PNG Tingim Laip Phase 2

Independent Review Mechanism
Final Report
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Abstract by AusAID Program Advisors

This Tingim Laip Phase 2 (TL2) Independent Review Mechanism (IRM) report provides a critical assessment of TL2 plan with relevant recommendations for improvement on strategies for providing targeted support to Key Affected Populations.

The observations and recommendations have been made against the backdrop of international best practice of targeted and integrated interventions for KAPs and the nature of the epidemic in PNG.

While the report identifies some critical challenges for better outcomes for TL2 it also indirectly underlines some challenges for the Health and HIV/AIDS Program itself particularly in the area of system strengthening for service delivery.

The main message in the report is for TL2 to focus, target and take appropriate action.

Author's Name and Organisation

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Aid Activity Summary

Aid Activity Name	Tingim Laip Phase 2 (TL2)		
AidWorks initiative number	56225		
Commencement date	01 August 2010	Completion date	30 June 2012
Total Australian $	$9,530,602		
Total other $	N/A		
Delivery organisation(s)	Cardno Emerging Markets Australia Pty Ltd		
Implementing Partner(s)	National AIDS Council Secretariat (NACS)		
Country/Region	Papua New Guinea/Pacific Region		
Primary Sector	HIV and AIDS		

Acknowledgments

The Independent Review Mechanism (IRM) evaluation team would like to thank all stakeholders visited for giving us their time and sharing their experiences and opinions. We especially wish to acknowledge and thank Doctor Morale Kariko, Deputy Director National AIDS Council Secretariat National Care & Support, Prudence Borthwick, AusAID PNG HIV and AIDS Program and Jennifer Miller, Program Manager TL2. They accompanied the review and allowed for a wider range of key program stakeholder experiences and positions to be considered in more detail. The IRM particularly liked the way participants allowed us to be flexible enough to try and bring consensus through consultations, and we believe this will assist enable TL2 and its key stakeholders to move forward together. Thank you also to Ea Tobi and JTAI for putting together relevant and busy schedule and for getting us to all the meetings.

Author's Details

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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
IRG	Independent Review Group
IRM	Independent Review Mechanism
KAP	Key Affected Population
NAC	National AIDS Council
NHS	National HIV and AIDS Strategy 2011-15
PAC	Provincial AIDS Committee
PLWHAs	People living with HIV/AIDS
PNG	Papua New Guinea
STI	Sexually Transmitted Infection
TL1/TL2	Tingim Laip Phase 1 / Phase 2
VCT	Voluntary Counselling and Testing

Key Program Definitions and Explanations

General Population	Usually refers to the target for HIV awareness-raising. Difficult concept in PNG since the wife of a mobile man with money might be considered as being in the general population but there is a direct line between her and HIV risk from her husband's transactional sex. Not a particularly useful concept except for broad media campaigns.				
Key Affected Populations	Groups in an environment or place who are more likely to acquire or transmit HIV, or be affected by living with HIV or caring for someone with HIV. The characteristics of these populations change from place to place depending on people's access to the knowledge, means and power to respond individually and collectively to HIV in their midst. Traditional ones in concentrated epidemics are sex workers, drug users and men who have sex with men. Some broader definitions include 'and their sexual partners' for all three categories. This categorisation doesn't work well in PNG. Many women trade sex for food, shelter and security without identifying as sex workers. Mobile men with money have a range of sexual relationships that might or might not define them as 'customers of sex workers'. The program identifies KAPs locally according to the environment and the context of risk and impact.				
Convergence	Sites or environments where a convergence of factors leads to increased vulnerability or impact. In PNG these factors can be: environments of excessive alcohol use, poverty, homelessness and a lack of law and order that leads to an increase in transactional sex, sexual violence and a lack of power to negotiate sexual safety.				
Site Plan	Comprehensive site identification, social mapping and priority selection leads to support strategies and a site plan. Each quarter these are reviewed and any changes in driving factor trends are considered by the group. Individual site activity plans are developed for each TL2 site committee on a quarterly basis. This is a key component of the larger Quarterly Planning Cycle that ensures timely review and development activity plans through a guided, participatory process as well as increased activity levels and associated grants expenditure in project locations. Site Committees review progress on previous plans and put together the next quarter's plan. Site plans are reviewed by the senior management team and regional coordinators. Comments, questions and recommendations are recorded and these form the basis for further discussion before site plan finalisation. Finalised site plans form the basis for grants distribution and site committee support activities for the next quarter.				
Step 1-5 Interventions	**1** Awareness and condom distribution	**2** Working with KAPs	**3** Access to VCT, STI and HIV care clinics	**4** Working with treatment care and support	**5** Working on drivers of the epidemic (alcohol, gender, violence)

Executive Summary

Tingim Laip Phase 1 (TL1) commenced 1st January 2007 and ended 31st August 2010. It was Papua New Guinea's (PNG) largest community based human immunodeficiency virus (HIV) prevention strategy operating in 36 sites across 11 provinces. It operated across five different settings: settings where people negotiate sex; highways and ports; defence force establishments; private sector; and, youth at risk in the National Capital District and Central Province. TL1 was a continuation of the High-Risk Setting Strategy commenced under the National HIV/AIDS Support Project. Tingim Laip Phase 2 (TL2) transferred into TL1 under a different Managing Contractor and new team leadership on the 1st August 2010.

From the terms of reference the purposes of this Independent Review Mechanism (IRM) evaluation is: i) to assess and review the progress of TL2 from 01 August 2010 to 31 December 2011; ii) to recommend whether TL2 should be extended for a further 3 years until June 2015, as provided for in the contract; and iii) if extended, to provide the basis for establishing the permanent IRM Team for TL2.

This IRM concluded that if TL2 remains on its current delivery approach it is unlikely to achieve sustainable impacts towards delivering the contracted goal by June 2012. However, the IRM does believe TL2 is relevant and has established and positioned itself well to advance the work of TL1 and TL2 to date and that it should have significant and sustainable impact by June 2015 by now focusing hard upon Key Affected Populations (KAPs) to make effective use of all investments made.

Analysis of the epidemiology, National HIV and AIDS Strategy 2011-15, Independent Review Group (IRG) reports, and comprehensive program documentation from TL1 and TL2 together with focused discussions involving national and provincial based stakeholders, the TL2 team and AusAID activity managers and Advisers has lead the IRM team to conclude that there is a need to differentiate between TL1 from TL2.

There is an emerging body of evidence including from recent social mapping undertaken by TL2 about the relative impact of education or awareness raising activities targeting the broader community, or general population, vis-à-vis interventions targeting females and males involved in high risk sex transactions. This has played a significant influence in this IRM's thinking and consideration and led us to conclude TL2 should focus more on high risk settings where people are more likely to acquire or transmit HIV.

The IRM recommends a narrowed focus for TL2, rather than continuing the wider general population focus of TL1. While more epidemiological evidence is emerging the epidemiology that informs the National HIV/AIDS Strategy 2011-15 (NHS), previous Independent Review Group (IRG) reports[1], social mapping (preliminary) findings and the IRM field visits (refer to Annex A and B) indicate that concentrated HIV populations exist and are in need of immediate attention, particularly in the Highlands. Specifically, the IRG 2011 report recommends as its first priority to focus on "areas of high risk and vulnerability convergence – characterised by mobility and cash flow, late-night drinking and the availability of sex workers". In addition a bio-behavioral study of sex work in Port Moresby showed the unadjusted HIV prevalence was 17.6%, 19% among women, 8.8% among men and 23.7% among transgender[2]. Given the higher levels of risks and drivers converging in the highlands and some coastal regions, it is suspected that prevalence could be higher.

The IRM has used this review period to consider what needs to be changed to achieve the contracted goal and how TL2 and stakeholders need to adjust approaches and support to deliver this goal. Our recommendations are based upon delivering the program objective and

[1] Aggleton P., Bharat S., Coutinho A., Dobunaba F., Drew R., Saidel T., Independent Review Group on HIVAIDS. May 2011

[2] Kelly, A., Kupul, M., Man, W.Y.N., Nosi, S., Lote, N., Rawstorne, P., Halim, G., Ryan, C. & Worth, H. (2011) Askim na save (Ask and understand): People who sell and/or exchange sex in Port Moresby. Key Quantitative Findings. Papua New Guinea Institute of Medical Research and the University of New South Wales: Sydney, Australia.

target outcomes suggested below and our evaluation ratings are assessed on progress made to deliver these.

TL1 was largely overt and seen, running provincial and national awareness campaigns, support, condom distribution (predominantly male), popular stakeholder symposiums and public events. It was heavily branded in public spaces and many of the activities supported the general population. In many ways the TL1 approach was represented by the Wagi Valley Site Committee visited by the IRM on 21 March, 2012 (refer to Annex A). The local Wagi church has a leading and significant influence through the Site Committee and community. Jointly they are currently supporting 21 people living with HIV/AIDS (PLWHA's). There is good awareness of both sexually transmitted infections (STI's) and HIV/AIDS, access to condoms and access to voluntary counselling and testing (VCT) and care clinics. The community appears to have overcome much of its stigma towards HIV/AIDS and is actively supporting PLWHA's whilst working with known youth at risk and women engaged in transactional sex. In effect the Wagi Valley community is engaging in support at all levels of the TL2 Steps 1-5 (refer to program definitions). The IRM considers this a good example of a where support could be referred and transferred away from TL2 to the Provincial AIDS Committees (PAC's) and its broader networks. The IRM is also aware of the challenge this poses in breaking dependency or expectation of continued support from TL2. The reality is all that all program support requires an exit strategy and a cut-off time and a community such as Wagi is more ready than others to separate. This will allow TL2 to focus support where it is more needed.

By contrast, 30 minutes away from Wagi is the Waipa Zone in Mount Hagan, summarised as having a population of over 30,000 people, over 500 female sex workers actively engaged in transactional sex and with a monthly known condom distribution of 20,000. The Waipa Zone represents exactly the type of high risk setting where TL2 needs to intensify its focus to gain understanding, access and then provide significantly more support including male and female condoms, VCT, STI and HIV clinical care and interventions to address gender-based violence (GBV) and alcohol abuse in KAPs. TL2 needs to focus activities to ensure support is fully felt by targeted KAPs. In short TL2 will need to leave the general community and public spaces often occupied by TL1 and early TL2 and start to reside in the bars, cars, clubs, factories, bushes, guesthouses and bedrooms occupied by anyone engaged in transactional sex and unsafe sex where HIV is spread and convergence of risk is high.

This narrowed KAP focus represents a significant challenge that the TL2 team confirmed they are willing to undertake. They are ready to embrace the sensitivities of target groups and engage effectively with the women, men, youth and transgenders participating in regular transactional and often unsafe sex. To do this TL2 will need to network and integrate into KAPs through enhanced volunteer relationships supported by KAP inclusion in the TL2 frontline teams. This requires a complicated and sensitive KAP engagement strategy that will go to the core of TL2 success, impact and sustainability and these strategies are detailed in TL2 Site Plans.

