of peer education manual
• Partnerships with EU, StopAIDS, Hope Worldwide, ADRA, UNAIDS, UNICEF, FHI and UNIFEM

Target Populations
• Youth

Geographic Areas
• All provinces

Budget
• K 150-250,000 per year
HIV Stakeholder Mapping

- Funding from Australian Red Cross (through AusAID ANCP funding)

Planned Activities
- Review of peer education pilot programs and possible roll-out to other provinces (with EU support)
- Development of counselling manual
- Partnership with Igat Hope to provide technical and financial assistance

Salvation Army

Current Activities
- Ela Beach Drop-in Centre (NCD) - services include overnight accommodation (for clients with medical appointments etc), meals, counselling, clinic referrals, skills training, support for orphans
- Jim Jacobsen Centre (Lae) - services include work with commercial sex workers, counselling, education and awareness at the centre and with inmates at Buimo prison.
- Peer education and training with youth
- Education and awareness workshops with teachers, Salvation Army women's groups, community health workers
- Counselling (NCD, Kainantu, Goroka)
- HIV/AIDS Research Survey

Target Populations
- Women, health workers, youth, sex workers, orphans, inmates

Geographic Areas
- NCD, Lae, Goroka, Kainantu

Budget
- Current NHASP Grants scheme proposal - K27100 for 6 months.

Planned activities
- Development for a drop-in day program for AIDS orphans and caregivers in NCD, including literacy programs, meals and counselling.
- Formation of Salvation Army HIV/AIDS Advisory Committee
- Expansion of orphan services, including an orphanage
- Establishment of Clinic (including VCT services) at Ela Beach Centre
- Provide Home Based Care and train rural communities in Home Based Care

Save the Children Fund in PNG (SCFiPNG)

Current activities
- *Poro Saport* Project - Outreach education, peer education with sex workers and MSM – support from FHI and NHASP
- Advocacy
- Counselling services
- Condom distribution

September 2004
HIV Stakeholder Mapping

- Drop in centre for sex workers, MSM
- Baseline studies with IMR

**Target populations**
- Female sex workers, MSM

**Geographic area**
- NCD, Morobe

**Budget**
- K1.9million

**Planned activities**
- VCT centre – testing, counselling and referral services
- STI services for MSM and sex workers – STI clinic
- Advocacy and liaison with police
- Peer education program
- Increased involvement of PLHA

**VSO (UK)**

**Current activities**
- Integrating HIV/AIDS into current program activities - health and disability, education and governance
- Training of volunteers to do peer education in local communities
- Working with ADRA to establish VCT centre in Lae
- Use of volunteers with East African experience

**Target populations**
- Local communities

**Geographic area**
- Madang, Morobe, ESP and WHP (planned)

**Budget:**
- K4.3million over 4 years

**Planned activities**
- Implement new program aimed at reducing the personal and social impact of HIV/AIDS through Foundation for People’s Development, Provincial Council of Women, and Canadian Volunteer Service Organisation
- Working with young people - 15 to 24 years
- Community mobilisation – awareness, drama, workshops, strengthening local organizations
World Vision PNG

**Current activities**
- Establishing partnerships with NGOs to provide counselling, peer education, skills training, literacy programs with sex workers – StopAIDS, Hope Worldwide, ICRAF, SCiPNG, YWCA
- Condom distribution and development of IEC material for sex workers
- Implementation of Periodic Presumptive Treatment (PPT) program with sex workers
- Capacity assessment of local NGOs

**Target populations**
- Sex workers

**Geographic area**
- NCD

**Budget**
- USD70,000 per year

**Planned activities**
- Peer education with sex workers, Occupation Health & Safety with CSW
- PLHA project - home based care, nutrition, stigma reduction, income training
- Proposal for OVC income generation project

YWCA

**Current Activities**
- HIV/AIDS education and awareness integrated into YWCA literacy programs in community literacy schools
- Literacy and skills training for sex workers in NCD (part of World Vision project)

**Target Population**
- Women (literacy programs)
- Sex workers

**Geographic Areas**
- NCD, Central, Morobe, EHP, Simbu, Western and Madang (Literacy Program)

**Budget**
- K100000 per year (literacy program) - funded by CordAid (Netherlands)
- K8000 for 5 months - sex workers program (funded through NHASP Grants Scheme)

**Planned Activities**
- Continued work with sex workers in literacy and skills training
- Continued literacy work
- Young women and leadership activities
- Income generation activities
PNG NGOs

Appropriate Technologies

Current activities
• Piloting of basic hygiene tool kit for home based care

Target population
• PLHA and their families

Geographic area
• EHP

Budget
• K58785 (grant from NHASP)

Planned activities
• Scale up production of these kits and distribute to PLHA in other provinces
• Produce kits for sale to other countries

Help Resources

Current activities
• Development of gender, human rights, sexual health, HIV/AIDS materials
• Training programs in sexual health, HIV/AIDS, gender
• Involvement with Provincial AIDS Council

Target populations
• Local agencies, general population

Geographic areas
• East Sepik Province

Budget
• K120,000 (Oxfam Australia; Bread for the World)

Humanity Foundation

Current activities
• Survey research activities with nightclubs, street children
• HIV awareness activities within settlements
• Condom distribution

Target populations
• Local settlements (Gerehu), young people

Geographic areas
• NCD
HIV Stakeholder Mapping

Budget
- K120000 for survey

Planned activities
- Income generation projects
- Activities to enhance employment opportunities of young people and PLHA

Igat Hope

Igat Hope is a national network of positive people. It has a 9 member Board of Management.

Current Activities
- Advocacy initiatives
- Adoption of an internal code of conduct

Target Populations
- PLHA

Geographic Areas
- NCD

Planned Activities
- Expansion into provincial networks
- Development of constitution
- Training programs
- MOU with Red Cross for provision of technical and financial assistance

Public Employees’ Association

Current activities
- None

Target populations
- Public sector employees

Geographic areas
- All provinces

Budget
- None

Planned activities
- HIV/AIDS “Action Plan”, including modification of existing education programs to include HIV/AIDS awareness
- Development of HIV/AIDS workplace policies in liaison with DPM, including dialogue with government departments
- Advocacy work with regard to HIV-related discrimination, including insurance issues

September 2004
PNG AIDS Federation

Current activities
- Literacy programs
- Training of volunteers and leaders in HIV awareness
- Gender training and awareness
- Facilitate development of local NGOs
- Skills development with women

Target populations
- general populations

Geographic areas
- NCD, ESP

Budget
- K15000 per year (approx)

Planned activities
- Capacity building for NGOs
- Income generation activities

Special Youth Project

Current activities
- Targeting out of school youth
- Established resource centre
- HIV awareness program – sports activities
- Training peer educators
- Income generation activities
- Focus on training young women
- Production and distribution of newsletter
- Liaison with youth groups in NCD (68 groups)

Target populations:
- Young people

Geographic area
- NCD

Budget
- K130000 per year

Planned activities
- Strengthening organization - trying to establish Board develop constitution and incorporate structure
- Securing ongoing funding
- Capacity building of staff
HIV Stakeholder Mapping

StopAIDS

Current activities
- HIV awareness with secondary schools
- Workplace education, including government and private sector agencies
- Condom distribution
- Basic counselling training, training of trainers
- VCT centre and community care program
- Peer education program and training of peer educators

Target populations
- General community

Geographic area
- NCD, Central

Budget
- K440000

Planned activities
- Community theatre program
- Extend peer education program in conjunction with EU
- Home based care training
- Capacity building program

Trade Union Congress

Current activities
- Education, awareness and advocacy for member unions (training conducted in Southern region)

Target populations
- Trade Union members, families and communities

Geographic areas
- Pilot Unions (NCD, Morobe, Madang, ENB, Milne Bay)
- Other activities through all provinces

Budget
- A$20000 per year for operational costs (APHEDA)
- K125000 for pilot union activity (EU)
- K 58714 (2003 & 2004) from NHASP

Planned activities
- Pre-testing of ILO Workplace Policy Toolkit among 5 pilot unions through EU program (Maritime Union, National Airlines, Timber and Construction Workers, Energy Workers and Bankers and Financial Institutions)
- Training of peer educators for pilot projects
- Three regional awareness workshops (Momase, Islands and Highlands)
HIV Stakeholder Mapping

• Advocacy and leadership for union leaders
• Integration of HIV/AIDS into current national Occupation Health & Safety Act
• Review and summary evaluation of pilot union program
• Care and counselling initiatives

3 Angels Care

Current activities
• Care centre in Boroko, providing meals, counselling, short-term accommodation

Target populations
• PLHA

Geographic areas
• NCD

Budget
• K50,600 for 12 months (through NHASP)

Planned activities
• Expansion of counselling and care services at the centre
• Development of vegetable garden at back of care centre for PLHA to work in

Faith-based Organisations

Catholic Health Services

Current activities
• Establishment of VCT centres in WHP, NCD, SHP, Simbu, ENB, Madang (use of rapid testing at some sites)
• Establishment of day centres in WHP, NCD, SHP, Madang
• PMCT program in NCD, Simbu, ENB – Nevirapine, nutritional support, training
• Development of ART program – importation of antiretrovirals

