

Tingim Laip

(High-Risk Settings Strategy)



Interim Management and Oversight Arrangement Activity Completion Report

Funded by the Australian Government - Papua New Guinea/Australia HIV & AIDS Program, implemented in conjunction with National AIDS Council



Funding Order: 37944

Commenced: 1 January 2007

Ended: 31 August 2010

Prepared By: Burnet Institute

Submitted: 18 October 2010

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CERTIFICATION

I, the undersigned, hereby certify that the attached report was developed in accordance with the guidelines and template provided by the Australian Agency for International Development to the Burnet Institute for the purpose of completing the Interim Management and Oversight Arrangement for the *Tingim Laip* (High-Risk Settings Strategy) activity under Service Order: 37944.

Signed:



Mr Mark Tennent

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Burnet Institute

Centre for International Health

Date

18 October 2010

ACRONYMS/ABBREVIATIONS/GLOSSARY

AIDS	acquired immune deficiency syndrome
AUD	Australian Dollar
AusAID	Australian Agency for International Development
BCC	behaviour change communication
BI	Burnet Institute
BIMM	bi-monthly management meeting
<i>buai</i>	betel-but
Cardno	Cardno Emerging Markets
D&A	drugs and alcohol
FHI	Family Health International
HRSS	High-Risk Settings Strategy
IEA	International Education Agency of PNG
IEC	information, education, communication
M&E	monitoring and evaluation
NAC	PNG National AIDS Council
NACS	PNG National AIDS Council Secretariat
NCD	National Capital District
NDoH	National Department of Health
NGO	non-government organisation
NHASP	National HIV/AIDS Support Project
NHATU	PNG National HIV and AIDS Training Unit
PAC	Provincial AIDS Committee
PNG	Papua New Guinea
PO	Project Officer
RC	Regional Coordinator

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SCiPNG	Save the Children in PNG
STI	sexually transmitted infection
TL	<i>Tingim Laip</i>
TL1	<i>Tingim Laip</i> Interim Management and Oversight Arrangement
TL2	<i>Tingim Laip</i> Phase 2
VCT	voluntary counselling and testing
<i>wantok</i>	local system of patronage
WV	World Vision

EXECUTIVE SUMMARY

Tingim Laip (TL) is Papua New Guinea's (PNG) largest community-based human immunodeficiency virus (HIV) prevention strategy operating in 36 sites across 11 provinces. It operates 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 (NCD) and Central Province.

TL is a continuation of the High-Risk Setting Strategy (HRSS) commenced under the National HIV/AIDS Support Project (NHASP). The Burnet Institute (BI) was contracted to manage the 'Interim Management and Oversight Arrangement'. This period is referred to as TL1 and commenced 1 January 2007 and ended 31 August 2010.

Partners on the project included Family Health International (FHI), Save the Children PNG (SCiPNG), World Vision (WV), and the National HIV and AIDS Training Unit (NHATU).

Each partner was contracted independently by the Australian Agency for International Development (AusAID) and contracts were subject to several extensions, affecting the implementation of activities.

Total contracted expenditure managed by BI was AUD \$9,929,006.

The purpose of TL1 was to facilitate and sustain behaviour change to minimise HIV and sexually transmitted infection (STI) transmission and increase awareness among target populations in high-risk settings (identified through social mapping in PNG) through the implementation of eight components.

The project demonstrated success by implementing quality interventions and supporting the '4 Pillars of TL': access to condoms; access to STI testing and treatment facilities; access to user-friendly voluntary counselling and testing (VCT); and, care and support for people living with HIV.

Key outcomes included:

- increased awareness and understanding of HIV and related sexual health issues;
- willingness to discuss HIV and/or sexual health;
- openness to discuss drugs and alcohol (D&A);
- improved access to condoms;
- improved access to and demand for HIV information and services;
- positive behavioural change; and,
- increased involvement of women and youth in project activities.

TL1 activities were assessed to be relevant and to contribute in a meaningful and sustainable manner to the response to HIV in PNG. TL1 also supported both the Government of PNG's key policies and AusAID's Country Strategy.

Significant implementation issues are noted and include: contracting arrangements; funds flows to sites; volunteer management; reporting systems; access to health systems, and support from AusAID.

Lessons learned from TL1 focus on: community ownership of activities; performance and financial management; the need for flexible responses across time and settings; issues pertaining to the use of volunteers; and the need to address long-term planning and management within transitional arrangements.