This IRM believes that the TL2 design goal and purpose remain relevant. Strong evidence and consensus is emerging that Papua New Guinea is facing a unique epidemic (and not a general epidemic) and we need to understand and address this for what it is. TL2 offers the most likely program opportunity for the National AIDS Council (NAC) and AusAID to effectively attack the PNG epidemic in known high risk settings. Importantly, TL2 has established the necessary programmatic structures, and some of the support platforms, to do this. Considering TL2's current team structure, knowledge and strengths, networks and partnerships, support delivery and monitoring systems in place the IRM concluded that TL2 should be extended for the full three year contract provision and has a good likelihood of delivering the TL2 goal.

The design intent is clear and the flexibility is there to introduce a specific program objective to emphasise the design purpose and target outcomes to ensure a more focused program objective is achieved. TL2 and the Steering Committee need to agree on precise definitions and take ownership but the IRM offers the following to consider:

TL2 Program Objective
The objective of TL2 is to ensure that KAPs from selected sites will engage in safer sex by using condoms regularly, obtain regular treatment for STIs, know their HIV status and access HIV treatment and support if living with HIV. By June 2015 TL2 will be focused on selected

sites where there is a higher level risk of convergence. Friendly STI, VCT and HIV care clinical services will be accessible and available. Best practices on risks and drivers will have been tested in key sites and scaled-up with local partner and network support.

Target Outcomes

- TL2 will have site strategies and plans implementing in at least 20 convergence sites with activities being sustained by site committees supported by relevant partners and networks

- 80% of people involved in transactional sex on convergence sites are reached by TL2 and at least 50% (PNG UNGASS report 2008-2010) used a condom with their most recent sexual contact

- KAPs on all TL2 convergence sites have access to friendly STI, VCT and HIV care clinical services, and at least 80% of the target KAPs are using them

TL2 has established a strong team learning culture which is a significant comparative advantage to take forward. The TL2 team, supported by the managing contractor arrangements, have delivered a solid platform of research and lessons learnt from TL1 and the establishment period of TL2. The IRM conclude that TL2 is positioned to succeed.

To consolidate, the key priorities and changes that the IRM recommends through this report include:

- Adopt a program objective and target outcomes above;
- Consider relaunching TL2 with redefined priorities for June 2012-15 and ensure an effective push communication strategy to all relevant stakeholders to achieve this – this will assist TL2 to re-focus on KAPs and refer some site support elsewhere;
- Focus all interventions on more integrated Step 1-5 site plans and focus on at least 20 priority KAP sites and fully consider how to obtain greater condom usage, and safer sex, amongst people engaged in high risk sexual activity;
- Expand the TL2 team, volunteers and site committees with integrated KAP membership to ensure they can successfully and effectively engage with the KAP target groups, and provide enhanced support to these members, and especially volunteers, to assist identify appropriate and effective models for other programs, Provincial AIDSs Committees (PACs) and civil society organisations (CSOs) to adopt;
- Site plans needs to be linked to stronger HIV prevention messaging, greater confidence and use of the female condoms, referrals to friendly STI, VCT and HIV care clinics, and wherever possible implement support through established long term local, regional and national partners so support is sustainable;
- Establish a full monitoring and evaluation framework and implementation plan by expanding on the robust framework in place to enable accurate and quality reporting at the program outcome and output levels. This will keep reinforcing good practice amongst the team and key stakeholders so they can build on success and avoid repeating and reinforcing poor practice. For example the current monitoring and evaluation data presented in this report from TL2 established graphs clearly demonstrates mission-drift towards supporting the general population. This is useful reporting and highlights the necessity to reinforce TL2 focus on KAPs. The MEF and a comprehensive and relevant monitoring and evaluation plan, linked to a results framework and target outcomes will ensure focus; and
- The Steering Committee needs to trust and empower the TL2 team to deliver a clear program objective by strengthening the Steering Committee itself to deliver all necessary approvals (as much as possible) through the Annual Plan and quarterly progress reports. This mechanism is appropriate and enables NACS and AusAID to understand and control the direction and delivery of TL2 sufficiently.

This IRM highlights a practical issue to consider right now in regard to a three year extension until June 2015. The extension provides TL2 with a line in the sand and has the potential to be a new start point, potentially re-launching TL2 by introducing the new objective and target

outcomes. This may appear a little radical but it may be the change management strategy that TL2 needs to reposition and signal to incumbent stakeholders and dependents a defined change – this is not business as normal. This is something for AusAID and the Managing Contract to discuss and agree during the contract variation.

This IRM team believes that the recommendations and comments made in this report provide an appropriate framework for future IRMs to confirm progress and we have included an IRM results framework in the last section to position the next IRM. This framework will also guide TL2 management in the implementation of the sixteen recommendations offered by this IRM team.

Evaluation Criteria Ratings

These ratings are provided against considering the likely achievement of the contracted goal over an extended three year period until June 2015 and are a determination of progress made to date. Essentially they indicate the TL2 team has positioned strongly to deliver on the goal, with a reinforced focus on KAPs, and they have strong potential to succeed.

Evaluation Criteria	Rating (1-6)	Explanation
Effectiveness	4	TL2 program management, staff and program structures in place to effectively target KAPs and a shift away from general population support. There is now a real need to ensure KAP representation is integrated into site committees, site plans, volunteer and staff structures to enable effective engagement with KAP groups. Currently support from TL2 will fail to deliver against the contracted goal by June 2012 but should, with a targeted focus, deliver on the goal by June 2015.
Efficiency	5	TL2 has strong planning, coordination, learning and sharing culture with practical adjustment, financial management and reporting in place and a team that has the confidence to manage and deliver TL2. Greater emphasis must now be placed upon developing a program logic through site strategies and plans, that integrate Steps 1-5, and a Steering Committee must provide approval through the Annual Plan.
Impact	3	Activities have not yet produced intended or unintended changes in the lives of beneficiaries because we are early in the project cycle. TL2 should now effectively reach out and support KAPs in at least 20 priority sites, improving safer sex practices amongst KAPs and ensuring strong KAP referral processes to STI, VCT and HIV care clinics are working at each site.
Sustainability	4	Greater focus must be given to ensuring Site Committee self-autonomy is achievable by greater referral and linkage to national and provincial based network support, beyond TL2, including strong KAP linkage to STI, VCT and HIV care clinical support.
Gender Equality	5	TL2 is well positioned to now pilot effective gender equality and structural driver group trials within target KAP groups and determine a measured approach to support women at risk. The learning and scale-up potential to apply these lessons beyond TL2 and into other programs is enormous and will be a significant outcome.

Evaluation Criteria	Rating (1-6)	Explanation
Monitoring & Evaluation	4	Output data is now available aligned with NACS and in a useful format. TL2 will soon be collecting useful baseline and outcome data from KAP groups and has the methodology in place to do this. M&E will be stronger if TL2 adopts a clear program objective defined by target outcomes, and reports against these.
Analysis & Learning	5	TL2 has a learning culture and effective learning and sharing systems in place that now drive all team quarterly review and planning meetings. In addition TL2 is now in a strong position to drive KAP interventions and to coordinate learning and sharing amongst a wider range of relevant stakeholders (which means those supporting KAPs).
Networking and Linkages	3	Most external stakeholders expressed concern at their lack of involvement with TL2 or a desire to hold greater involvement. It is up to TL2 to now define relevant networks and partners to support and service delivery linkages to KAPs through defined site plans. TL2 must also foster the potential for KAP and site committee support sustainability beyond TL2. Understanding of TL2 should be better facilitated through an appropriate push communication strategy.
Contractor Performance	4	At this point there appear to be no major performance issues with the exception that staff and volunteer support and development funding may be under resourced. This needs to be addressed as a priority should TL2 be extended.

Rating scale: 6 = very high quality; 1 = very low quality. Below 4 is less than satisfactory.

Introduction

Activity Background

TL2 commenced on 1 August 2010, with a budget of $25 million over 5 years (2010 – 2015). TL2 is contracted out to Cardno Emerging Markets for an initial two years under a $9.5 million contract and is scheduled to end on 30 June 2012, with an option of a 3 year extension at AusAID's sole discretion. The contract has been amended once to establish the budget to cover long term personnel costs.

TL2 is the largest HIV prevention project in PNG, operating in approximately 37 sites across 13 provinces. It was designed to target the most vulnerable populations in settings where there is a convergence of risk and HIV transmission was known or likely to be high. The second phase (TL2) as captured by Phase 2 design continues to strengthen the work of phase 1 (TL1), re-aligned to support National AIDS Council (NAC) new strategy: the National HIV and AIDS Strategy (NHS) 2011-2015.

The five pillars that underpin TL2 design are: condoms, STI treatment, VCT, care and support, and HIV/AIDS treatment. These remain relevant and are integrated into the Step 1-5 interventions. TL2 does not provide these services directly but works with civil society and both public and private service providers to ensure their availability to the local community. Ideally all of these services will be in place either at, or in close proximity to, each of the 37 sites.

TL2 receives around 14 per cent of the AusAID funding to civil society organisations for HIV and is one of two AusAID funded projects which target Key Affected Populations (KAP's). International evidence suggests that success in targeting these settings and KAPs is the key to reducing new infections.

Since the Tingim Laip program was first designed more evidence has emerged both locally and internationally of the importance of targeting KAP's and linking STI and HIV prevention education and outreach to testing, and treatment. There is also an emerging body of evidence about the relative impact of education or awareness raising activities targeting the broader community or general population vis-à-vis interventions targeting and involving both males and females involved in transaction and/or unsafe sex. This has played a significant influence in this IRM's thinking and consideration. The strong message given to the IRM from recent epidemiology, research and the stakeholders interviewed in that TL2 should focus more on high risk settings where people are more likely to acquire or transmit HIV.

Evaluation Objectives and Questions

The purpose of this first Independent Review Mechanism (IRM) is to assess and review the progress of TL2 from 01 August 2010 to 31 December 2011 and to provide the basis for establishing the permanent IRM Team for Tingim Laip Phase 2 (TL2).Through his report the IRM puts in place a Quality At Implementation (QAI) framework evaluation which provides clear direction for TL2 and a framework for repeat IRMs. This ensures a useful tool to assess the progress of TL2, its team and support structures. The IRM was facilitated in a way to bring about consensus and agreement between the TL2 team, NACS and AusAID. Stated IRM objectives are:

1. Evaluate the performance and management of Tingim Laip Phase 2 (TL2) against targets set out in the Annual Plans and M&E framework (including Contractor performance criteria) and additionally, review the extent to which affected populations, especially sex workers (female and male) and people living with HIV are reached as beneficiaries and participate as volunteers or on Site Committees. As well the evaluation should review the activities conducted in terms of their likely effectiveness compared to international evidence of activities conducted and the quality of these interventions, particularly outreach to most at risk and in high risk settings (most needed and most difficult).