Target populations
• General population

Geographic areas
• NCD, ENB, SHP, WHP, ESP

Budget
• USD100000 (PMCT); AUD750000 (planned program)

Planned activities
• Increase secretariat support – 12 Coordinators to be appointed
• Funds for development of care centres in WP, WHP, Morobe, SHP, EHP
• Capacity building program for staff
Simon of Cyrene

**Current activities**
- Day centre facilities in Hohola, NCD
- Counselling and home care support
- Support with daily living needs and nutrition

**Target populations**
- Hohola community

**Geographic area**
- NCD

**Budget:**
- K60000 (planned Hospice facility)

**Planned activities:**
- VCT program with Hohola clinic
- Establishment of hospice facility
- Program for care of women and children

United Church

**Current activities**
- Home care, home visitation to PLHA and families

**Target populations**
- Local communities

**Geographic area**
- Milne Bay, NCD, ENB

Anglican Church

**Current activities**
- Home care, home visitation to PLHA and families

**Target populations**
- Local communities

**Geographic area**
- Milne Bay

ADRA

**Current activities**
- Care and support services for PLHA
- VCT
HIV Stakeholder Mapping

- Awareness and IEC

**Target populations**
- PLHA and local communities

**Geographic area**
- Morobe

**Planned activities**
- Community mobilisation and home based care

**Private Sector Organisations**

**Placer Dome PNG**

**Current activities**
- Workplace awareness programs
- Development of on-site programs from testing, counselling at Missima, Porgera mine sites
- Research at Porgera mine
- Condom distribution
- Liaison with other mining companies to advocate for HIV activities

**Target populations**
- Mine workers, surrounding communities

**Geographic area**
- SHP, Milne Bay

**Planned activities**
- ART program at Porgera following assessment by NDOH

**PNG Chamber of Mining and Petroleum**

**Current activities**
- Tour of key government and industry leaders to South Africa (2003)
- Mobilisation of HIV/AIDS response within industry
- Support to industry already providing HIV activities

**Target Populations**
- Mining companies and surrounding communities, political leaders

**Geographic areas**
- Mine sites throughout PNG

**Planned activities**
- Develop code for industry
- Coordinate response of private sector - employ position to develop database of company activities
• Promotion of HIV/AIDS initiatives in other sectors (e.g., manufacturing industry)
## ANNEX 2  STAKEHOLDER MAPPING AGAINST THE NATIONAL STRATEGIC PLAN

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Objective</th>
<th>Implementing organisation</th>
<th>Resource provider</th>
<th>Location</th>
<th>Target Group</th>
<th>Current activities</th>
<th>Planned activities</th>
<th>Budget for 2004/5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment, counselling care and support</td>
<td>1. Treatment</td>
<td>WHO</td>
<td>WHO ADB (ART drugs)</td>
<td>NCD</td>
<td>PLHA - 4000 people receiving ART by 2009</td>
<td>Strengthen diagnostic capacity of laboratories (CPHL and provincial) Policy, guidelines and protocols for ART Establishment of pilot centre for ART</td>
<td>Scaling up ART program Guidelines and protocols for HIV and TB Strengthening laboratory capacity</td>
<td>Ongoing activities: USD200000 per yr ART: 2004 – USD500000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NDOH</td>
<td>AusAID WHO JICA ABD</td>
<td>NCD, Morobe</td>
<td>HIV/AIDS policy, guidelines, hospital standards, protocols ART clinic in POM (Heduru) – training, clinical services, HIV clinic</td>
<td>Strengthening of HIV/STI section in NDOH Strengthening of laboratory services HCW training</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NHASP</td>
<td>AusAID</td>
<td>All provinces</td>
<td>Medical personnel</td>
<td>HIV prescribers training course Technical support to clinics ART guidelines</td>
<td>Possible repeat of HIV prescribers training course</td>
<td>$77,000 (04/05)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Catholic Health Services</td>
<td>Catholic Medical Mission Board</td>
<td>NCD</td>
<td>PLHA</td>
<td>Limited ART importation licence, providing treatment for small number of people</td>
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<tr>
<td></td>
<td></td>
<td>Catholic Health Services</td>
<td>Catholic Medical Mission Board</td>
<td>NCD, Simbu, ENB</td>
<td>Pregnant HIV positive women</td>
<td>“Born to Live” program in 5 centres – VCT, OI treatment, Nevirapine, training with doctors and</td>
<td>Expand treatment to mothers Couple counselling</td>
<td>USD100000</td>
</tr>
</tbody>
</table>

HIV Stakeholder Mapping
**HIV Stakeholder Mapping**

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>midwives, IEC materials, feeding options</td>
<td>HCW training in 4 centres and building of centre at PMGH, IEC materials Expand PMTC centres to Lae, Rabaul, Mt Hagen</td>
<td>K440000</td>
</tr>
<tr>
<td>PMGH</td>
<td></td>
<td>UNICEF AusAID</td>
<td>NCD</td>
<td>Pregnant HIV positive women</td>
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<tr>
<td>Private Clinics</td>
<td></td>
<td></td>
<td></td>
<td>NCD</td>
<td>PLHA</td>
<td>Provision of treatment and clinical services</td>
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<tr>
<td>NGOs</td>
<td></td>
<td>UNAIDS</td>
<td>NCD</td>
<td>PLHA</td>
<td></td>
<td></td>
<td>Strengthening NGO capacity to support delivery of ART program</td>
<td>USD100000</td>
</tr>
<tr>
<td>Collaboration for Health in PNG</td>
<td></td>
<td>Medicines Australia</td>
<td>8 sites</td>
<td>HCW</td>
<td></td>
<td></td>
<td></td>
<td>AUD250000</td>
</tr>
<tr>
<td>NDOH, WHO, NAC, FHI</td>
<td></td>
<td>Global Fund</td>
<td>All provinces</td>
<td></td>
<td></td>
<td>ART drug procurement, training, monitoring systems Guidelines and treatment for OIs, training for HCW, materials, drugs procurement PMTC funding for training, materials, drug procurement Strengthening laboratories capacity for blood safety and procurement of HIV antigen kits</td>
<td>Proposed budget – yr1: ART and OI: USD 1.3 million PMTC: USD197677 Blood safety: USD258066</td>
<td></td>
</tr>
<tr>
<td>Focus Areas</td>
<td>Objective</td>
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<td>Resource provider</td>
<td>Location</td>
<td>Target Group</td>
<td>Current activities</td>
<td>Planned activities</td>
<td>Budget for 2004/5</td>
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<tr>
<td>Minimising exposure to HIV/AIDS risk</td>
<td>NDOH</td>
<td>HSIP</td>
<td>All provinces</td>
<td>Health care workers</td>
<td>Infection control training</td>
<td>Infection control officers in hospitals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic Health Services</td>
<td>Catholic Medical Mission Board, Catholic churches</td>
<td>All provinces</td>
<td>Health care workers, midwives</td>
<td>PEP protocols and treatment drugs in a number of health centres and hospitals</td>
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</tr>
<tr>
<td>Correctional Services</td>
<td>Correctional Services Dept</td>
<td>All provinces</td>
<td>Prison officers</td>
<td>Infection control policy HIV awareness</td>
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<tr>
<td>NDOH</td>
<td>Global Fund</td>
<td>All provinces</td>
<td>Health care workers</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. VCT and counselling</td>
<td>Private sector – Placer Dome BHP Oil Search</td>
<td>Mines: Ok Tedi, Lihir, Porgera, Missima</td>
<td>WP, ESP, SHP, Milne Bay</td>
<td>Mine workers and surrounding communities</td>
<td>Lihir – VCT, counselling Ok Tedi – clinic facilities testing and counselling Porgera – testing and counselling, research</td>
<td>Oil Search - planning to establish services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salvation Army</td>
<td>AusAID</td>
<td>NCD, EHP, Morobe</td>
<td>General population, sex workers</td>
<td>Counselling</td>
<td>Employ social worker</td>
<td>K54,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>StopAIDS</td>
<td>AusAID, World Vision</td>
<td>NCD</td>
<td>General population Sex workers</td>
<td>Basic counselling training VCT</td>
<td>Development of care and counselling unit, services Specialised services for sex workers</td>
<td>K440,000</td>
<td></td>
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</tr>
<tr>
<td>Heduru Clinic, PMGH</td>
<td>AusAID</td>
<td>NCD</td>
<td>NCD population</td>
<td>VCT, ongoing counselling</td>
<td>Expand VCT with treatment programs</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dept of Defence</td>
<td>Dept of Defence</td>
<td>NCD, Defence</td>
<td>Mandatory testing for</td>
<td></td>
<td></td>
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</tbody>
</table>
## HIV Stakeholder Mapping