Several recommendations were made at the completion of TL1. These are:

1. the need for meaningful and consistent reporting;
2. the importance of effective coordination and support to settings;
3. understanding of settings concept;
4. understanding and ownership by site committees of their role in HIV prevention;
5. governance capacity of site committees;
6. ensuring a supportive and enabling environment;
7. clearer definition of roles and responsibilities of volunteers;
8. need for greater clarity regarding care and support of people living with HIV;
9. continued support to the incorporation of D&A harm minimisation/reduction into TL activities;
10. continued youth involvement;
11. emphasis on gender; and,
12. ongoing skills training.

TL1 activities will continue under '*Tingim Laip* Phase 2' (TL2).

ACTIVITY SUMMARY

1. Summary Data

What is *Tingim Laip*?

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

The purpose of TL is to facilitate and sustain behaviour change to minimise HIV and STI transmission and to increase awareness among target populations in high-risk settings in PNG identified through social mapping. The project is comprised of the following eight components:

- 1) national/provincial level management, coordination, monitoring and support;
- 2) continuing basic skills building training provision to TL sites;
- 3) enhancing community mobilisation approaches;
- 4) strengthening youth leadership in TL responses;
- 5) incorporation of D&A related harm minimisation initiatives into existing TL program activities;
- 6) strengthening mechanisms for addressing gender related vulnerability;
- 7) technical skills building in advocacy, policy, stigma and discrimination reduction, and greater involvement of people living with HIV; and,
- 8) access to behaviour change materials, including condoms.

Key features of the strategy were:

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

TL activities are measured by four key indicators or the '4 Pillars of TL'. These were:

1. access to condoms;
2. access to STI testing and treatment facilities;
3. access to user-friendly VCT; and,
4. care and support for people living with HIV.

Partners, Counterparts and Key Stakeholders

BI was contracted to manage TL1. However, the PNG National AIDS Council Secretariat (NACS) and AusAID also agreed to maintain other management structures and participatory approaches over the TL1 period, which included maintaining the existing arrangement with NGO implementing partners.

NGO implementing partners included FHI focusing on behaviour change communication (BCC) activities, WV focusing on youth at risk in NCD, and SCiPNG focusing on female sex workers and men who have sex with men in NCD and Goroka.

In addition to NGO implementing partners, the International Education Agency of PNG (IEA)/NHATU were engaged to provide training support to TL1 activities.

It is important to note that each partner on TL1 was contracted directly by AusAID. Each partner had no management accountability to BI in terms of outputs, reporting or performance, and developed activity work plans and proposals independently of BI and each other. The details of work plans or monitoring reports were not shared by AusAID with BI, despite BI having overall responsibility for management of TL1 activities. Funds were channelled by AusAID directly to each partner through a variety of mechanisms.

The operations of all TL1 activities were overseen by a Steering Committee, which consisted of representatives from AusAID and NACS, BI, FHI, SCiPNG, WV and NHATU.

Other key partners included relevant Provincial AIDS Committees (PACs) and health service providers, which supported operations at each site.

Duration

Designed jointly by NACS and NHASP, TL began as the HRSS in May 2004. It was managed by NHASP until December 2006.

In January 2007, activities were re-named '*Tingim Laip*' and an interim management period commenced with the key partners (FHI, WV, SCiPNG and NHATU) of the original HRSS contracted to continue activities. The Interim Management and Oversight Arrangement was scheduled to last 12 months; however, it was subject to several extensions and continued for over three and a half years, finishing in August 2010.

The period of the Interim Management and Oversight Arrangement is referred to in this report as TL1 and covers the period from 1 January 2007 to 31 August 2010. TL2 commenced on 1 September 2010.

BI Management Contracts

Contract	Period
No. 37944/5	1 January 2007 – 31 March 2008
No. 37944/13	1 April 2008 – 31 December 2008
No. 37944/16	1 January 2009 – 30 June 2009
No. 37944/16 – Amendment 1	1 July 2009– 31 December 2009
No. 37944/21	1 January 2010 – 30 June 2010
No.37944/21 – Amendment 1	30 June 2010 – 31 August 2010

Location of Tingim Laip Sites

TL1 operated in 36 sites in 11 provinces across PNG. These sites represent five different types of settings. They are: settings where people negotiate sex; highways and ports; defence force establishments; private sector and youth at risk in NCD and Central Province.