2. Conduct assessment against AusAID's quality criteria (effectiveness, efficiency, impact, sustainability, gender equality, monitoring and evaluation, analysis and learning,) and additional criteria for HIV AIDS Program in relation to TL2 Goal, purpose and objectives (in 3 above)

3. Provide recommendations for Tingim Laip 2 improvement – its performance and management and how it might be strengthened in the next 12 months.

Evaluation Scope and Methods

Refer to Annex A for IRM consolidated meeting notes

Refer to Annex B for IRM meeting itinerary

Refer to Annex C for Evaluation Plan and Questions

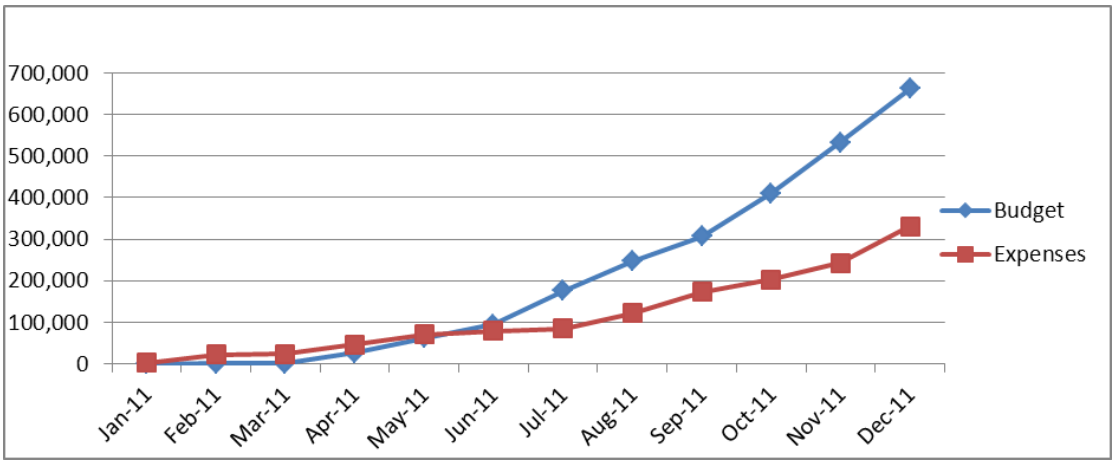
Evaluation Team

1. Keith Tuckwell – Team Leader
2. Veronica Magar– Gender and Most at Risk Populations Expert
3. Dr Moale Kariko – NACS representative (Deputy Director)
4. Prudence Borthwick - AusAID representative (observer)
5. Jennifer Miller – TL2 Program Manager (observer)
6. Ea Tobi (AusAID Evaluation Manager)

Evaluation Findings

Effectiveness

This section addresses both performance management and technical delivery related to the effectiveness of TL2. Since its inception, TL2 focused largely on accountability and structure at program, front-line team and site levels, demonstrated in part through improved planning and grant delivery mechanisms. TL2 has increased the capacity of site committees to plan and acquit activity grants through formal financial trainings delivered by TL2 finance staff, and ongoing coaching and support provided by Project Officers. Grants distribution has been successfully administered through all project offices to all site committees for the last 5 quarters. As a result, the number of grants increased and this graph (in Kina) shows the increase in grant requests by site committees over 2011, compared with the actual amount spent (requests minus returned funds).



Over the past year, many staff were replaced and new staff recruited to ensure team skills, commitment and performance capacity. Perhaps most importantly, however, staff can see the importance of transparency, planning and reporting which plays a critical role in project effectiveness. The Program Manager stated:

'This is about how the TL2 machine works to administer the project properly. TL2 staff have progressed to demonstrate this'.

As a result, the way TL2 conducts business has changed. Instead of large group activities such as sports and movies, more effective small group activities including one-to-one counseling and small-group discussions have become the norm. As a result, staff and volunteers are talking through the complexities of the HIV epidemic in relation to transmission. For example, they are expressing understanding about the hard to reach KAPs and convergences of risk, including alcohol and violence.

The PNG context is unique and, although many lessons can be learned from the epidemic situations worldwide over the last several decades, PNG is unlike both the Africa and Asia context. Based on international evidence TL2's effectiveness will become more evident as TL2 reinforces its focus on KAPs[3]. The epidemics of gender-based violence (GBV) and HIV overlap and intersect in complex ways. Many studies reveal that GBV or the fear of it may interfere with the ability to negotiate safer sex or refuse unwanted sex[4]. Not surprisingly, TL2 will be focusing more on addressing structural drivers such as gender, violence and alcohol more intensely and we are recommending they pilot effective approaches to do this at 3-5 sites and then scale-up over the next three years[5]. All the sites visited by the IRM strongly

[3] UNAIDS (2012) UNAIDS Guidance Note on HIV and Sex work, Geneva Switzerland

[4] Harvard School of Public Health (2006) HIV/AIDS and Gender-based Violence (GBV) Literature Review, Program on International Health and Human Rights.

[5] UNAIDS (2012) Getting to Zero UNAIDS Strategy 2011-2015, Geneva Switzerland

demonstrated the contribution of alcohol and gender issues to the KAPs visited and the reader is referred to Annex A RD Community, RD Fishery, Red Scar Community and the Waipa Zone.

TL2 supported and aligned itself with NHS principles and contributed to four of NHS[6] top 10 priorities including: 1) developing and scaling-up combination prevention programs for addressing partnerships in locations where this behavior is common; 2) develop and scale-up targeted HIV and STI combination prevention interventions for key affected populations; 3) contribute to improved availability and accessibility of male and (less so) female condoms through condom social marketing and distribution; and, 4) develop specific interventions to reduce HIV vulnerability associated with GBV and sexual violence against women and girls. TL2 has contributed to NHS aims by focusing more closely on areas of risk convergence (where people are more likely to acquire or transmit HIV) with primarily condom promotion messages.

As the IRM and TL2 team agree, more needs to be done to improve program effectiveness in three key areas related to condom use, targeted beneficiaries and volunteer compensation. While condom-messaging has been the basis of TL1 programing, condom messaging remains limited to basic distribution and number targets. According to volunteers in Madang, beneficiaries are known to run away from volunteers because they are weary of hearing the same messages repeated This condom-message fatigue can weaken volunteers' relative effectiveness in the communities.

International and PNG evidence shows that the female condom is an effective female controlled HIV prevention method. However, many women and men, at the field sites, reported that they were uncomfortable using the female condom. There is misinformation about both the male and female condoms (Refer Annex A RD Fishery). PSI is already an active partner with TL2 and new female condom demonstration device trials are underway which will enhance female condom promotion. There is good scope to conduct this promotion in partnership and alongside a joint behaviour change communication campaign.

Staff and volunteers are now well equipped with basic male condom distribution and demonstration messaging skills, and more work needs to be done in regard to female condoms. TL2 has a committed, motivated and organised team who have been trained and managed, many of them expressed confidence in their abilities. There remains strong continuation of loyalty from volunteers into TL2 which is an asset. The inclusion of homogenous KAP team members will make implementation more effective, as seen in Porot Sopot. In addition, all volunteers are now subject to and somewhat more protected by the NAC HIV and AIDS volunteer policy, which has implications for TL2 converting some volunteer to causal workers.

During TL1 and to some extent in TL2, staff and volunteers are using a range of activities including one-to-one counseling, group discussions, coffee nights, sports and video nights (see annex A 'how TL2 team reaches KAPs'). In an interview with young men and MSM, they spoke about alcoholic binge drinking, violence and raping of girls that frequently takes place after sports events. Many of the older TL2 staff do not have the necessary commitment and empathy to improve effectiveness with this KAP group. They are accustomed to running large activities, rather than those known to be more effective such as smaller group and one-to-one exercises. This will be addressed by integrating staff into the TL2 teams from homogenous KAPs and through sensitization programs across all the regional teams. This combination of an empathic staff with skills to work individually and in small local groups will produce better programmatic results.

Other problems related to program effectiveness are related to the community volunteers. At the moment, there is insufficient KAP representation among volunteers in the site committees and among staff (see Annex A Problem Mothers). This may have limitations in regard to how effectively the site committees can engage with KAP target groups such as people involved in high risk sex transactions on sites. In addition volunteers consistently complained of being out of pocket and in need of improved transport, per diem and remuneration arrangements and training to support their work and their families. TL2 undertook a volunteer review and

[6] National HIV and AIDS Strategy 2011-2015, Papua New Guinea, National AIDS Council, 2010

responses were determined in Nov 2011. The IRM is picking up on this reviews recommendations and reinforces these responses in the following recommendations.

TL2 must consolidate and stay focused on KAPs while finding the best methods to reach program outcomes.

Recommendation 1: Broaden HIV prevention messages whilst narrowing the target group. To reduce HIV message fatigue, TL2 should promote a range of complementary interventions that includes peer education and small group discussions on sexual reproductive health, gender, structural drivers, and issues relevant to the community. Condoms and STI/HIV management will be integrated in the discussions throughout. Staff and volunteers should receive specialized training, tailored to their community needs. Characteristics such as empathy and commitment should be cultivated among staff.

Recommendation 2: Popularize the female condom. Specific female condom promotional strategies should be introduced as a priority. The female condom can be popularized using small group and demonstration approaches, while framing messages around pleasure, sex and sexuality, so that women feel comfortable discussing their bodies and practice among themselves. Men will be supported to use and understand the effectiveness of the female condom.

Recommendation 3: Strengthen homogeneous KAP groups on sites. Based on global experience, collectives consisting of KAPs that share the same background, history and experiences, will be more effective in behaviour change among their peers, than village elites currently dominating the volunteer landscape in TL2. That is, a single mother engaged in frequent transactional sex will be more effective in encouraging other single mothers to use a condom and seek STI services than a big man in the village. Therefore, we recommend that TL2 recruit KAPs on fulltime and/or casual basis as staff. In addition, they could be recruited on to site committees by developing homogenous KAP groups who share similarities. In doing this, the TL2 team must consider how target group members will lead site interventions and how they will be integrated into site strategies and work plans. Volunteers and peers within the site committees should continue to reach out to the affected communities through one-to-one counseling, group discussions, coffee nights and video nights.

Recommendation 4: Strengthen volunteer support policy and practice. TL2 should now develop appropriate volunteer support policies to include: orientation and training; code of conduct; transport; food allowance; out of pocket expenses; and competency testing and certification. TL2 should also consider whether it can provide any performance based incentives.