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Objective</th>
<th>Implementing organisation</th>
<th>Resource provider</th>
<th>Location</th>
<th>Target Group</th>
<th>Current activities</th>
<th>Planned activities</th>
<th>Budget for 2004/5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Morobe, ESP, Manus</td>
<td>personnel</td>
<td>defence personnel, VCT for surrounding communities</td>
<td></td>
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</tr>
<tr>
<td>Shalom Centre</td>
<td></td>
<td>AusAID, Catholic Church</td>
<td>WHP</td>
<td>General population in WHP</td>
<td>VCT</td>
<td>Home based care, Income generation</td>
<td>K61,000</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Catholic church</td>
<td>WHP</td>
<td>General population in WHP</td>
<td>VCT</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rebamul Urban Clinic</td>
<td></td>
<td>AusAID, FHI</td>
<td>NCD, Morobe</td>
<td>Sex workers, MSM</td>
<td>Counselling</td>
<td>Expand counselling services and VCT</td>
<td>K1.9 million</td>
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</tr>
<tr>
<td>Save the Children</td>
<td></td>
<td>VSO providing volunteer</td>
<td>Morobe</td>
<td>VCT, counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADRA</td>
<td></td>
<td>AusAID, CHS</td>
<td>NCD</td>
<td>Sex workers, Community of 9 mile</td>
<td>VCT</td>
<td>counselling</td>
<td>Expand services</td>
<td>K110000</td>
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<tr>
<td></td>
<td></td>
<td>Catholic Church</td>
<td>NCD</td>
<td>NCD population</td>
<td>Counselling</td>
<td>VCT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simon of Cyrene</td>
<td></td>
<td>AusAID, FHI</td>
<td>Madang</td>
<td>PLHA</td>
<td>VCT, counselling, day centre</td>
<td>K400000 to renovate centre</td>
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<tr>
<td>Bethany</td>
<td></td>
<td>Catholic Church, AusAID</td>
<td>SHP</td>
<td>VCT, counselling, day centre, accommodation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>AusAID</td>
<td>ESP</td>
<td>General population</td>
<td>VCT, counselling, training, antenatal care</td>
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<tr>
<td>Wewak HIV Care centre</td>
<td></td>
<td>Catholic church</td>
<td>Simbu</td>
<td>General population</td>
<td>VCT, counselling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Catholic church</td>
<td>ENB</td>
<td>General population</td>
<td>VCT, counselling</td>
<td></td>
<td></td>
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<tr>
<td>St Marys Hospital</td>
<td></td>
<td>AusAID</td>
<td>All provinces</td>
<td>General population</td>
<td>VCT Training and development of manual, establishment of VCT sites, support for National Counselling and Care Advisory Group, development of</td>
<td>Continued support for strengthening of counselling and care programs, including investigating the establishment of a national registration</td>
<td>$650,800 (04/05 budget)</td>
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</tbody>
</table>
## HIV Stakeholder Mapping

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Objective</th>
<th>Implementing organisation</th>
<th>Resource provider</th>
<th>Location</th>
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<th>Current activities</th>
<th>Planned activities</th>
<th>Budget for 2004/5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NDOH, Stop AIDS, FBOs, FHI</td>
<td>Global Fund</td>
<td>89 districts</td>
<td>General population</td>
<td>coordinated national HIV/AIDS counselling training, funding for establishment of HIV centres (POM and Madang), technical assistance to NGOs, capacity building and training of PCCs</td>
<td>body for counselling to monitor quality of counselling, and development of referral guidelines for counselling, training of counsellors</td>
<td></td>
</tr>
<tr>
<td>4. Community care</td>
<td>Hiruma 3 Angels</td>
<td>AusAID</td>
<td>NCD</td>
<td>PLHA</td>
<td>Short term accommodation, positive living, counselling, pastoral care</td>
<td>Establishment of VCT centres, procurement of test kits, training standards and training programs</td>
<td>Proposed funding yr1: USD852016 K50600</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Catholic Health Services</td>
<td>Caritas Australia, AusAID</td>
<td>NCD</td>
<td>PLHA</td>
<td>Operational and staffing costs for HIV Coordinators in 12 dioceses, training Establishment of Care Centres in high prevalence provinces</td>
<td></td>
<td>AUD750000</td>
<td></td>
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<tr>
<td></td>
<td>Bethany Hospice</td>
<td>AusAID</td>
<td>NCD</td>
<td>PLHA</td>
<td>Hospice care, respite, care for women and children</td>
<td></td>
<td>K60,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maino Self Help and support/ Care Centre</td>
<td>AusAID (possible funding from Oxfam Australia)</td>
<td>NCD</td>
<td>PLHA</td>
<td>Support and counselling for PLHA</td>
<td></td>
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<tr>
<td></td>
<td>Kumin Diocesan AIDS Office</td>
<td>Catholic church</td>
<td>SHP</td>
<td>PLHA</td>
<td>Counselling, medication, home care kits, respite</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Mingende Care</td>
<td>Catholic church</td>
<td>Simbu</td>
<td>PLHA</td>
<td>4 bedroom house, basic</td>
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</tbody>
</table>
### Focus Areas | Objective | Implementing organisation | Resource provider | Location | Target Group | Current activities | Planned activities | Budget for 2004/5 |
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Centre</td>
<td></td>
<td>NZAID, AusAID</td>
<td>ESP</td>
<td>Women and children</td>
<td>care, counselling, short term accommodation, 6 counsellors</td>
<td>Training of village volunteers to provide care and counselling</td>
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<tr>
<td>Save the Children</td>
<td></td>
<td>AusAID</td>
<td>NCD, Morobe</td>
<td>Sex workers, transsexuals</td>
<td>Drop in centre, Emergency accommodation, palliative care</td>
<td>Home Based Care training</td>
<td>K27100</td>
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<tr>
<td>Salvation Army</td>
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<td>AusAID</td>
<td>NCD, Morobe</td>
<td>Sex workers, transsexuals</td>
<td>Drop in centre, Emergency accommodation, palliative care</td>
<td>Home Based Care training</td>
<td>K27100</td>
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<tr>
<td>United Church</td>
<td></td>
<td>AusAID</td>
<td>Milne Bay, NCD, ENB</td>
<td>Local communities</td>
<td>Home care, home visitation to PLHA and families</td>
<td>Home based care center for children</td>
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<td></td>
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<tr>
<td>Anglican Church</td>
<td></td>
<td>Anglican Church</td>
<td>Milne Bay</td>
<td>Local communities</td>
<td>Home care, home visitation to PLHA and families</td>
<td>Home based care center for children</td>
<td></td>
<td></td>
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<tr>
<td>Kiunga Care Centre</td>
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<td>Catholic Church</td>
<td>WP</td>
<td>PLHA</td>
<td>Establish care centre</td>
<td>Establish care centre</td>
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<tr>
<td>Mt Hagen Care Centre</td>
<td></td>
<td>Catholic Church</td>
<td>WHP</td>
<td>PLHA</td>
<td>Establish care centre</td>
<td>Establish care centre</td>
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<tr>
<td>Mendi Care Centre</td>
<td></td>
<td>Catholic Church</td>
<td>SHP</td>
<td>PLHA</td>
<td>Establish care centre</td>
<td>Establish care centre</td>
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<tr>
<td>Simbu Care Centre</td>
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<td>Catholic Church</td>
<td>Simbu</td>
<td>PLHA</td>
<td>Establish care centre</td>
<td>Establish care centre</td>
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<tr>
<td>Eastern Highlands Care Centre</td>
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<td>Catholic Church</td>
<td>EHP</td>
<td>PLHA</td>
<td>Establish care centre</td>
<td>Establish care centre</td>
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<tr>
<td>Lae Care Centre</td>
<td></td>
<td>Catholic Church</td>
<td>Morobe</td>
<td>PLHA</td>
<td>Establish care centre</td>
<td>Establish care centre</td>
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<tr>
<td>Department of Defence</td>
<td></td>
<td>Department of Defence</td>
<td>All provinces</td>
<td>PLHA</td>
<td>Home and community support, training in counselling, repatriation system – pathway for referral of personnel back to communities</td>
<td>Home based care program at Taurama, training for mothers for community care</td>
<td>K4900</td>
<td></td>
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<tr>
<td>World Vision</td>
<td></td>
<td>WV NZ</td>
<td>NCD</td>
<td>PLHA</td>
<td>Home based care, stigma reduction nutrition</td>
<td>Home based care, stigma reduction nutrition</td>
<td>USD70000/y r - 4 yrs</td>
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<tr>
<td>Appropriate</td>
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<td>AusAID</td>
<td>EHP</td>
<td>PLHA</td>
<td>Provision of equipment</td>
<td>Scale up production of</td>
<td>K58785</td>
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</tbody>
</table>
## Focus Areas