	Province	Site	Setting	Managed By
1.	NCD	Joyce Bay	Youth	WV (2007-2008) BI (2009-2010)
2.		Hagwa	Youth	WV (2007-2008) BI (2009-2010)
3.		Laurabada	Youth	WV (2007-2008) BI (2009-2010)
4.		Murray Barracks	Defence	BI
5.		Taurama Barracks	Defence	BI
6.		Players Music Lounge	Private sector	SCiPNG (2007)
7.		Tatana	Youth	WV (2007-2008) BI (2009-2010)
8.	CENTRAL	Porebada	Place where people negotiate sex	WV (2007-2008) BI (2009-2010)
9.	ORO	HOP	Private sector	BI
10.		OPIC	Place where people negotiate sex	BI
11.	MILNE BAY	MBE-Hagita	Private sector	BI
12.	WESTERN	Ok Tedi	Private sector	BI
13.		Kiunga	Private sector	BI
14.	SANDAUN	Wutung Border	Place where people negotiate sex	BI
15.		Vanimo Military	Defence	BI
16.	EAST SEPIK	Avisat/Takua	Place where people negotiate sex	BI
17.		Moem Military	Defence	BI
18.	WESTERN HIGHLANDS	Minj Market	Place where people negotiate sex	BI
19.		Kaiwe Market	Highways and ports	BI

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20.		Wagi Transport	Highways and ports	BI
21.		Waipa Zone	Place where people negotiate sex	BI
22.		Kerowil Military	Defence	BI
23.	MANUS	Lombrum Naval Base	Defence	BI
24.	MOROBE	Igam Brks/Com	Defence	BI
25.		Lutheran Shipping	Highway and ports	BI
26.		Lae Ports	Highway and ports	BI
27.		Lae old airport	Place where people negotiate sex	Not continued into TL1
28.		Wagang	Highway and ports	BI
29.		Umi market/Com	Place where people negotiate sex	BI
30.		Ramu	Private sector	BI
31.		Highlands Kainantu	Private sector	BI
32.		Yang Creek	Highway and ports	BI
33.		Watarais	Place where people negotiate sex	BI
34.	MADANG	Redscar	Place where people negotiate sex	BI
35.		RD Siar	Place where people negotiate sex	BI
36.		RD Fishing Villages	Private setting	BI
37.	EASTERN HIGHLANDS	Kakaruk Market	Highways and ports	SCiPNG

SCiPNG who operated at the Players Night Club site discontinued operations at this site in December 2007 due to a change in management at the club. In early 2009, BI was advised by AusAID that WV had withdrawn from TL1 and the management of their five site was to be absorbed by BI until TL2 was contracted.

Project headquarters were located in Port Moresby, with small offices operating in Lae, Madang, Wewak, Mount Hagen, Oro, Manus, Ramu Sugar and Vanimo.

Summary of Key Dates and Activities

Activity	Date	Notes
<i>Stage one implementation Interim Management Period</i>	2007-2008	
<i>Bi-Monthly Management Meetings (BIMMs)</i>	Bi-monthly from 2007-2010	Meeting of all TL staff to discuss both management and technical issues.
<i>Youth Internship Program</i>	May 2007–October 2008	Program began in May 2007 and graduation of the interns occurred at the National Symposium in October 2008.
<i>Pilot of Harm Minimisation Activities</i>	August 2007	A pilot of harm minimisation activities commenced in four sites in two locations. Workshops were conducted and interventions designed. Activities were later expanded across all TL sites.
<i>Independent Evaluation</i>	October 2007	Independent review undertaken of all TL activities. Conducted by Dr Alison Heywood, Julie Aries, Shane Martin and Lesley Bola.
<i>TL2 Design Mission</i>	June 2008	Design undertaken by independent consultants in consultation with TL team.
<i>National Symposium, Madang</i>	October 2007	
<i>National Symposium, Port Moresby</i>	October 2008	
<i>Quality at Implementation Reporting Implemented</i>	May 2009	AusAID Office of Aid Effectiveness quarterly reporting format adjusted to meet Quality at Implementation standards.
<i>HIV Ambassador's Visit to Western Highlands, Goroka, Markham Valley and Lae</i>	October 2009	Visit by HIV positive role model.
<i>AusAID Contractors Audit</i>	Nov 2009	Audit conducted by Sterling Auditors.
<i>Stakeholders Meeting and Planning Session, Port Moresby</i>	March 2010	Representatives of PACs and site committees meet in Port Moresby to discuss the design of TL2, the National HIV Strategy, planning for 2011 and attend a workshop on STIs.
<i>Independent Audit</i>	April 2010	KPMG audit of BI's multiple contracts for TL.
<i>Independent Impact Evaluation</i>	May 2010	Evaluation conducted by Ms Tracey Delaney.