Efficiency

The two key decision making mechanisms for TL2 are the Annual Plan and the Steering Committee. The Steering Committee was reported by several stakeholders as being weak with inconsistent meeting schedules and poor decision making. Both mechanisms currently appear inadequate and greater participation is required by all Steering committee members to use the Annual Planning approval mechanism more efficiently. The Steering Committee has relevant membership who need to work closer together to review and agree the details of the Annual Plans, and connected progress reports. It was strongly noted by the IRM that many members have specific individual and narrow agendas' of their own which is understandable but may confuse setting TL2 strategic directions if narrow interests take priority over the TL2 program. This situation makes achieving clear consensus on TL2 directions difficult.

Uncertainty or delay around Annual Plan confirmation and approval creates a real risk that the program will go broader in terms of support (much like TL1) at a time when it should focus narrowly upon targeted KAP interventions. The SMT and Managing Contractor representative commented that they would like the Annual Plan to be the key decision-making document to which they are held accountable, meaning the Steering Committee and AusAID will approve the Annual Plan and entrust the TL2 team to deliver it, and make the necessary decisions during implementation. The IRM supports this approach as it places emphasis upon creating a stronger more united Steering Committee that will ensure the relevance and delivery of the

TL2 Annual Plans. This means strengthening the Steering Committee to reach agreement on the strategic directions of TL2. This would be a favourable outcome from this IRM.

The IRM started its review by conducting focus group discussions with the entire TL2 team in one of their quarterly planning workshops, refer to Annex A meeting notes on TL2 team. It is clear that the continual learning from these workshops will greatly benefit TL2 and this is a strong mechanism. It allows for confirmation of delivery, learning to be shared, confirmation of future program support directions, risk management and, critically, for the SMT to identify on-going staff support needs.

The quarterly TL2 team workshops are where the Annual Plan is operationalized. TL2 teams break activities down into their own quarterly work plans, these are then broken down again into individual weekly activity plans. These workshops allow the compilation of accurate quarterly progress reports. Aligned with the approved deliverables from the Annual Plan these progress reports should allow easy confirmation of the delivery of the Annual Plan, and any adjustments to be made. Further work is required to align quarterly progress reports with the Annual Plan deliverables in regard to format and reporting but the process is there, and working. The Steering Committee members need to ensure they review progress reports carefully to stay informed of progress and be able to confirm delivery of the Annual Plan. It may be necessary for the TL2 SMT to meet members individually to provide stronger guidance and support to strengthen this review Steering Committee function.

In regard to the weekly activity plans these are activity and input based and include: data input; filing; acquittals; follow-up; monitoring visits; grant management; and tracking sheets (funding) etc. Weekly reports are then submitted by each staff member recording work achieved. They also include the reporting of additional unplanned and unforeseen work, including extraordinary reporting, all known as pop-ups. There is an opportunity to improve this process by orientating towards an output plan rather than an activity plan. The benefit is that instead of simply recording activities such as the number of meetings, acquittals or other events undertaken the team will prioritise and focus on delivering outputs that are connected to the annual plan. This means people stay on plan and do not deviate. It also means that when pop ups occur and create the potential for distraction a management decision can be taken to determine which activity to undertake, mindful of any distraction from annual plan delivery. By reporting on the sum of the outputs delivered TL2 will report on the delivery of the Annual Plan and the output plan itself becomes a useful performance management tool. It is for the SMT to decide whether they elect to switch to an output plan based coordination, the IRM believes it would increase efficiency, Annual Plan delivery focus and performance management.

Risk management rather than risk aversion is the AusAID policy directive from Making a Real Difference and an effective Australian AID program. In regard to operational risk management the IRM is satisfied that TL2 has a defined risk management plan, risk conscious staff, SMT forums and processes to manage all operational risk. Two areas where TL2 has managed risk well are: i) by integrating an elections and security plan with weekly team reports; and ii) by devolving grant management to site committees who can now receive and acquit funding due to the training and mentoring in financial management provided by the TL2 team. This has empowered the site committees.

In regard to program risk the IRM believes that the TL2 is facing its greatest risk now; if the program continues on its current strategic direction TL2 will likely duplicate TL1. TL2 needs to narrow its focus towards target KAP groups and integrated Step 1-5 interventions, which is consistent with the design. This may not yet be recognised by all Steering Committee members but a definite shift and narrowed TL2 focus is required.

The IRM believes that appropriate processes are in place to deliver the scope of services provided in the contract and that a solid support based team is in place to deliver priorities. Refer to the effectiveness section in regard to enhancing relevant team, site committee and volunteer capability. Overall the IRM concurs with one of the SMT who stated:

‘we are on the right track trying to bring more structure and accountability into the work at site level and that sites have begun to respond to this’.

Site plans provide a relevant entry point for partners into support strategies and programming and allow their involvement and input. We do not believe site strategies and plans require

Steering Committee approval as this will bottleneck progress. We do believe site strategies and plans must fully consider and incorporate the use of partners and active stakeholders. This includes, PACS, Igat Hope, all relevant local PLWHA networks, Save the Children, PSI, Family Health International and other agents working in and around the sites. Their involvement will enhance TL2 interventions, specifically referring support to these organisations will create the space for TL2 to operate more intensely with KAPs and build sustainability.

As presented in the executive summary, the Wagi Valley Site Committee offers a strong opportunity for TL2 to withdraw and allow the local church to continue supporting their PLWHA's, potentially allowing TL2 to target women who engage in frequent and regular transactional sex and truck drivers. Conversely the Waipa Zone Site Committee appears to be a high priority site where TL2 needs to develop its team, partners and intervention strategies towards to target sex workers and their clients.

The IRM determines that it is too early to determine whether TL2 offers value for money. Certainly the additional team investments were necessary and the systems and processes are in place to deliver. If TL2 delivers a renewed KAP focus then good value for money will be achieved.

Recommendation 5: Strengthen use of site strategies and plans. To enhance and effectively communicate renewed TL2 focus, once sites, target KAPs and interventions are identified TL2 must develop and present individual site strategies and plans to the team, site committee, volunteers, relevant local networks and the Steering Committee to ensure understanding and ownership of the support to be provided, and that desired integrated Step outcomes are being targeted.

Recommendation 6: Reinforce the Annual Plan approval process. AusAID, the NAC Secretariat and all Steering Committee members should engage to jointly review the Annual Plan as an approval process. They should also review and discuss progress reports. TL2 should have a communication plan to consult with all members and develop a support strategy to facilitate this stronger engagement.

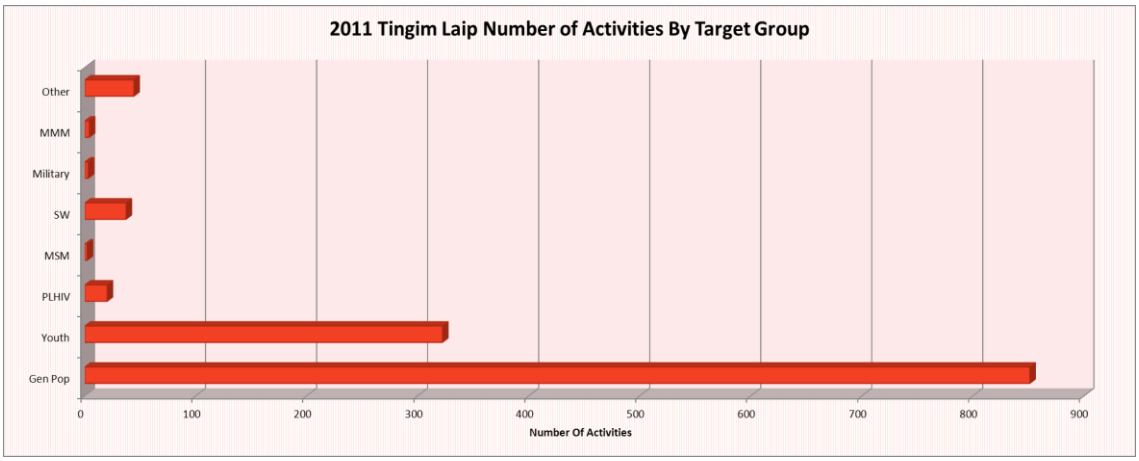
Impact

If TL2 is successful the main achievements (changes and impact), visible by June 2015 will relate to the target outcomes listed in the monitoring and evaluation framework. That is, TL2 is to ensure that KAPs from selected sites will engage in safer sex by using condoms regularly, obtain regular treatment for STIs, know their HIV status and access HIV treatment and support if living with HIV. By June 2015 TL2 will be focused on selected sites where there is a higher level risk of convergence. Friendly STI, VCT and HIV care clinical services will be accessible and available. Best practices on risks and drivers will have been tested in key sites and scaled-up with local partner and network support.

The design flexibility is there for us to focus using an agreed program objective and target outcomes (refer to monitoring and evaluation section) that could be captured in a program logic to be reviewed annually for relevance and inform the next Annual Plan, the delivery of which TL2 is held accountable. Each site will have a program logic in effect tailored made through site strategies and plans that describe interventions in 3 years' time, interventions that maximize impact and the potential for sustainability.

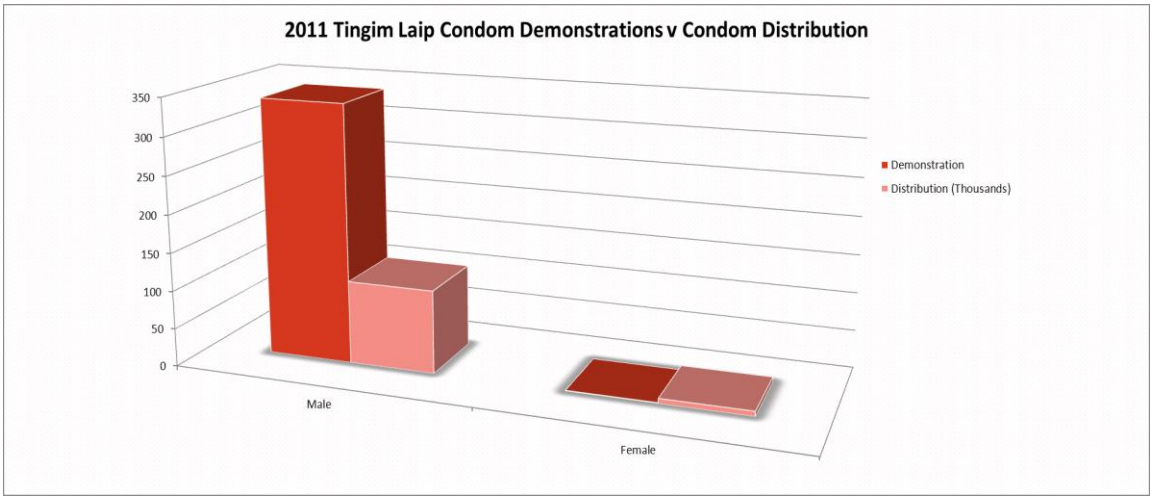
TheTL2 monitoring and evaluation framework and processes integrate impact indicators and work is underway to ensure they can measure all program improvement. The framework is divided into five components including capacity building, interventions to achieve impact, partnerships and advocacy, research and project management. Population-based outcomes and indicators draw from UNGASS and the National Health Services so they are relevant to both national and global requirements. A baseline survey has not been undertaken but this will commence in July 2012, after the social mapping exercise is complete, to confirm site sampling and project focus. It should be noted that this IRM did not have access to the TL2 social mapping exercise that was being concluded but our understanding from the team is that it will allow the identification of at least 20 priority sites and assist to determine site plans that integrate all Steps 1-5. In addition periodic (6-monthly) surveys will be led by Angela Kelly

from the Institute for Medical Research and University of New South Wales (partners identified in the contract) and a small team of junior field researchers as per the TL Research Agenda.