### Objective

**Implementing organisation**

**Resource provider**

**Location**

**Target Group**

**Current activities**

**Planned activities**

**Budget for 2004/5**

<p>| Technologies | NHASP | AusAID | All provinces | PLHA | African study tour (2003) Training in home based care, training of community and home based care teams and families in palliative care, positive living and basic treatment | Development of Home Based Care strategy and program (with program partners), development of Home Based Care training manual | $452,475 (04/05 budget) |
| NDOH, WHO, PLHA, StopAIDS, FHI, NAC | Global Fund | All provinces | PLHA | | Home care network, volunteer training, day centres | USD199527 |
| <strong>5. STIs</strong> | NDOH | AusAID, UNFPA, WHO | All provinces | General population | 12 STI clinics Strengthening reproductive health, training of health care workers, facilitation of STI drug supply, training of health workers to diagnose and manage STIs and promote sexual health | 38 STI clinics to be built, ongoing health worker training | AUD 457,500 (NHASP) USD 6000 (UNFPA) USD33,3600 (WHO) |
| | World Vision PNG | UNFPA | NCD | Sex workers | PPT program – providing treatment for STIs | | USD150,000 |
| | FHI | USAID | NCD | Sex workers and MSM | STI clinic in conjunction with SciPNG | | |
| <strong>Education and Prevention</strong> | Stop AIDS | AusAID | NCD | General population Secondary school workplaces | HIV awareness Workplace education Peer education Outreach to communities – drama Condom distribution Programs for private sector | Increase reach of awareness programs Training in peer education | K440,000 |</p>
<table>
<thead>
<tr>
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<th>Planned activities</th>
<th>Budget for 2004/5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept of Education</td>
<td></td>
<td>UNICEF</td>
<td>Pilot conducted in Buka, Milne Bay, Central</td>
<td>Primary schools Out of school young people</td>
<td>In-school education: curricula development, IEC materials (flyers and handbook), teacher training Out of school education – drama, debates, essays Sexual and reproductive health modules</td>
<td>Radio program - soap opera type program, based on series of scripts centred on lifestyles of people across PNG</td>
<td>USD170000</td>
<td></td>
</tr>
<tr>
<td>UNFPA</td>
<td></td>
<td></td>
<td>6 provinces</td>
<td>Primary and Secondary schools</td>
<td>Curriculum development</td>
<td></td>
<td></td>
<td>USD90509</td>
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<tr>
<td>Department of Defence</td>
<td></td>
<td>Department of Defence</td>
<td>All provinces</td>
<td>Defence personnel and communities</td>
<td>Awareness, condom distribution, TOTs for counselling and awareness, high risk setting participation in NCD</td>
<td>HIV coordinators for Defence, team approach</td>
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<td></td>
</tr>
<tr>
<td>Special Youth Project (SYP)</td>
<td></td>
<td>AusAID, UNICEF</td>
<td>NCD</td>
<td>Targeting out of school youth Established resource centre HIV awareness program – sports activities, Training peer educators Income generation activities Focus on training young women Newsletter Liaison with youth groups in NCD (68 groups)</td>
<td>Strengthening organization - trying to establish Board, develop constitution and incorporate structure Securing ongoing funding Capacity building of staff</td>
<td>K130000</td>
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<tr>
<td>Hope Worldwide</td>
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<td>AusAID</td>
<td>NCD</td>
<td>Primary school children</td>
<td>Awareness in primary schools Peer education with children and youth</td>
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<td>K110000</td>
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<tr>
<td>Focus Areas</td>
<td>Objective</td>
<td>Implementing organisation</td>
<td>Resource provider</td>
<td>Location</td>
<td>Target Group</td>
<td>Current activities</td>
<td>Planned activities</td>
<td>Budget for 2004/5</td>
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<tr>
<td>HIV Stakeholder Mapping</td>
<td></td>
<td>European Union</td>
<td>EU</td>
<td>13 provinces</td>
<td>General population</td>
<td>Peer education project in all provinces do Qualitative research – assessing social factors, organisational capacity of CSOs Peer education manual 4 Peer education coordinators Training peer educators within institutions – disciplinary forces, social welfare, unions, LLG</td>
<td>Targeted interventions with vulnerable groups Capacity building activities with NGOs/CBOs Advocacy initiatives Linkages with VCT, Education and microfinance programs</td>
<td>Euro3 million for 5 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ADB</td>
<td>ADB</td>
<td></td>
<td></td>
<td>Fisheries Project – specific component on HIV/AIDS Promote prevention through HSIP – health sector</td>
<td>Literacy project</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>NDOH</td>
<td>AusAID NZAID WHO</td>
<td>All provinces</td>
<td>General population</td>
<td>Awareness through health promotion and training activities Healthy Island Program Condom procurement and distribution</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>UPNG</td>
<td>UNFPA</td>
<td>NCD</td>
<td>Students, church youth leaders</td>
<td>Adolescent and sexual health project – peer education Radio program</td>
<td>Funding from program to 2007</td>
<td>USD123189</td>
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<tr>
<td></td>
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<td>Red Cross PNG</td>
<td>IFRC, AusAID OPEC EU</td>
<td>NCD, Central, WHP, NI, Red cross volunteers</td>
<td></td>
<td>Training volunteers for basic HIV awareness activities</td>
<td>Expand peer education program in other Red Cross provinces</td>
<td>K150000-200000 per yr</td>
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</tbody>
</table>
## HIV Stakeholder Mapping

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<thead>
<tr>
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<th>Planned activities</th>
<th>Budget for 2004/5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>ENB, Morobe, Milne Bay, Manus, Bougainville Sandaun</td>
<td>Basic counselling training of volunteers Peer education in and out of school (Pilot project in ENB and NI) – in conjunction with EU</td>
<td></td>
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<td></td>
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<tr>
<td>Department of Agriculture</td>
<td></td>
<td>Department of Agriculture</td>
<td>All provinces Departmental staff</td>
<td>Income generation activities</td>
<td>Integrating HIV/AIDS into gender awareness programs across Dept</td>
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<tr>
<td>Department of Social Development</td>
<td></td>
<td>Department of Social Development</td>
<td>NCD Community development workers, youth and women’s groups</td>
<td>Training HIV/AIDS awareness</td>
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<tr>
<td>Correctional Services</td>
<td></td>
<td>Dept of Correctional Services</td>
<td>5 institutions Staff and detainees</td>
<td>Peer education program training staff and detainees Awareness programs IEC materials</td>
<td>Peer education programs across institutions K30000</td>
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<tr>
<td>Police Department</td>
<td></td>
<td>AusAID, EU Police Dept</td>
<td>All provinces Police workforce</td>
<td>Training workshops with all police officers including reserve and auxiliary Training and liaison of community policing officers with high risk setting strategy Peer education program with EU</td>
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<tr>
<td>Lutheran Shipping</td>
<td></td>
<td>Lutheran Health Services, AusAID</td>
<td>Madang, Morobe Passengers on ships</td>
<td>Educational videos – HIV/AIDS, drug education, domestic violence</td>
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<tr>
<td>Provincial Council of Women</td>
<td></td>
<td>AusAID</td>
<td>Milne Bay, ENB HIV/AIDS awareness, advocacy, TOT training</td>
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<tr>
<td>VSO (UK) Foundation of People’s Development</td>
<td></td>
<td>British Government Community Fund</td>
<td>Madang, ESP, WHP Young people</td>
<td>Community mobilisation – awareness, drama, workshops, strengthening local</td>
<td></td>
<td></td>
<td>K4.3 million (4 years)</td>
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</tbody>
</table>

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## HIV Stakeholder Mapping

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Objective</th>
<th>Implementing organisation</th>
<th>Resource provider</th>
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<th>Current activities</th>
<th>Planned activities</th>
<th>Budget for 2004/5</th>
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<tbody>
<tr>
<td>East Sepik Province Council of Women</td>
<td>Implementing organisation</td>
<td>AusAID</td>
<td>ESP</td>
<td>Women, young people</td>
<td>Design and production of IEC materials on HIV/AIDS</td>
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<tr>
<td>Help Resources</td>
<td>Resource provider</td>
<td>World Vision</td>
<td>Literacy – 8 provinces</td>
<td>Sex workers, women students</td>
<td>Literacy, skills training</td>
<td>Young women and leadership Income generation Computer training centre in Lae</td>
<td>K8000</td>
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<tr>
<td>YWCA</td>
<td>NCD</td>
<td>Literacy – 8 provinces</td>
<td>Women, young students</td>
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<tr>
<td>Motu Koitubu</td>
<td>AusAID</td>
<td>NCD</td>
<td>Local settlements</td>
<td>Training with village court officials, awareness</td>
<td></td>
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<td>K15000</td>
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<tr>
<td>PNG AIDS Federation</td>
<td>AusAID, GTZ, NZAID, ICCO</td>
<td>NCD</td>
<td>Literacy program, skills development, HIV awareness in communities</td>
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<tr>
<td>Humanity Foundation</td>
<td>AusAID, UNICEF</td>
<td>NCD</td>
<td>Local settlements, young people</td>
<td>Community needs assessment, HIV awareness competitions</td>
<td>Income generation projects</td>
<td></td>
<td>K12000</td>
<td></td>
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<tr>
<td>Community Development Initiative</td>
<td>Oil Search</td>
<td>Gulf and SHP</td>
<td>General population</td>
<td>Public awareness on STIs and HIV/AIDS</td>
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<tr>
<td>NGOs</td>
<td>AusAID, WB, (EU, ADB?)</td>
<td>SHP, WHP, EHP, Morobe</td>
<td>Highlands Highway construction workers, road users and communities</td>
<td>Conduct situation analysis, promote prevention and behavioural change within mobile groups</td>
<td></td>
<td>USD 1.8 million</td>
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<tr>
<td>Family Health Association</td>
<td>Family Planning Australia (AusAID funding)</td>
<td>All provinces (based in Morobe)</td>
<td>Health workers, teachers, public servants working in health and education</td>
<td>Conduct Community Educators Courses (CEC) and teacher training on reproductive sexual health issues</td>
<td>Continue Community Educators Courses, including a follow-up workshop with all participants to date.</td>
<td></td>
<td>$92,000 (04/05 budget from AusAID for CEC)</td>
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<tr>
<td>NACS, NHASP</td>
<td>AusAID</td>
<td>All provinces</td>
<td>General population</td>
<td>Facilitation of partnerships and</td>
<td>Continued support for education and</td>
<td></td>
<td>$2,363,500 (04/05)</td>
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</table>
## HIV Stakeholder Mapping