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TL2 <i>Tender Awarded</i>	July 2010	Contract awarded to Cardno Emerging Markets (Cardno).
Tingim Laip <i>Phase 1 Completion</i>	31 August 2010	Transition to Cardno as managing contractor for TL2 completed.

Table of Expenditure (AUD)

Contract	37944/5	37944/13	37944/16	37944/16 Amendment 1	37944/21	37944/21 Amendment 1	Total
<i>Approved</i>	2,800,149	2,710,792	1,000,000	1,420,709	1,397,370	599,986	9,929,006
<i>Actual</i>	2,896,545*	2,366,189	1,182,433	1,280,996	1,308,686	611,277	9,646,126
						<i>Variance</i>	282,880

****overspend for this period approved by AusAID.***

2. Activity Description

The HRSS developed by NHASP provides the rationale for TL1, and states:

‘The High Risk Settings Strategy framework was developed in early 2004 as a step forward towards behaviour change, in response to the need to move from a top-down general population intervention, so far effectively developed by NACS through its IEC Component [of the National Response], to a horizontal and more participatory approach.

The Strategy builds on existing knowledge of HIV and AIDS by the communities, and reinforces communication messages for behaviour change. The differential is that it is done at **grassroots level**, targeting most vulnerable populations, especially women, young girls and boys, and highly mobile populations in settings where HIV and STI are known to be or likely to be high (e.g. nightclubs, markets, bus stops, mine “dongas”, high-risk settlements, etc.). The ultimate goals of the strategy are **to empower** such vulnerable groups, and promote a **bottom-up response**.

It is also meant to be a capacity building and learning process, since most actions designed and implemented by the HRSS are relatively new to most sectors in PNG, although based on best practices from around the world. The knowledge acquired during this process will provide the much needed PNG experience and lessons learned that will later be used throughout the country, when the HRSS is finally rolled out to all priority settings in the 20 provinces.

Another aspect of the HRSS framework is that it incorporates the concept of addressing enabling environments and contextual factors, and is guided by the concept of ‘communication for social change’(Airhihenbuwa et. al., 1999). Elements of this framework include:

- Moving away from people as objects of change, towards people and communities as agents of change;
- Moving away from delivering messages, towards supporting dialogue and debate on key issues;
- Moving away from a focus on individual behaviour, towards a focus on social norms, policies, culture and supportive environments;
- Moving away from persuasion, towards negotiation and partnership; and finally

- Moving away from external technical expertise, towards integrating communities in assessing issues of concern at local level.

In its structural and operational design, the HRSS has pushed the multi-sectoral response to a *micro-perspective* level, by capturing the interest of target individuals and populations when they realise the importance of their participation in the response to the epidemic. It shows community leaders and key individuals/gatekeepers that the Strategy depends on their leadership and knowledge of local norms and values to be effective. It acknowledges how the community works, and takes advantage of that knowledge to try to influence individuals and populations at higher risk on how to reduce their risk by changing behaviours.’ (NHASP, 2005, p.12)

Given the perceived interim nature of TL1, activities were not supported by a formal design. The HRSS guided TL1 operations and contracts, linked under the common purpose to:

‘facilitate and sustain behaviour change to minimize HIV/AIDS and STI transmission and increase awareness among target populations in pre-defined high risk settings in PNG.’

This purpose was supported by implementing eight key components.

Component 1 – National/provincial level management, coordination, monitoring and support Activities under this component includes: the establishment of a management structure; development of the Operational Workplan; the implementation of BIMMs; completion of annual symposiums; Steering Committee meetings; human resource management; financial management, including provision of grants to sites; support of site committee; and, monitoring and evaluation (M&E).

Component 2 - Continuing basic skills building training to TL sites Activities under this component include training in the following areas: ‘Basic Facts on HIV & acquired immune deficiency syndrome (AIDS)’; ‘BCC’; ‘Peer Education’; and, training of trainers (in ‘Basic Facts’, ‘Peer Education’, and ‘Care & Counselling’). With the exception of BCC, NHATU provided all training under this component. Other activities under this component include ongoing staff development and provision of support to BCC activities at the site level.