The activities (for example small group discussion, love patrol, peer education) have not yet produced intended or unintended changes in the lives of beneficiaries and their environment, since we are early in the project cycle. First and foremost, TL2 must demonstrate that it is reaching out to KAPs. In 2011, as shown in the figure above, TL2 focused on the general population and youth at the expense of those at greatest risk. This is largely an issue of supporting outstanding commitments from TL1 and TL2 set-up. If TL2 continues on this trajectory, they will not be able to achieve the TL2 goal. TL2 now needs to limit its beneficiary base to include only narrowly defined KAPs, as described in other sections.

Not surprisingly as seen in the figure below, condom distribution remained low, particularly when compared to condom demonstration. This may be because TL2 had been reaching out to populations not at high risk for HIV infection. This figure also shows that the female condom is poorly demonstrated and distributed. While unpublished acceptability studies in PNG show favorable results for the female condom, TL2 demonstration and distribution is markedly low.



Violence is a risk factor contributing to HIV vulnerability and infection for women[7,8,9]. Because of its ubiquitous nature, alcohol has been overlooked as a significant driver of HIV epidemics

[7] HIV/AIDS and Gender-Based Violence (GBV) Literature Review

Program on International Health and Human Rights, Harvard School of Public Health

worldwide[10]. Alcohol use contributes substantially to men's vulnerability to HIV, by impairing judgement leading to high-risk behavior and unprotected sex[11]. Alcohol use has been often cited in reference to violence against women as a contributing factor[12]. It is clear from the IRM teams experience in PNG and discussions with all stakeholders that alcohol is a major structural driver impacting significantly in high risk settings where people are more likely to acquire and transmit HIV.

The IRM acknowledges that TL2 understand structural drivers including GBV and alcohol and whilst these have not been specifically addressed to date the team is now in a position to incorporate driver interventions more strategically by integrating driver strategies into site plans. This could now be done initially within selected areas on a pilot basis (we suggest 5 and scale-up if effective). Appropriate indicators, such as changes in knowledge and attitude, will be important. The negative impacts from external factors are the structural drivers and the IRM repeated encountered various men in positions of power regulating our access to women in the communities visited. For example one man (Annex A RD Fishery) was intoxicated and dominated our conversation with the women, despite efforts to meet with the women separately and alone.

TL2 already engages dynamically with other external factors such as election events, which generally lead to dramatic increases in sex-for-money transactions.

Prevention activities have not yet achieved the intended outputs or outcomes. In order to show impact, in addition to condom promotion (described in the effectiveness section), friendly STI, VCT and HIV care services and referrals will be critical. In the fourth quarter of 2011, only five STI referrals and 25 VCT referrals were made. Refer to monitoring and evaluation section for suggested TL2 objective and target indicators.

Consistent with the 'Three Ones' principles[13] applicable to all stakeholders in a country-level HIV/AIDS response – One Action Framework; One Coordinating Authority; One Monitoring and Evaluation system - the IRM is recommending the following:

Recommendation 7: TL2 now focuses all support into at least 20 priority sites. TL2 must now produce a priority listing of current sites basing selection on the following criteria: social mapping findings; KAPS; NHS alignment; access to STI and VCT support; surveillance data; networks and linkages; and other key factors that may be opportunistic and local. TL2 will need to develop at least 20 full site strategies and implementation plans with inputs from AusAID and relevant PAC's. TL2 needs to advise AusAID, the NAC Secretariat and the Steering Committee when they will have this schedule in place. This provides an opportunity to refer some existing sites over to alternative support partners and to reduce TL2 support to less relevant sites.

1. ———————————————————————————————

August 2006

[8] Heise, Lori (2011) What Works to Prevent Partner Violence? An Evidence Overview in STRIVE, Tackling the Structural Drivers of HIV

[9] Transforming health systems: gender and rights in reproductive health. A training curriculum for health programme managers.

Geneva,World Health Organization, 2001

WHO/RHR/01.29

[10] Fritz, Katherine, Morojele, N. Kalichman, S., Alcohol: the forgotten drug in HIV/AIDS, The Lancet, Volume 376, Issue 9739, Pages 398 - 400, 7 August 2010

[11] UNAIDS (1999) Gender and HIV/AIDS: Taking stock of research and programmes.

[12] Heise, Lori (2011) What Works to Prevent Partner Violence? An Evidence Overview in STRIVE, Tackling the Structural Drivers of HIV

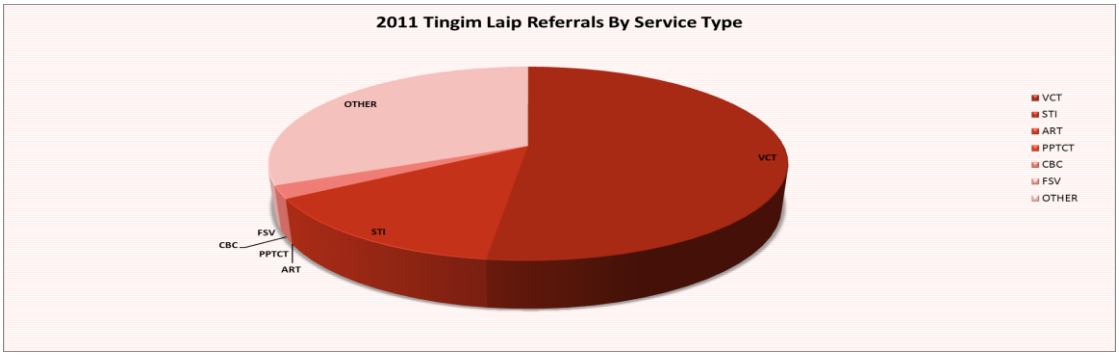
[13] UNAIDS "Three Ones" Key Principles, Washington Consultation 25.04.04 http://data.unaids.org/una-docs/three-ones_keyprinciples_en.pdf.

Recommendation 8: TL2 now focuses on KAPs in priority sites. In order to attain an approximate 80% reach and 50-60% condom use, TL2 will need to focus, as described in the effectiveness and monitoring and evaluation sections. Those individuals and groups engaging in sex most frequently and those who are the easiest to capture, located in identified convergence-of-risk areas should be a focus of TL2's intervention since it will yield the best results. In addition, KAPs that are difficult to find and are hidden, such as women engaged in regular transactional sex, should also be prioritized since they represent the majority of women engaging in paid sex.

Recommendation 9: TL2 focuses to ensure clinical support linkages on all sites. Much more needs to be done to ensure that KAP referrals are provided to clinical services that do not discriminate and that do offer a variety of services. Once appropriate and well trained staff and volunteers are on the team and a referral system is in place, TL2 will be able to show impact. The IRM recommend that strong STI, VCT and HIV care services and referral systems should be in place at all sites. This will require more one-to-one counselling. Mobile clinics may be a preferred option. TL2 will work with government, donor and civil society partners to ensure that clinics are friendly, accessible, and well stocked. This is critical to ensure the success of the TL2 program in creating demand for these services.

Sustainability

Sustainability of TL2 achievements centers around two main areas—sustainability of services, including male and female condom promotion and distribution, and sustainability of site committees and community groups. As discussed in the earlier sections, KAPs must have access to clinical services which will be provided through the Government and civil society mechanisms, potentially supported by donors. Currently there are insufficient referrals taking place for KAPs, particularly for STI, VCT and HIV care treatment. Proportionately, there are far fewer STI referrals as seen in the figure below.



In order for sustainability to occur, with 80% reach, TL2 will need to ensure strong referral mechanisms are in place, particularly for friendly VCT, STI and HIV care services. TL2 will need to work more closely with the NAC, PAC's and their partner networks which include the National Department of Health, emerging Provincial Health Authorities, Catholic Health Services, Real Involvement of People living with HIV and AIDS (RIPA), Family Health International, World Vision, Pathfinders, Save the Children, National Disability Resource Advocacy Centre, the Fred Hollow's Foundation, Igat Hope, Good Samaritans, Kar Kar Friends Network, Kalibola Wantoks and Friends of Frangipani.

Identifying partners and facilities to refer and transfer activities and support is fundamental to the sustainability of TL2. This is a key point highlighted earlier when discussing the Wagi Valley community. Site Committees should be empowered to ensure they have access to quality and friendly VCT, STI and HIV care clinical services. They should be networked into the PACs partner networks for support to this – rather than remain dependent solely upon TL2. In many cases TL2 may be better positioned to point Site Committees in the direction of support, rather than provide it. It was noted for example that Family Health International has conducted a comprehensive clinical services indexing which is waiting to be printed and

delivered to the NAC and PAC's. This will be a valuable service provision resource for all Site Committees.

Until now, little work has been done to promote beneficiaries and/or stakeholders within PNG to have sufficient ownership, capacity and resources to maintain the activity outcomes after TL2 funding has ceased. Homogenous site committees, consisting of KAPs, represent the heart of TL2's program logic. According to TL2 staff, Site Committees will be strengthened so that they can self-maintain by obtaining support from local civil society organization networks, the churches and hopefully the PAC's; Strong site committees can potentially obtain financial support from the PAC's (which will have a grant mechanism of K100,000 per year) but it is uncertain where any minimal recurrent budget support could be allocated from at this point. Partners and local, regional and national networks are weak at the moment in this regard so require strengthening as a priority. More needs to be done to link with Provincial based PLHIV networks. For example in Madang this includes RIPA, Good Samaritans, Karkar Friends Network and Kalibobo Wantoks - all of these are support groups for PLWHA's and provincial 'chapters' of the national NGO for PLWHA's, Igat Hope

Sustainability in non TL2 supported sites will be tested now as TL2 reduces its support for all non-priority sites where convergence of risks is absent. TL1 shifted its mandate from KAPs to the general population. The IRM team visit to Wagi Valley (Western Highlands) illuminated the potential for mission-drift of a project focusing on difficult and hard to reach KAPs. In Wagi Valley, the principal aim to support sex workers at truck stops was diverted to care and support the needs of 21 PLWHA's in the general community. Therefore this will become a low priority site for TL2 and support should be referred elsewhere. This will allow TL2 to shift support back to the sex workers engaging with the truck drivers, if this remains a priority site.