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Objective</th>
<th>Implementing organisation</th>
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<td></td>
<td>networks among program partners and other stakeholders, development of IEC materials, training in use of materials, community theatre initiatives, development of social marketing and media campaigns, distribution of condoms</td>
<td>prevention, including funding a national HIV/AIDS and Sexual Health Seminar, development of schools strategy</td>
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<tr>
<td>NGOs, UNICEF, NDOE, UNFPA, NAC, WHO</td>
<td>Global Fund</td>
<td>All provinces</td>
<td>In and out of school youth</td>
<td>Funding for peer education, in and out of school education, workplace education, mass media and youth friendly centres</td>
<td>USD495097</td>
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<tr>
<td>2. Targeted interventions</td>
<td>Family Health International</td>
<td>USAID</td>
<td>NCD, EHP, Central</td>
<td>Partnerships with NGOs BSS surveys through IMR focusing on MSM and sex workers Formative assessments of sex worker populations, capacity building – training HCW, technical supporting program design and intervention, research, M &amp; E</td>
<td>Establishing STI clinic for sex workers and MSM Want to expand program to work with street children, security workers, youth, women, police</td>
<td>USD750000 per yr</td>
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<tr>
<td></td>
<td></td>
<td>World Vision</td>
<td>UNFPA</td>
<td>NCD</td>
<td>Sex workers</td>
<td>Partnerships with NGOs to provide peer education, skills training, literacy programs with sex workers Condom distribution, IEC material</td>
<td>Peer education with sex workers, Occupation Health &amp; Safety with CSW</td>
<td>K150000</td>
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</table>
## HIV Stakeholder Mapping

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<tbody>
<tr>
<td><strong>Epidemiology and Surveillance</strong></td>
<td>1. National Surveillance System</td>
<td>NDOH, CPHL</td>
<td>AusAID</td>
<td>All provinces</td>
<td>Laboratory Workers</td>
<td>Training of laboratory workers, procurement and distribution of HIV testing kits, review standard operating procedures, construction of new CPHL, improve data collection systems for reporting of HIV/AIDS.</td>
<td>Continued support for strengthened management and capacity of laboratory services, training of laboratory workers</td>
<td>NHASP $112,500 (04/05 budget), CPHL - $700,000 (04/05 budget)</td>
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<tr>
<td></td>
<td></td>
<td>WHO</td>
<td>WHO</td>
<td>CPHL and provincial</td>
<td>Laboratory workers, HCWs</td>
<td>Technical support, including HIV/AIDS and OI diagnostic kits to central public health laboratories,</td>
<td>Continued technical support for strengthening laboratory capacity</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>JICA</td>
<td>JICA</td>
<td>Laboratory workers</td>
<td>Training of laboratory workers</td>
<td>Proposal for procurement of CD4 machines</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>NDOH, NACS</td>
<td>AusAID</td>
<td>NCD, Morobe, EHP, WHP, WP, Sandaun, Nth Solomons</td>
<td>Antenatal clinics, STI clinics, TB patients</td>
<td>Develop guidelines for HCW sero and behavioural surveillance, conduct training, establish and maintain sero and behavioural surveillance sites,</td>
<td>Continue support to NDOH to establish and maintain sero and behavioural surveillance sites, including sentinel surveillance in the military and possible</td>
<td>$76,100 (04/05 budget)</td>
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<td></td>
<td>Improve feedback of data</td>
<td></td>
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<td></td>
<td>surveillance at Ramu Sugar Company. Expansion of sentinel sites to Gulf, Central, ESP, Simbu</td>
<td></td>
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<tr>
<td>Social and Behavioural research</td>
<td>1. Build capacity for social research</td>
<td>IMR, NACS</td>
<td>AusAID</td>
<td>All provinces</td>
<td>HCW, PAC staff, NACS</td>
<td>Support for the establishment of the National Surveillance Coordinating Committee (NDOH to chair)</td>
<td>Continued support for feedback and distribution, including attendance at national symposia.</td>
<td>$16,000 (04/05 budget)</td>
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<td></td>
<td>2. Undertake social research</td>
<td>IMR, NRI, UPNG</td>
<td>AusAID</td>
<td>All provinces</td>
<td>Community based research</td>
<td>Research grants for social and behavioural studies</td>
<td>K176195</td>
<td></td>
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<td></td>
<td>3. Evidence-based information</td>
<td>IMR, NDOH, NACS</td>
<td>AusAID, UNICEF</td>
<td>NCD</td>
<td>Community based surveys</td>
<td>Operational research into ART</td>
<td>USD500000</td>
<td></td>
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<tr>
<td></td>
<td>4. Collaboration</td>
<td>IMR, NDOH, NACS</td>
<td>AusAID, Porgera Mine</td>
<td>Surveillance sites</td>
<td>Research on molecular epidemiology and</td>
<td>USD150000</td>
<td>USD900000</td>
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$16,000 (04/05 budget)
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<tbody>
<tr>
<td>Leadership, Partnership and Political Commitment with epidemiologic research</td>
<td>1. Leadership and Political Commitment</td>
<td>UNICEF</td>
<td>UNICEF, IMR</td>
<td>Enga</td>
<td>Prevalence of HIV-1</td>
<td>Behavioural surveys STI research</td>
<td>Targeting religious leaders – 2 workshops (Madang and POM) with FBO leaders, scaling up of training of traditional village leaders to include other provinces.</td>
<td>USD 90,000</td>
</tr>
<tr>
<td>Leadership, Partnership and Political Commitment</td>
<td>UNDP</td>
<td>UNDP, UNIFEM, ILO</td>
<td>NCD (primarily), to expand to other provinces.</td>
<td>Political leaders, church and community leaders</td>
<td>Leadership workshops and seminars to promote advocacy and policy dialogue on HIV/AIDS at the national level, development of workplace policy toolkit (with ILO)</td>
<td>Expanding leadership program to include four regional workshops on HIV/AIDS and leadership, development of National Human Development Report for PNG, workshops on workplace policy toolkit (with ILO), advocacy workshops on HIV/AIDS and gender (UNIFEM)</td>
<td>K 2 million</td>
<td></td>
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<tr>
<td>Leadership, Partnership and Political Commitment</td>
<td>PNG Chamber of Mining and Petroleum</td>
<td>PNG Chamber of Mining and Petroleum, Placer Niugini, AusAID</td>
<td>Mine sites throughout PNG</td>
<td>Mining companies and surrounding communities, political leaders</td>
<td>Tour of key government and industry leaders to South Africa and follow-up workshop (2003) mobilisation of HIV/AIDS response within industry, support to industry already providing HIV activities</td>
<td>Develop code for industry, coordinate response of private sector and develop networks (employ position to develop database of company activities), promotion of HIV/AIDS initiatives in other sectors (eg. manufacturing industry)</td>
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<tr>
<td>Law and Justice sector</td>
<td>Implementing organisation</td>
<td>Law and Justice sector agencies, AusAID</td>
<td>Law and justice sector agencies personnel</td>
<td>All provinces</td>
<td>Law and justice sector agencies personnel</td>
<td>HIV awareness incorporated into HR policies, HIV/AIDS sensitisation TOT programs.</td>
<td>Implementation of policy Ongoing training programs</td>
<td>K10,000 allocated for each agency</td>
</tr>
<tr>
<td>British High Commission</td>
<td></td>
<td>NCD</td>
<td>Political, religious and business leaders</td>
<td>NCD</td>
<td>Promoting leadership and advocacy activities, bringing key experts for visits to PNG for advocacy and education, promoting activities that address prevention of violence against women, activities to strengthen parliamentary processes</td>
<td>Tour of Africa for political, religious and business leaders for sensitisation to HIV/AIDS crisis, promoting initiatives to address disability,</td>
<td>Ad hoc</td>
<td></td>
</tr>
<tr>
<td>UNIFEM</td>
<td>UNDP, UNIFEM Fiji</td>
<td>NCD</td>
<td>Political and bureaucracy leaders</td>
<td>NCD</td>
<td>Review of national programs, support for policy development, orientation workshops on gender and HIV/AIDS</td>
<td>Training workshops for policy makers Advocacy workshops Gender focused research</td>
<td>USD 91,575 over 2 years</td>
<td></td>
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<tr>
<td>Department of Personnel Management</td>
<td>DPM, NACS</td>
<td>All provinces</td>
<td>Public sector organisations at all levels of government (National, Provincial and LLG)</td>
<td>All provinces</td>
<td>Development of a HIV/AIDS policy for the whole of the public sector (to be incorporated into the Public Service General Orders)</td>
<td>Complete HIV/AIDS policy (form Working Committees and consult with Senior Management of Public Sector Organisation) and run workshops and orientation programs.</td>
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<tr>
<td>Trade Union Congress</td>
<td>APHEDA</td>
<td>All provinces</td>
<td>Trade unions</td>
<td>All provinces</td>
<td>Development of 5-yr Strategic Plan - training with unions in Southern Region</td>
<td>Awareness and advocacy initiatives, development of workplace policy toolkit with ILO. Training of peer</td>
<td>AUD20000 per yr K250000 for each union</td>
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<td>Focus Areas</td>
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<td>Public Employees Association</td>
<td>PEA</td>
<td>All provinces</td>
<td>Public sector employees</td>
<td>educators for pilot projects with: Maritime Union; National Airlines Union, Timber and Construction workers, Energy workers, Banking and Financial Institutions</td>
<td>for pilot projects</td>
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<td></td>
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<td>UNAIDS</td>
<td>UNAIDS</td>
<td>All provinces</td>
<td>Political, bureaucracy and religious leaders</td>
<td>APLF workshop for leaders (held in Madang in 2003)</td>
<td>APLF activities to take on where UNDP activities end - facilitate participation of leadership in advocacy workshops</td>
<td>USD 150,000</td>
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<td>Family Health Association</td>
<td>IPPF, UNFPA</td>
<td>NCD, Morobe</td>
<td>Political leaders</td>
<td>Development of advocacy intervention package and national action plan for HIV/AIDS prevention among youth, capacity building workshops on advocacy skills</td>
<td>Documentation of lessons learned and best practice, final evaluations.</td>
<td>USD 250,000</td>
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<tr>
<td></td>
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<td>NHASP</td>
<td>AusAID,</td>
<td>NCD</td>
<td>Political, bureaucracy and business leaders</td>
<td>Development of HIV/AIDS Prevention and Management Act (HAMP), workshops on HAMP to promote understanding and Work on decriminalising sex work, developing public sector workplace policies and programs with DPM, assistance to PNG Trade Union</td>
<td>$210,500 (04/05 budget)</td>
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<td></td>
<td>PACs, UNAIDS, NACS, UNDP, NCC, WHO, FHI, StopAIDS</td>
<td>Global Fund</td>
<td>All provinces</td>
<td>Community leaders and volunteers</td>
<td>support, training to promote awareness in public and private sector organisations of need for workplace policies and programs, initiatives to increase political commitment (workshops)</td>
<td>Congress to develop proposals for funding.</td>
<td>USD 64,583</td>
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<tr>
<td>2. Partnerships and Planning</td>
<td></td>
<td>World Vision</td>
<td>UNFPA</td>
<td>NCD</td>
<td>NGOs</td>
<td>Capacity assessment of NGOs to identify partnerships</td>
<td>Leadership training for community leaders and volunteers, Workplace training</td>
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<tr>
<td></td>
<td></td>
<td>FHI</td>
<td>USAID</td>
<td>NCD</td>
<td>NGOs</td>
<td>Capacity building, training, partnerships with other NGOs</td>
<td>Facilitate partnerships with NGOs</td>
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<td></td>
<td></td>
<td>NHASP</td>
<td>AusAID</td>
<td>All provinces</td>
<td>Government departments (national and provincial)</td>
<td>Assistance to ongoing reviews of government policy and programs, assistance to DNPRD to implement National Population Policy, drafting of handbook on HIV/AIDS strategic planning, assistance to develop district plans, national workshops for provincial administrators and planners</td>
<td>Continued support for development of sectoral policies (at national and provincial levels) to address HIV/AIDS Prevention and Care, continued assistance to strategic planning.</td>
<td>$305,250 (04/05 budget)</td>
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<td></td>
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<td>UNAIDS</td>
<td>UNAIDS</td>
<td>NCD</td>
<td>Donors, government departments, NGOs</td>
<td>Support for coordination of donors - expanded UN Theme Group will include major donors</td>
<td>Support for coordination of international and indigenous NGOs</td>
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<td>3. Strengthen capacity of NACS and provincial response</td>
<td>NHASP</td>
<td>AusAID</td>
<td>All provinces</td>
<td>NACS and PACs</td>
<td>Training and capacity building with NACS, organisational development, management and financial support, recruitment of PACS positions, training of PACS staff, assistance and resources for training courses and coordination of provincial HIV/AIDS support, strengthening of financial systems for NACs and PACS</td>
<td>Maintain capacity building program, strengthening and streamlining government systems Assistance to DPM to conduct a review of NACS organisational assessment, continued support for PACS</td>
<td>$586,240 (04/05 budget)</td>
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<td></td>
<td>Prime Minister’s Department</td>
<td>Prime Minister’s Department</td>
<td>All provinces</td>
<td>NACS, general population</td>
<td>Technical support to strengthen coordination role</td>
<td>Development of an HIV/AIDS Plan of Action, including recommendations to place NACS under the auspices of the Prime Minister’s Department</td>
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<td></td>
<td>UNAIDS</td>
<td>UNAIDS</td>
<td>NACS</td>
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<td></td>
<td></td>
<td>$358,733</td>
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<td></td>
<td>NAC, PAC, NGOs</td>
<td>Global Fund</td>
<td>All provinces</td>
<td>NACS</td>
<td>Capacity building with NACS to strengthen role to support CBOs, financial management</td>
<td></td>
<td>USD100,000</td>
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<tr>
<td>Family and Community Support</td>
<td>1. Community and family support systems</td>
<td>NGOs</td>
<td>UNICEF</td>
<td>Orphans and parents</td>
<td>Policies, legislation, services for orphans – situational analysis planned</td>
<td></td>
<td>USD70,000 per yr</td>
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<td></td>
<td>NGOs, NDOH</td>
<td>UNAIDS</td>
<td>PLHA, Health Care Workers</td>
<td></td>
<td>Build capacity to improve compliance for ART</td>
<td></td>
<td>USD100,000</td>
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## HIV Stakeholder Mapping