Recommendations 10: TL2 focuses on strengthening KAP centric site committees with the aim towards organizational autonomy. To accomplish this, part of the site strategies and plans should include whole of site strengthening. This will require organizational development inputs not previously envisioned. Site committees can learn how to raise funds from local PAC's, Provincial Administrations or other civil society mechanisms. Perhaps there is flexibility for the NAC to quarantine funds from its small grants or attract a recurrent budget – this should be explored. Funding should not become donor dependent. The impact of these site committee strengthening inputs should have measurable indicators in order to be monitored accordingly. An example of an indicator may be: twenty sites are sustainable and have access to grants through the PAC's, national and provincial government and civil society networks support.

Gender Equality

Gender-based violence is a critical driver of the HIV epidemic in PNG. Beating and raping women, particularly under the influence of alcohol, has been normalized making it particularly difficult to address in the PNG context. While there is commitment and capacity, TL2 has demonstrated few interventions to address this, given several important competing priorities. Gender equality interventions sit at the fifth Step, but work is necessary earlier in the project cycle.

Men dominate women's behaviour and act as gate keepers to women's access to services and messages, including those at highest risk of HIV. This was evident at both site visits in Madang when the men did not permit the IRM team to meet with women without their presence (Annex A RD Fisheries and Communities). Moreover, there is little consciousness about violence and harm as articulated by the young men interviewed in the Western Highlands office. Drinking, punching, then forcing a woman to have sex is seen by them, and presumably many, as a matter of course (Annex A Western Highlands).

TL2 has an expanded definition of gender equality which includes MSM and transgenders. Many feminized men in PNG experience gender discrimination though MSM are not driving the HIV epidemic. Nonetheless, TL2 will make sure their messages resonate with all gender identities and expressions, for example, anal sex messages will be developed that speak to

men, women and transgenders. Currently, TL2 has not begun working with men on gender, sexuality and masculinity which is needed in order to gain access to women and address structural drivers more rigorously.

It is extremely difficult to make gender equality work explicit in the contexts in which TL2 operates. Developing visible sex work collectives and women's rights initiatives will be met with overwhelming resistance, particularly from 'big men' in many communities.

Up until now TL2 activities focused intervention efforts largely on the general population, particularly youth, as seen in the table below. The gender balance between male and female appears relatively even, with slightly more males in both age groups. There is no information available on KAPs. The next phase will require that more emphasis be placed on women, focused on those engaged in regular transactional sex, including sex workers. TL2 activities include peer education, love patrol, and small group discussions.

Participation in TL2 activities by youth and gender, 2011

	Males	Females
Youth (0-25 year olds)	**7518**	**6808**
Adults (over 25 years)	**3032**	**2771**

According to staff, adults and youth are separated by gender for most activities. This helps to cultivate decision-making skills while allowing them to discuss gender and sexuality issues freely. Men/boys and women/girls occasionally come together for joint activities, with equal participation in mind. Because they work independently, opposite sex groups come to understand the other groups' gender/sexuality concerns when they join for occasional joint sessions. This gender-sensitization approach has been integrated in all the discussion guides.

All trainings are gender balanced in an effort to ensure rights to participation. That is, volunteer trainings are provided for an equal number of men and women, even though there are more male volunteers. For example, while a site committee may be represented by only two women and eight men, as in the Western Highlands field visit, the training attempts an equal gender balance and thus two women and two men will be asked to participate. TL2 is in the process of restructuring the sites to focus more deliberately on KAPs. While it will depend on each community situation, TL2 would like to create small women's groups and small men's groups to work independently side-by-side. At the moment there is one new all-women group in Moem barracks in Wewak representing wives of military.

Resources and benefits, through a grants process, are given to site committees which are usually run by men. However, women often assume the secretary or treasurer posts. TL2 is planning to restructure grant-making so that KAPS represent subcommittees and thereby receive project resources through grant mechanisms. As a result, it is anticipated that a greater proportion of women will be receiving grants since there are proportionately more vulnerable women than men. This must be done sensitively so that KAPs who wish to remain anonymous are not exposed as marginalized KAPS— namely as female sex workers or men who have sex with men.

TL2 must maintain a women's rights focus. Papua New Guinea signed and ratified the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). In addition to women's rights to participation, TL2 plans to support rights to accessing services and rights to safety. However, gender-based violence, often preceded by alcohol abuse, was repeatedly cited as the most pressing concern facing women in PNG, placing them at increased risk of HIV. As the site committees are currently dominated by 'big men', often with no or few women represented, there are few opportunities for women to work collectively. Similarly, men have not examined their own violent behavior, which has been largely normalized, vis-à-vis alcohol and gendered beliefs about women and men.

The IRM is strongly recommending that TL2 conducts 3-5 pilot strategies on selected sites to better understand gender, GBV and alcohol drivers and their contribution to KAPs being more likely to transmit or acquire HIV. With the current team, and learning culture, TL2 is well placed to identify relevant support interventions that TL2 and partner networks can provide.

Trained Project Officers who the IRM spoke with, emphasized the need for safe spaces for women, in order for them to participate and contribute more fully. Those interviewed seemed to understand and support women's participation. TL2 has a gender advisor and committed staff and leadership to address gender and other structural drivers of HIV. The project Gender Advisor is implementing the gender strategy. Currently, she is reviewing all the technical documents including the training manual, and other policy documents, to ensure that gender is integrated.

To support leadership, decision-making and build capacity through participation, TL2 has integrated a new gender-balanced governance system. Each site committee will identify one male and one female representative to a provincial level volunteer advisory committee. This is a mechanism for volunteers to provide input and to raise concerns. In the Western Highlands, for example, there are five site committees—so five men and five women will form the provincial committee. The provincial site committee convenes every quarter. A national-level forum is convened twice a year in which two members from the provincial committees participate and discuss several identified priorities. These autonomous committees will discuss and generate program and management issues such as a code of conduct, confidentiality agreements, and terms of reference. Such processes are aimed at instilling feelings of ownership and promoting sustainability through leadership enhancement.

Recommendation 11: TL2 select three to five pilot sites to test gender equality and alcohol reduction approaches. These approaches are designed to address structural drivers such as gender, violence and alcohol to reduce unwanted health outcomes. Instead of developing visible sex worker rights groups, a measured approach to support women at risk may be called for. For example, organizing "problem" mothers, who engage in regular transactional sex, to take leadership in site committees or generate their own volunteer groups may prove to be more successful then sex worker rights groups with explicit mandates. Similarly, running parallel men's groups among men acting as gate keepers may complement and strengthen the empowerment work done with women. These will be learning sites to empower women engaging in transactional sex while also engaging with men on masculinity. This will complement the work on female condom promotion described in the 'effectiveness' section. Care must be taken that the scope to reduce violence and alcohol does not dominate the program, rather that it supports TL2 target outcomes to reduce HIV risk and improve health outcomes as the endpoint.

Because alcohol use is closely associated with gender-based violence, the IRM suggests drawing from internationally recognized approaches as a starting point. That is, integrating self-help group methods into the volunteer and site committees may be the best starting point.[14] Much can be learned from Alanon family groups[15] literature and practice which helps wives and family members of alcoholics to become aware, detach from alcoholic's behaviour, build self-esteem, and focus on themselves rather than attempting to control the alcoholic's erratic behaviour. These steps alone can reduce the level of violence women encounter.

If funds permit, we suggest conducting impact studies that take into account structural drivers, particularly gender based violence and alcohol use, in its theory of change. This will add to a much needed body of knowledge in PNG and worldwide, on complex HIV prevention interventions.

[14] Vivek Benegal et al, *Packages of Care for Alcohol Use Disorders in Low- And Middle-Income Countries* PLOS Medicine, October 2009, Volume 6, Issue 10

[15] Alanon Family Groups, Australia, http://www.al-anon.org/australia/

Monitoring and Evaluation

The TL2 design purpose was integrated into the contract Scope of Services Goal, it states:

> 'TL2 aims to facilitate effective prevention at sites where there is a convergence (coming together) of risky behaviour and vulnerability through community centred and interpersonal approaches'.

It is necessary to state that at the time of this evaluation the IRM team concluded that we do not believe TL2 is delivering sufficiently against the design purpose and contracted goal, and therefore TL2 must target support to deliver the design goal and purpose.

Referring to the design Component 5 objective (dropped in the contract scope of services), effective performance management was:

> 'to deliver a well managed project guided by monitoring and evaluation with the National M&E Framework (NHS) and donor reporting requirements (essentially quality at implementation indicators)'.

The IRM believes that the systems, process, formats and continual learning forums that the TL2 team has put in place have positioned TL2 well to deliver on this objective.

The monitoring and evaluation framework is actually more of a road map to get to an monitoring and evaluation implementation plan and is now supported by prevention data that can be disaggregated by gender and youth. This monitoring and evaluation framework and data will allow reporting against strong program target outcomes and delivery indicators. TL2 data set capture and case studies should be able to clearly demonstrate TL2 is performing well to deliver its stated goal, purpose and/or program objective.

The IRM review questions, established by AusAID and the IRM team, ask whether evidence shows that objectives and outcomes are being achieved fully. Reviewing the 2012 Annual Plan we are presented with progress indicators that amount to a list of deliverables such as training modules, pillar activities, site policy, procedures and guides and consistent site data collection. This is of course all relevant but it does not answer questions as to whether we are achieving the stated goal – this is why we need a monitoring and evaluation implementation plan that demonstrates how TL2 will collect information to drive TL2 towards a clearly stated program objective, and to do this we need to confirm that clear target outcomes are being delivered.

Useful data is now coming in from sites and TL2 should be congratulated on the TL2 prevention data sets it is capable of collating and showing graphically in a user friendly manner. Specifically these include: number of activities by region; number of general population and KAP activities by site; number of activities by target group; number of condom demonstrations and distribution; referrals by service type; general and KAP participants by gender. This demonstrates that TL2 can collect data disaggregated by gender across sites and we are confident they can expand this to include cross-cutting issues such as disability inclusion. The data collection is also aligned and consistent with the NHS requirements.

However the monitoring and evaluation framework is not yet developed sufficiently to demonstrate delivery of the stated design goal and purpose. The IRM is seeking to assist this development by suggesting the inclusion of a program objective and target outcomes to keep TL2 focused on KAPs and KAP interventions. This will lead it to expand data collection sets, integrated into each site plan, to expand SMART indicators to include:

- # of priority sites with active strategies and work plans;
- # of female and male condom distributed by site;
- # STI, VCT and HIV care clinics, by site;
- # KAP referrals (2-way) with STI, VCT and HIV care clinics, by site;
- # supported KAPs, disaggregated by women, men and youth, by site;
- # and type of active driver interventions, by site;
- # active partners and networks supporting site committees, by site;
- # supported PLWHAs;
- # KAPs participating in safer sexual practices.