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<td>NACS, NHASP</td>
<td>AusAID</td>
<td>All provinces</td>
<td>PLHA and families</td>
<td>Training of community and home based care teams and families in palliative care, positive living and basic treatment, distribution of basic tools to improve quality of life for PWLHA, awareness and acceptance of home care strengthened through promotion campaigns</td>
<td>Development of Home Based Care strategy and program (with program partners), development of Home Based Care training manual</td>
<td>$387,500 (04/05 budget) plus funds allocated for home based care under Focus Area 1 (Obj 4)</td>
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<td>NAC, NGOs</td>
<td>Global Fund</td>
<td>NGOs</td>
<td></td>
<td>Establishment of National network of NGOs Organisational and operation support</td>
<td>USD193919</td>
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<tr>
<td>2. Supportive environment for PLHA</td>
<td></td>
<td>Igat Hope</td>
<td>Oxfam/CAA, AusAID</td>
<td>PLHA</td>
<td></td>
<td>Advocacy, training activities</td>
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<td></td>
<td></td>
<td>Red Cross</td>
<td>IFRC, AusAID</td>
<td>NCD</td>
<td>PLHA</td>
<td></td>
<td>Partnership with Igat Hope to provide technical and financial assistance</td>
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<tr>
<td></td>
<td></td>
<td>NACS, NHASP</td>
<td>AusAID</td>
<td>All provinces</td>
<td>PLHA, general population</td>
<td>Drafting of HAMP Act, media campaign in stigma reduction, training of health care workers, advocacy for community leaders</td>
<td>Support for World AIDS Day 2004 campaign in stigma reduction</td>
<td>AUD 80,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NACS, PLHA, StopAIDS</td>
<td>Global Fund</td>
<td>PLHA</td>
<td></td>
<td>Training for PLHA groups</td>
<td>USD11061</td>
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<tr>
<td>3. Human rights and stigma reduction</td>
<td></td>
<td>NACS/NHASP</td>
<td>AusAID</td>
<td>All provinces</td>
<td>General population</td>
<td>Education and advocacy on HAMP Act, media campaigns in stigma reduction</td>
<td>Workplace initiatives on Act</td>
<td>Funding for initiatives already counted under other</td>
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</tbody>
</table>
## HIV Stakeholder Mapping

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Objective</th>
<th>Implementing organisation</th>
<th>Resource provider</th>
<th>Location</th>
<th>Target Group</th>
<th>Current activities</th>
<th>Planned activities</th>
<th>Budget for 2004/5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>4. Capacity building for CBOs</strong></td>
<td><strong>Community Development Scheme</strong></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Dept of Personal Management</td>
<td>All provinces</td>
<td>Public service</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>AusAID</td>
<td>All provinces</td>
<td>CBOs</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>StopAIDS</td>
<td>NCD</td>
<td>NGOs, CBOs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NHASP, NACS</td>
<td>All provinces</td>
<td>NGOs, CBOs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>NAC, PACs, NGOs</strong></td>
<td>All provinces</td>
<td>CSO</td>
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<tr>
<td>Monitoring and Evaluation</td>
<td>1. M&amp;E framework</td>
<td>UNAIDS</td>
<td>UNAIDS, NACS</td>
<td>NCD</td>
<td>NACS</td>
<td>Establishment of technical working group and larger reference group to develop M&amp;E plan for NSP, implementation of CRIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NHASP</td>
<td>AusAID</td>
<td>NCD</td>
<td>NACS</td>
<td>Assistance to NACS to develop M&amp;E framework for NSP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus Areas</td>
<td>Objective</td>
<td>Implementing organisation</td>
<td>Resource provider</td>
<td>Location</td>
<td>Target Group</td>
<td>Current activities</td>
<td>Planned activities</td>
<td>Budget for 2004/5</td>
</tr>
<tr>
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<td>----------------------------------------------</td>
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<td>----------</td>
<td>--------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>------------------</td>
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<td>2. Information for stakeholders</td>
<td></td>
<td>NHASP</td>
<td>AusAID</td>
<td>All provinces</td>
<td>NACS</td>
<td>Assistance to NACS in reporting on UNGASS indicators, building capacity of PACS through involvement in project monitoring</td>
<td>Continued assistance to NACS and PACS in M&amp;E activities</td>
<td></td>
</tr>
<tr>
<td>3. Measure effectiveness of response</td>
<td></td>
<td>Department of Planning and Rural Development</td>
<td>Department of Planning and Rural Development</td>
<td>NCD</td>
<td>District and provincial planners</td>
<td>MTDS Inclusion of HIV/AIDS as priority area in provincial and district plans Monitoring of development activities – include HIV/AIDS component Monitoring of HIV program - NACS</td>
<td>Support for the monitoring and review of NSP implementation</td>
<td>AUD 26,000 (04/05 budget)</td>
</tr>
</tbody>
</table>
# HIV Stakeholder Mapping

## ANNEX 3 GLOBAL FUND PROPOSAL

### IEC

<table>
<thead>
<tr>
<th>Target by yr 5</th>
<th>Implementing agency</th>
<th>Geographic Area</th>
<th>Budget for yr1</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer education training</td>
<td>1200</td>
<td>EU, UNICEF, Red Cross, FHI, Stop AIDS, SCiPNG</td>
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<tr>
<td>In-school education</td>
<td>All students</td>
<td>NDOE, UNFPA, Stop AIDS, Red Cross, Hope PNG</td>
<td>All prov</td>
<td>149,566</td>
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<tr>
<td>Out of school education</td>
<td></td>
<td>SYP, Save the Children, UNICEF, CCF, Stop AIDS</td>
<td></td>
<td>43,210</td>
</tr>
<tr>
<td>Workplace education</td>
<td>All workplaces</td>
<td>NDOP, UNDP, ILO, TUC, Stop AIDS</td>
<td>All prov</td>
<td>37,727</td>
</tr>
<tr>
<td>Mass media</td>
<td></td>
<td>NAC, UNICEF, NHASP, WHO</td>
<td></td>
<td>86,420</td>
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<tr>
<td>Youth friendly centres</td>
<td>5 centres</td>
<td>NAC, UNICEF, SYP, SCiPNG, Stop AIDS</td>
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<td>98,251</td>
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### PMTC

<table>
<thead>
<tr>
<th>Target by yr 5</th>
<th>Implementing agency</th>
<th>Geographic Area</th>
<th>Budget for yr 1</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCW training</td>
<td>300</td>
<td>NDOH, WHO, UNICEF, NAC</td>
<td></td>
<td>41,729</td>
</tr>
<tr>
<td>Partner</td>
<td>All male</td>
<td>NDOH, Salvation Army</td>
<td></td>
<td>14,286</td>
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</tbody>
</table>

Materials, training, follow up

Teacher training; materials

Materials, training

Materials, training

Tapes, scripts, radio time, audience surveys

Building works

Training materials and activities

Counsellor
### HIV Stakeholder Mapping

<table>
<thead>
<tr>
<th>promotion</th>
<th>partners</th>
<th>Geographic Area</th>
<th>Budget for Yr 1</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug procurement</td>
<td>All + pregnant women</td>
<td>NDOH, UNICEF, WHO</td>
<td>80,447</td>
<td>procurement</td>
</tr>
<tr>
<td>IEC material</td>
<td>NDOH, UNICEF</td>
<td></td>
<td>61,215</td>
<td>Printing materials</td>
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#### PEP

<table>
<thead>
<tr>
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<th>Implementing agency</th>
<th>Geographic Area</th>
<th>Budget for Yr 1</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>PEP guidelines</td>
<td>NDOH, WHO, NAC</td>
<td></td>
<td>4,947</td>
<td>Printing, distribution</td>
</tr>
<tr>
<td>HCW training</td>
<td>Specialist in each centre</td>
<td>NDOH, WHO, NAC</td>
<td>0</td>
<td>Integrated with PMTC training</td>
</tr>
<tr>
<td>Provision of PEP kits for HCW</td>
<td>PEP kit in each centre</td>
<td>NDOH</td>
<td>8,480</td>
<td>Procurement, monitoring</td>
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<tr>
<td>HP materials for women who have been raped</td>
<td></td>
<td></td>
<td>155,876 ?</td>
<td>Research, radio messages, materials, HCW training</td>
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#### Blood Safety

<table>
<thead>
<tr>
<th>Target by yr 5</th>
<th>Implementing agency</th>
<th>Geographic Area</th>
<th>Budget for yr 1</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory technician training</td>
<td>20 laboratories</td>
<td>NDOH, Red Cross, WHO, NAC</td>
<td>138,066</td>
<td>Training program, materials</td>
</tr>
<tr>
<td>HIV antigen kit procurement</td>
<td>20 laboratories</td>
<td>NDOH, Red Cross, WHO, NAC</td>
<td>120,000</td>
<td>procurement</td>
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</table>
## Support to PLHA - Stigma

<table>
<thead>
<tr>
<th>Target by yr 5</th>
<th>Implementing agency</th>
<th>Geographic Area</th>
<th>Budget for yr 1</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500</td>
<td>PAC, UNAIDS, NAC, UNDP, NCC, WHO, NHASP, FHI, Stop AIDS</td>
<td></td>
<td>64,583</td>
<td>Training materials; Master trainers</td>
</tr>
<tr>
<td>60</td>
<td>PAC, NAC, UNDP, FHI, Stop AIDS</td>
<td></td>
<td>103,540</td>
<td>Materials, consultations</td>
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</table>

## VCT

<table>
<thead>
<tr>
<th>Target by yr 5</th>
<th>Implementing agency</th>
<th>Geographic Area</th>
<th>Budget for yr 1</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>350</td>
<td>CPHL, NAC, NHASP, NDOH, FBO, FHI, NACS, StopAIDS</td>
<td></td>
<td>12,134</td>
<td>Master trainers, 5-10 counsellors per site, training materials</td>
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<tr>
<td>89 districts</td>
<td>NAC, NHASP, NDOH, CPHL, NACS, Stop AIDS, UNICEF</td>
<td></td>
<td>604,636</td>
<td>Sit analysis, minimum standards, building work</td>
</tr>
<tr>
<td>89 districts</td>
<td>NDOH</td>
<td></td>
<td>230,298</td>
<td>Procurement, monitoring</td>
</tr>
</tbody>
</table>
## HIV Stakeholder Mapping

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Target by yr 5</th>
<th>Implementing agency</th>
<th>Geographic Area</th>
<th>Budget for yr 1</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>National guidelines for OI treatment</td>
<td></td>
<td>NDOH, WHO, NAC, FHI</td>
<td></td>
<td>5,006</td>
<td>Printing and distribution costs</td>
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<tr>
<td>HCW training for OI treatment</td>
<td>100</td>
<td>NDOH, WHO, NAC, FHI</td>
<td></td>
<td>192,301</td>
<td>3 courses – 50 people trained for care teams – training to be integrated into regular in-service training program</td>
</tr>
<tr>
<td>Procurement of OI drugs</td>
<td></td>
<td>NDOH, WHO</td>
<td></td>
<td>80,219</td>
<td>Procurement, monitoring</td>
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<tr>
<td>HCW training for ART</td>
<td>400</td>
<td>NAC, NDOH, WHO</td>
<td></td>
<td>0</td>
<td>? 2.2.2 – should this be 3.1.2 – training for OI treatment for ART</td>
</tr>
<tr>
<td>Operational research</td>
<td>5 research activities</td>
<td>NDOH, NAC, WHO, UPNG</td>
<td></td>
<td>50,000</td>
<td>Grant to IMR?</td>
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<tr>
<td>ART drug procurement system</td>
<td></td>
<td>NDOH, NAC, WHO</td>
<td></td>
<td>590,048</td>
<td>Procurement,</td>
</tr>
<tr>
<td>ART monitoring system</td>
<td></td>
<td>NDOH, NAC, WHO</td>
<td></td>
<td>63,394</td>
<td>monitoring unit and teams, procedure manuals, IT system, data</td>
</tr>
</tbody>
</table>
**HIV Stakeholder Mapping**

<table>
<thead>
<tr>
<th>Laboratories with CD4 testing capacity</th>
<th>4 laboratories</th>
<th>NDOH, WHO, NAC</th>
<th>Regional laboratories</th>
<th>376,176</th>
<th>Standards, procurement and reagents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home based care services network</td>
<td>20 provinces</td>
<td>NDOH, NAC, WHO, PLHA, FHI, Stop AIDS</td>
<td>4 regions</td>
<td>5,650</td>
<td>Consultations, vehicles (2nd yr?)</td>
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<tr>
<td>Community volunteer training</td>
<td>1500</td>
<td>NAC, NDOH, WHO, PLHA</td>
<td></td>
<td>169,560</td>
<td>Training partners – 300 in yr 1, master trainers</td>
</tr>
<tr>
<td>Day care centres</td>
<td>30 centres</td>
<td>NAC, NDOH, WHO, PLHA, Stop AIDS</td>
<td></td>
<td>24,317</td>
<td>Building works</td>
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</tbody>
</table>