The IRM believes it is now critical for AusAID, the NAC Secretariat, the Steering Committee and TL2 to agree on a stated program objective and target outcomes such as those stated above. Our view is that they fall within the design scope as they deliver the intended design purpose. An agreed program objective and target outcomes will clarify TL2 to the team itself, the Steering Committee and other stakeholders. When agreed these are what TL2 could take forward in its annual plans, monitoring, evaluation, learning and reporting, and with all stakeholders to deliver TL2.

TL2 needs a clear program objective that describes the end point of TL2 that any theory of change, program logic, annual plan and site plan must reach. We offer the following to consider:

TL2 Program Objective
The objective of TL2 is to ensure that KAPs from selected sites will engage in safer sex by using condoms regularly, obtain regular treatment for STIs, know their HIV status and access HIV treatment and support if living with HIV. By June 2015 TL2 will be focused on selected sites where there is a higher level risk of convergence. Friendly STI, VCT and HIV care clinical services will be accessible and available. Best practices on risks and drivers will have been tested in key sites and scaled-up with local partner and network support.

Target Outcomes

- TL2 will have site strategies and plans implementing in at least 20 convergence sites with activities being sustained by site committees supported by relevant partners and networks

- 80% of people involved in transactional sex on convergence sites are reached by TL2 and at least 50% (PNG UNGASS report 2008-2010) used a condom with their most recent sexual contact

- KAPs on all TL2 convergence sites have access to friendly STI, VCT and HIV care clinical services, and at least 80% of the target KAPs are using them

As highlighted already in the executive summary, there is a practical issue to consider here in that a three year extension until June 2015 offers a line in the sand from June 2012. TL2 could cross a new start point re-launching itself by introducing the new objective and target outcomes. TL2 could even consider renaming to reinforce a confirmed identify. This may appear a little radical but it may be the change management strategy that TL2 needs to reposition, and it may help signal to incumbent stakeholders and dependents a defined change and that this is not business as usual. It would require a push communication strategy to be identified, resourced and implemented successfully. This means TL2 staff, AusAID, the Steering Committee, national and provincial stakeholders including Site Committees and communities would need to be considered and a communication plan established with key messages and the delivery means identified and then implemented.

Recommendation 12: TL2 should establish a clearly defined program objective and target outcomes. These will drive site selection and KAP interventions, and which could be developed into a theory of change and program logic (if desirable);

Recommendation 13: TL2 complete the monitoring and evaluation framework and implementation plan. This will ensure that all stakeholders understand the data and case studies that TL2 will be collecting to demonstrate delivery of the goal and purpose.

Analysis and Learning

TL2 has used several opportunities to assess, reflect and learn with the aim to improve program planning, delivery and outcomes. During a discussion, one senior management team member stated,

'During the last 18 months there has been a lot of thinking, writing, and learning, resulting in a much better understanding of HIV risks and drivers'.

The senior management team frequently spoke about ongoing TL2 learning and analysis, which has involved the senior management team, staff, volunteers, external stakeholders and AusAID. Although TL2 got off to a rough start, the team has used several opportunities to build their knowledge base from past mistakes and successes through the analytical exercises they have undergone. According to the senior management team the absence of a hand-over and the lack of available documents or resources from TL1 required TL2 to take a step back and build a knowledge base from which to move forward. They began by reviewing and reflecting on the IRG reports and the TL1 final evaluation report. For example, the TL2 team has begun to internalize IRG recommendations, which is to focus on KAPs as well as on structural drivers, representing a new focus. Most importantly TL2 held several reflective meetings with staff and volunteers which fed into the strategy, planning and learning materials. So there is now internal understanding and ownership of this program direction.

The current design has incorporated previous learning and analysis in a number of ways. Specific reviews and assessments include:

- a capacity needs assessment of staff, volunteers and site committees;
- a review of the training manuals, developed by FHI;
- a literature review on alcohol use and how it relates to HIV risk;
- a review of volunteer use and roles across 15 organizations across the pacific which will lead to a comprehensive volunteer support strategy aligned with new NACS policy;
- A gender review leading to the gender strategy; and
- an extensive social mapping exercise which will now assist identify 20 priority KAP sites.

It appears that lessons learned from implementation and previous reviews (self-assessment and independent) have been well integrated into activities. TL2 has conducted three self-assessments and two quality at implementation exercises reports, as required by AusAID. The first big self-assessment took place at the end of 2010 in which they found that basic systems, policies and good practice were missing. TL2 responded by setting up systems such as requesting funds and defining a clear Step 1-5 model for HIV prevention and care. The first year was a year TL2 took stock and developed strategies while bringing more structure and accountability to the program. As the discussion with the senior management team revealed (see Annex A Team Meeting notes), the second and third self-assessments confirmed their progress and helped them to refocus. The quarterly all team learning and planning workshops will now help the TL2 team to refine their plans.

TL2 also holds community of practice sessions with regional coordinators and project officers, which provide opportunities for senior staff to give feedback, express concerns and seek additional support. These sessions allow the senior management team to engage and enhance support changes. For example, they now use quarterly meetings to review site plans, coordinate activities and address challenges, and compile all team program reports. Members of the SMT and technical experts help the regional coordinators to review plans critically, providing them with technical advice to understand how to focus and strengthen their outputs. The IRM is proposing to use this mechanism further to enhance improved site strategies, with MEF implementation plans to target interventions fully towards KAPs.

The program sought to learn and apply lessons from others working in the field especially Save the Children's Porot Sapot Project. Two SMT staff and one (talented) junior staff were once Save the Children employees. In fact, Christopher Hershey (Topa), who is the TL2 M&E advisor, was the primary innovator and force behind Porot Sapot. Like Porot Sapot and the youth outreach project at Save the Children, the TL2 program is ensuring that the volunteer structure is strengthened. Similarly, TL2 recognizes the need to strengthen and link the program with sensitive service providers through a simple referral mechanism which they will implement next year. As Porot Sapot, TL2 is shifting to focus on KAPs and structural drivers, namely alcohol and gender. The social mapping exercise has helped TL2 build on lessons learned from Porot Sapot, by identifying the complexities and convergence of risk factors. TL2 has applied lessons from other programs. For example, TL2 has adopted the M&E data base toolkit from the NAC and Voluntary Services Overseas. This allows them to report on project outputs that are aligned with the NAC and the NHS reporting systems.

When the IRM asked staff and volunteers what requests they have of TL2, most of them reported that they wanted more training. This was validated by the senior management team and staff. One challenge for TL2 has been the quality and effectiveness of training. Because training reports from Family Health International were unavailable for TL2 staff to review, the capacity needs assessment helped to determine training effectiveness. Specifically, the assessment revealed that staff and volunteers required additional training including basic HIV training, gender mainstreaming, and counseling. This was confirmed in the field when interviewing volunteers. When asked about staff capacity and learning, a senior management team member reported:

'There were no reports so we don't know what happened. If mentoring took place, it wasn't effective, according to the capacity needs assessment which was basis for learning and development plan. They really need training. We thought we had trained a skilled work-force'.

TL2 is a learning project. The senior management team integrates reflection and analysis in most activities ranging from project management systems to direct implementation in the field. As a result, it appears that the staff has become more reflective as seen in their increasingly nuanced understandings of the complexities inherent in the PNG epidemic. The challenge for them now is to be able to integrate their work fully into KAP settings and target groups.

Recommendation 14: TL2 should keep enhancing the sharing of implementation lessons. Research and analysis remains a priority and the progress being made should continue. The IRM recommends more focused attention on implementation of lessons gained from the findings. To successfully integrate what has been learned over the past 18 months, participatory-learning activities must take place to allow staff and volunteer teams to internalize and make personally meaningful knowledge retrieved from the multiple studies, reviews and reflective sessions. Because adult learning is best accomplished when it is experientially based, such exercises should anchor learning processes, followed by action planning. This is best achieved via the established iterative learning cycle in place which where actions are reflected upon, analyzed, changed, and then implemented. Secondarily, as TL2 has done, drawing on local and international experts associated with particular subjects will continue to help provide their insights needed. Strong process-documentation will help draw out lessons and best practices.

Networking and Linkages

Overall the engagement with international and national agencies including Save the Children, Institute for Medical Research, Family Health International, PSI has continued and transferred from TL1 into TL2.

However the members of NACS, three PACS and Igat Hope (See Annex A: Igat Hope) consulted during the review were of the strong opinion that TL2 needed to communicate its support strategies better at both national and provincial levels. They also went further to insist that TL2 engage local partners more proactively at both a coordination and implementation level.

To balance this opinion, the IRM was conscious that NACS has not, until recently, been an easy statutory authority to partner with, and particularly in the prevention section. This situation has now improved significantly. The presence, involvement and contribution of Dr. Morale Kariko, Deputy Director National Care & Support, in the IRM team allowed sharing, learning and easy consensus to be reached during this IRM review. This strongly suggests that greater use of the TL2 quarterly workshops to include the NAC, PAC's, international, national and provincial stakeholders in relevant sessions could quickly build understanding and consensus around TL2 objectives.

There is a critical context that all stakeholders need to understand what differentiates TL1 from TL2. TL1 was largely overt and seen, running provincial and national symposiums and public events. It was heavily branded in public spaces. TL2 is the opposite, it needs to be felt, and not so much seen. TL2 is leaving the public spaces and mainstream to focus upon the KAPs that reside in the bars, clubs, factories, bushes, and bedrooms of anyone engaged in transactional sex. TL2 needs to respect the sensitivities of its target group. Specifically, women, men and transgenders engaging in regular transactional sex will not wish to be identified, announced and recognised in public. TL2 must respect the target groups and to be

effective the teams needs these groups directly by having KAP representation in the TL2 team and through partner networks. This requires a complicated and sensitive engagement strategy that will go to the core of TL2 success, impact and sustainability.

Currently TL2 is not optimising its networking and operational linkage into national and provincial networks. It actually appears that TL2 links better into the international networks that are strategically positioned to support TL2 delivery in research and training, presumably through relationships that flow from TL1. Notwithstanding inheritance from TL1, the international, national and, in particular, provincial networks and partner linkages have a key role to play in delivering the contracted scope of services and components for TL2.

Specifically, KAP interventions need to link to STI, VCT and HIV treatment and care clinics and quickly get to Steps 3 and 5. Access to service provider clinics will be a priority criteria when selecting TL2 sites. This does not mean that TL2 needs to support the establishment and maintenance of clinics, neither does it mean they will ignore key high risk sites when clinics are absent. It does mean that TL2 will need to work more closely with a broader range of partners such as churches, National Department of Health and the AusAID Health and HIV and AIDS program to identify key clinics in hotspots. TL2 is already working on a referral card scheme to existing clinics which it intends to harmonise with PAC's doing similar referrals, and there is great scope for two-way referrals so clinics can refer KAPs to site committees for support. Clinics are key partners and networks to include in all TL2 site strategies and plans.

Overall there remains a priority need to keep supporting and building the capability of the TL2 team, site committees, volunteers and wider network and partner members, particularly in regard to sensitisation around appropriate HIV and driver interventions with key KAP targets. Currently many members including the TL2 team and PAC's demonstrated they were out of their comfort zones engaging with some KAP target groups. There also remains a need to integrate greater network and partner support into KAP Step 1-5 interventions, which include both referring and transferring existing TL2 support to alternative support mechanisms, away from TL2. There also remains a growing research imperative to keep targeting and testing the relevance of TL2 and its partners and networks, and this research imperative must be a shared commitment, to learn and do together. TL2 cannot do this all alone. There are significant opportunities to improve network and partner support around the five multi-dimensional Steps (five pillars in the design) that underpin TL2, namely condoms, STI treatment, VCT, HIV care and support and addressing drivers. The IRM does not provide a complete list. TL2 understands who does what in the provinces to assist with each component delivery across the Steps. Key stakeholders include:

- *Component 1: Capacity Building of Implementers:* Save the Children's PorotSopot could be playing a greater role in assisting TL2 with KAP site and team strategies, including capacity building. Igat Hope has many provincially based networks that could join TL2 teams as volunteers, casual or permanent staff to assist connect and sensitise others to KAPs, and Family Health International are keen to continue their training and mentoring and service provider indexing role;
- *Component 2: Interventions:* PSI is currently introducing new female condoms and demonstration models that can integrate into interventions through and with TL2; the PACS have monthly coordination meetings where TL2 could investigate other relevant partners;
- *Component 3: Partnership and Advocacy:* Critically there are established networks of sub-national partners that TL2 has yet to meaningfully engage. In Madang for example they include Igat Hope, RIPA, Good Samaritans, Kar Kar Friends Network and the Kaliobobu Wantoks. Nationally PSI and Igat Hope are keen to engage with TL2 on national advocacy campaigns;
- *Component 4: Research:* PSI for example is running four day workshops in the enclaves of SHP, Oro, WHP and Madang. Limited research shows it has reduced concurrent partnerships (ie. extra-marital affairs), violence and that participants were three times more likely to use condoms. TL2 has a comparative advantage of providing peer-to-peer counselling when marketing condoms. In the KAP context the social marketing of condoms will be more successful as a joint venture between PSI and TL2 - mass media needs to support on the ground interventions and it is critical to get media correct. Institute of Medical Research is also playing a critical role in the social mapping which will play a central strategic role in targeting TL2 sites and KAP interventions.

Recommendation 15: Introduce site partner engagement strategies. Each site strategy and plan must integrate a comprehensive and relevant international, national sub-national network and partner engagement strategy that allows consistent and effective engagement with all KAP target groups.

Recommendation 16: Introduce an effective push communication strategy. TL2 must introduce an effective push communication strategy and plan that allows all relevant stakeholders to be kept informed and understanding of TL2, whilst at the same time prioritising the protection of the KAP target groups.

Contractor Performance

Cardno Emerging Markets are the contracted Managing Contractor who sub-contracted out the Contractors Representative position for Tingim Laip to Mr Lou McCullum of AIDS Projects Management Group. The IRM understands that in-country team and technical support is provided by Lou and in-Australia contract, reporting, deliverables, financial, sub-contracting and quality assurance support is provided by the Managing Contractor. It was noted in discussions that within the TL2 team there is clear distinction between Lou and the Managing Contractor and within the stakeholder groups they spoke of TL1 in terms of the previous Managing Contractor and TL2 as 'Cardno'. This infers that within the team the Managing Contractor roles are defined and understood and that the new Managing Contractor, or more probably the program differences, between TL1 and TL2 have been felt by stakeholders.

There are four contractor performance areas to consider:

1. **Front end documents** to AusAID and the Steering Committee as per contract SoS clause 6.1(a-k**).** These were appraised by Technical Advisers for AusAID and found to be of suitable quality. Delivery delays were incurred and new delivery timeframes were negotiated prior to delays. However this raised concerns within AusAID activity management because delivering on schedule was part of the tendering process consideration.

2. **On-going reporting** as per contract SoS clause 7.1 which are essentially Annual Plan, Quarterly Progress Reports, ad-hoc Exception Reports and the Project Completion Report. The quality of on-going reports has been sufficient and the document trail was easy to follow and read. Documents served the IRM well in quickly understanding the program aims, its challenges and strengths. Most of the things we heard in the field we had read (or heard from by the team) which is a good indication of accurate reporting.

   The IRM noted that there has been some confusion around the reporting requirements for TL2. AusAID initially agreed with the Managing Contractor that TL2 would provide six monthly performance reports (April and October 2011) and then QAI reports (December 2010, June and December 2011). In December 2011, AusAID requested that quarterly progress reports be provided – as per the contract - and this process is in now place.

3. **On-going program operational performance support,** The Managing Contractor has recruited a strong team capable of providing robust management and front-line support. They all conveyed a healthy one-team approach. Recruitment in PNG is never easy and is particularly challenged now with strong competition from the private resource sector and other programs recruiting simultaneously. The IRM was impressed by the support capability of the team which will ultimately determine the program delivery.

   Lou McCullum is also a highly capable technical and management support to the TL2 Program Manager and her team. This is an effective appointment and adds value to the technical direction of the program, whilst providing the expected performance management support to the team. Lou is someone who 'is really trying to see the epidemic for what it is' which is consistent with the senior management approach we found across TL2, and what the program needs.

   It has proven difficult for the team to get AusAID fully engaged at times in technical areas and approvals due their competing workloads. This is a common management issue

within AusAID and is felt by most programs. The solution is to minimise approval mechanisms so delays do not impact on the day to day operations of Tingim Laip. A strong opportunity for improvement would be to transfer as much approval into the Annual Plan as possible and agree where additional approvals will need to be sought in advance for any changes to the Annual Plan or additional decisions that arise outside of the Annual Plan.

One area of concern raised by several team members and the Managing Contractor was that staffing and volunteer numbers and on-going development and support activities may not have been sufficiently resourced in the budget. This will be compounded by the need for increased focus on volunteers and site committees, and especially if TL2 needs to reinforce KAP representation within the actual team, which is highly probable. This raises questions in regard to whether Cardno Emerging Markets actually costed a strong enough support strategy in the tender process. Whilst this is a contractual issue for AusAID it will almost certainly need to be a point of negotiation if the IRM supported 3 year extension is approved by AusAID. TL2 needs to ensure staff and volunteer numbers and support is sufficiently resourced.

4. **Contractors Performance Self-Assessment.** The IRM is satisfied will the ratings and comments of the latest two self-assessments reviewed with the exception that they rate themselves as satisfactory in regard to Partnerships and Advocacy. The PACS, NACS and indigenous networks including as Igat Hope would disagree. There is an opportunity for improvement in this area by the Managing Contractor. There is also an opportunity with any extension to initiate and properly resource a push communication strategy and plan to all relevant national and provincial based stakeholders. Participation needs to be fully determined through site plans and especially in regard to whether stakeholders are relevant or not. We advise not to broadcast TL2 widely due to the sensitivity of the KAP target groups and the risk of drawing unwanted and adverse attention to them.

Conclusions and recommendation results framework

As stated previously, this IRM team is of the opinion that TL2 is positioned to deliver against the defined goal during a three year extension until June 2015. TL2 will only do this if it refines the current support focus towards KAPs and defines an agreed program objective and target outcomes with the team and Steering Committee, and focus upon its delivery upon.

The consolidated priority of delivery for the following sixteen recommendations is provided in the Executive Summary.

This IRM team believes that the recommendations and comments made in this report provide an appropriate framework for future IRMs to confirm TL2 progress and we offer the following results framework to assist position and monitor the implementation of TL2. Should the same team undertake the second IRM we will request an appropriate meeting schedule to enable us to identify progress against these recommendations and progress against a defined program objective and target outcomes, as relevant.

Rec.	Description	Priority Results by June 2015
1	Broaden HIV prevention messages whilst narrowing the target group	• Integrated Step 1-5 approaches • Reduction in message fatigue • KAP members interested in safe sex
2	Popularize the female condom	• Greater knowledge of female condom • Greater availability if female condom • Greater interest and use of female condom
3	Strengthen homogeneous KAP groups on sites	• More KAPs in TL2 front-line teams • Closer engagement with KAP groups • More KAP focused engagements
4	Strengthen volunteer support policy and practice.	• Retention and growth in volunteers • Better trained more content volunteers • Volunteers used elsewhere
5	Strengthen use of site strategies and plans	• Supported sites have integrated Stepq 1-5 • Every supported site has a site plan • Site monitoring and evaluation framework • Site plan delivery case studies
6	Reinforce the Annual Plan as approval process	• Annual Plans approved on time • Progress reports on AP delivery • End of year AP delivery reviews
7	TL2 now focuses all support into at least 20 priority sites	• At least 20 sites prioritized • Active plans on 5-10 sites by Dec 2012 • Active plans on 20+ sites by Dec 2015
8	TL2 now focuses on KAPs in priority sites	• All site plans focus on KAPs • Generalized activities supported by TL2 partners or referred elsewhere by Dec 2012
9	TL2 focuses to ensure clinical support exists	• All active KAP site plans have strategies to gain or actual access to VCT, STI and HIV • 20 sites with friendly referral for all KAPs
10	TL2 focuses on strengthening KAP centric site committees with the aim towards organizational autonomy	• 20+ sites committees with integrated KAP membership • All sites have self-autonomy strategies

Rec.	Description	Priority Results by June 2015
11	TL2 select three to five pilot sites to test gender equality and alcohol reduction approaches	• Structural driver pilots including gender and alcohol active on at least 3 sites • TL2 mainstreaming lessons by Dec 2013
12	TL2 should establish a clearly defined program objective and target outcomes	• TL has a clear program objective • TL has clear target outcomes • TL2 can measure target outcomes
13	TL2 complete the monitoring and evaluation framework and implementation plan	• Comprehensive data sets including full UNGASS and NHS indicators • Plan to capture all data • Full data sets inform all TL2 reporting
14	TL2 should keep enhancing the sharing of implementation lessons	• Quarterly team reviews maintained • Steering Committee and relevant stake holders access quarterly progress reports
15	Introduce site partner engagement strategies	• All sites have partner communication, engagement and support strategies • Sites have partner-based sustainability support plans beyond 2015
16	Introduce an effective push communication strategy	• TL2 has implemented a push communication plan by Dec 2012 • All staff and partners understand TL2