**Strengthening civil society**

<table>
<thead>
<tr>
<th>Target by yr 5</th>
<th>Implementing agency</th>
<th>Geographic Area</th>
<th>Budget for yr 1</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment of national network of NGOs</td>
<td>NAC, PAC, NGOs</td>
<td></td>
<td>193,919</td>
<td>Staff position, consultation organisational development, IT support, newsletter</td>
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<tr>
<td>Small contract (grants) to NGOs</td>
<td>NAC, PAC, NGOs</td>
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<td>11,917</td>
<td>Guidelines, contract development, review processes</td>
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<tr>
<td>Advocacy and strengthening of CSOs</td>
<td>60 organisations</td>
<td>NAC, PAC, NGOs</td>
<td>358,733</td>
<td>Capacity building with NACS -</td>
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<tr>
<td>PLHA Training</td>
<td>3500</td>
<td>NAC, PAC, PLHA, NGOs, Stop AIDS</td>
<td>11.061</td>
<td>Materials, master trainers</td>
</tr>
<tr>
<td>---------------</td>
<td>------</td>
<td>---------------------------------</td>
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including financial management, consultations, training materials
## ANNEX 4  STAKEHOLDERS CONSULTED

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Position</th>
<th>Organisation</th>
<th>Contact Details</th>
</tr>
</thead>
</table>
| Dr Yves Renault          | WHO Representative        | WHO                                 | phone: 325 7827  
email: renaulty@png.wpro.who.int                       |
| Dr Nii-k Plange          | Country Coordinator       | UNAIDS                              | phone: 3212877  
email: nii-k.plange@undp.org                              |
| Duah Owusu-Sarfo         | Coordinator               | UNFPA                               | phone: 3212877  
email: owusu@unfpa.org                                     |
| Miriam Midire            | Assistant Representative  | UNFPA                               | phone: miriam.midire@undp.org                          |
| Margaret Lokoloko        | Coordinator               | UNIFEM                              | phone: 3212877                                        |
| Joe Anang                | Coordinator               | UNICEF                              | phone: 3213000                                        |
| Miia Hanninen            | Program Officer           | UNICEF                              | mhanninen@unicef.org                                    |
| Mark Mondia              | Project Manager           | UNDP Support Project                | phone: 323 6161  
email: mmondia.undp@nacs.org.pg                            |
| Dr Carol Jenkins         | Consultant                | World Bank                          | email: hagahai@yahoo.com                               |
| Steven Van Der Tak       | Country Director          | Asian Development Bank              | phone: 3239757  
email: svandertak@adb.org                                   |
| Dr Ute Schumann          | Resident Technical Advisor| European Union Sexual Health Project| phone: 323 6161  
email: uschumann.eushp@nacs.org.pg                         |
| David Gordon-Macleod     | High Commissioner         | British High Commission             | phone: 325 1677  
email: David.GordonMacleod@fco.gov.uk                      |
| Katsuro Saito            | Resident Representative   | JICA                                | phone: 325 1699  
email: Saito.Katsuro@jica.go.jp                            |
| Tatsuhiko Tsukakoshi     | Project Formulation Advisor - Health Sector | JICA  | phone: 325 1699 (JICA) or 301 3795 (NDOH)  
email: tsuka-3@gf7.so-net.ne.jp                             |
| Dr Joachim Pantumari     | Senior Medical Advisor    | National AIDS Council Secretariat    | phone: 323 6161  
email: jpantumari@nacs.org.pg                              |
<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Coordinator</th>
<th>Organization/Department</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romanus Pakure</td>
<td>Deputy Director</td>
<td>National AIDS Council Secretariat</td>
<td>phone: 323 6161 email: <a href="mailto:rpakure@nacs.org.pg">rpakure@nacs.org.pg</a></td>
</tr>
<tr>
<td>Wilfred Peters</td>
<td>Provincial Program Manager</td>
<td>National AIDS Council Secretariat</td>
<td>phone: 323 6161 email: <a href="mailto:wpeters@nacs.org.pg">wpeters@nacs.org.pg</a></td>
</tr>
<tr>
<td>Lesley Bola</td>
<td>Provincial Liaison Coordinator</td>
<td>NHASP</td>
<td>Phone: 3236161 Email: lbola,<a href="mailto:nhasp@nacs.org.pg">nhasp@nacs.org.pg</a></td>
</tr>
<tr>
<td>Isu Aluvula</td>
<td>HIV Response Coordinator</td>
<td>National Capital District Provincial AIDS Committee Secretariat</td>
<td>fax/phone: 323 0166</td>
</tr>
<tr>
<td>Rachael Poksey</td>
<td>Provincial Counselling Coordinator</td>
<td>National Capital District Provincial AIDS Committee Secretariat</td>
<td>fax/phone: 323 0166</td>
</tr>
<tr>
<td>Dr Daoni Esorom</td>
<td>Technical Advisor HIV/AIDS/STI</td>
<td>National Department of Health</td>
<td>phone: 301 3977 email: <a href="mailto:edaoni@health.gov.pg">edaoni@health.gov.pg</a></td>
</tr>
<tr>
<td>Otto Tean</td>
<td>Assistant Secretary (Social Sector)</td>
<td>Department of National Planning and Rural Development</td>
<td>phone: 328 8579 email: <a href="mailto:otto_tean@treasury.gov.pg">otto_tean@treasury.gov.pg</a></td>
</tr>
<tr>
<td>Joe Wemin</td>
<td>Assistant Secretary, Law and Governance</td>
<td>Department of National Planning and Rural Development</td>
<td>email: <a href="mailto:jomawemin@yahoo.com">jomawemin@yahoo.com</a> or <a href="mailto:joe_wemin@treasury.gov.pg">joe_wemin@treasury.gov.pg</a></td>
</tr>
<tr>
<td>Ravu Gaimea</td>
<td>Officer (Social Sector)</td>
<td>Department of Prime Minister</td>
<td>phone: 3276711</td>
</tr>
<tr>
<td>Damien Rapese</td>
<td>First Assistant Secretary (Education Standards)</td>
<td>Department of Education</td>
<td>phone: 3013446</td>
</tr>
<tr>
<td>Solomon Kai</td>
<td>Assistant Commissioner (Welfare and Rehabilitation)</td>
<td>Correctional Service</td>
<td>phone: 323 1437</td>
</tr>
<tr>
<td>Molly Moihau</td>
<td>Coordinator (HIV/AIDS)</td>
<td>Correctional Service</td>
<td></td>
</tr>
<tr>
<td>Francis Tokura</td>
<td>Director - Human Resources</td>
<td>Police Department</td>
<td>phone: 322 6286</td>
</tr>
<tr>
<td>Cecilia Kagenma</td>
<td>Gender Development Officer</td>
<td>Department of Agriculture</td>
<td>phone/fax: 321 3002</td>
</tr>
<tr>
<td>Ipi Hailaeavila</td>
<td>HR Manager</td>
<td>Department of Mining</td>
<td>fax: 321 7287 email: <a href="mailto:ipi.hailawavila@mineral.gov.pg">ipi.hailawavila@mineral.gov.pg</a></td>
</tr>
<tr>
<td>Sr Alexia Dekene</td>
<td>Coordinator</td>
<td>Department of Defence -</td>
<td>phone: 6876001 (mobile)</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Organization</td>
<td>Contact Information</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------</td>
<td>---------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Michael Heaven</td>
<td>Deputy Programme Manager - Financial Management Improvement Program</td>
<td>Department of Finance</td>
<td>phone: 328 8237&lt;br&gt;email: <a href="mailto:Michael_Heaven@treasury.gov.pg">Michael_Heaven@treasury.gov.pg</a></td>
</tr>
<tr>
<td>Greg Andersen</td>
<td>Executive Director</td>
<td>PNG Chamber and Mines and Petroleum</td>
<td>phone: 321 2988&lt;br&gt;email: <a href="mailto:ga@pngchamberminpet.com.pg">ga@pngchamberminpet.com.pg</a></td>
</tr>
<tr>
<td>Ila Temu</td>
<td>Project Manager</td>
<td>Placer Dome New Guinea Ltd</td>
<td>phone: 3224802&lt;br&gt;Email: <a href="mailto:Ila_Temu@placerdome.com">Ila_Temu@placerdome.com</a></td>
</tr>
<tr>
<td>Dr Moale Kariko</td>
<td>Project Manager</td>
<td>Trade Union Congress</td>
<td>phone: 311 3046</td>
</tr>
<tr>
<td>Maria Elias</td>
<td>HR Manager</td>
<td>Public Employees' Association</td>
<td>phone: 3255019</td>
</tr>
<tr>
<td>Peter Toggs</td>
<td>HR Manager</td>
<td>PEA</td>
<td>phone: 3255019</td>
</tr>
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