Component 3 - Enhancing community mobilisation approaches This component provides technical support for improved capacity for whole of community involvement in TL programs, along with an evaluation of social mobilisation packages used in PNG.

Component 4 - Strengthening youth leadership in TL responses The key objective of this component is ‘to create enabling environment and develop skills to strengthen the voice of youth at national and site level’. Key activities include a Youth Forum and Youth Leadership Program.

Component 5 - Incorporation of D&A related harm minimisation initiatives into existing TL program activities Technical support provided to improve capacity of site committees to support their communities to deal with D&A and their effect on society and, in particular, risky sexual behaviour. Piloting and evaluation of harm minimisation interventions.

Component 6 - Strengthening mechanisms for addressing gender related vulnerability The key activity of this component is to mainstream gender sensitive approaches across all TL activities.

Component 7 - Technical skills building in advocacy, policy, stigma and discrimination reduction, and greater involvement of people living with HIV Activities under this component include: increased engagement of people living with HIV in project activities; sensitisation of key stakeholders; partnership and support to networks of people living with HIV, and increased understanding of the *HIV/AIDS Management and Prevention Act*.

Component 8 - Access to behaviour change materials, including condoms Activities under this component provide access to condoms and information, education and communication (IEC) materials at all sites through national procurement services run by NACS, where possible, and other mechanisms when necessary.

As TL1 was anticipated to be in operation for only one year, an *Operational Work Plan* for the period of 2007–2008 was agreed to by all partners. This was later adapted into a *Project Logframe* in early 2008. These documents are attached in Annex 1.

The operations of all TL1 activities were overseen by a Steering Committee which consisted of representatives from AusAID, NACS, BI, FHI, SCiPNG, WV and NHATU. The role of National Team Leader was responsible for day-to-day management of TL1 activities, supported by a Technical Director provided by BI. Site activities were overseen by Regional Coordinators (RC) and Project Officers (PO), supported by human resource and financial management resources. BI's PNG Senior Program Manager and a Project Manager based in Melbourne supervised all BI inputs.

3. Expenditure

Expenditure across Project Components

	2007	2008	2009	2010	Total in AUD
Personnel					
In Australia	121,583	94,200	125,604	104,136	445,523
In PNG	620,966	524,185	764,135	511,166	2,420,452
Project Support Costs	756,473	640,895	1,002,832	701,325	3,101,525
Activities					
Component 1	1,178,904	827,595	441,174	527,756	2,975,429
Component 2	218,620	146,521	32,691	27,473	425,304
Component 3		29,054	25,497	-	54,551
Component 4		55,903		-	55,903
Component 5		47,832	6,725	45,829	100,386
Component 6			35,311	-	35,311
Component 7		4	29,460	2,278	31,743
Component 8				-	-
Total	2,896,546	2,366,189	2,463,429	1,919,963	9,646,126

N.B – Period noted as '2007' includes data from January 2007 to March 2008.

Period noted as '2008' includes data from April 2008 to Dec 2008.

Period noted as '2009' includes data from Jan 2009 to Dec 2009.

Period noted as '2010' includes data from Jan 2010 to Aug 2010.

This aligns with multiple contracting periods.

Breakdown of Expenditure

	% of Total Expenditure
In PNG – Personnel	25%
International Technical Assistance	5%
Project Support Costs	32%
Activities	38%

Multiple tranches of ‘grant’ funding was provided to sites, and is outlined in the table below:

	2007	2008	2009	2010	Total
Site Grants	124,711	124,566	87,720	21,011	358,008

Funding to sites was limited by contracting periods, planning cycles, provision of training and the timeliness of acquittals.

It was not anticipated that TL1 would be a multiple year program. Budgets and corresponding workplans were developed, and negotiated with AusAID, in response to each contract extension.

Counterpart Contributions

There were no financial counterpart contributions under TL1. In-kind contributions were provide by NACS through attendance at Steering Committee meetings, BIMMs, National Symposiums and other major project functions. Project Officers in Madang and Western Highlands were provided with office space from the Provisional AIDS Committees (PACS) and some PACS members were signatories to TL bank accounts and provided in-kind inputs to project activities.

Timing of Expenditure

Expenditure for ‘personnel’ and ‘project administration and management’ under each contract did not vary greatly throughout the lifetime of TL1, although expenditure against activities or components did fluctuate and was sometimes delayed. Reasons for such delays included:

- Absorptive capacity of sites and project team
- Availability of resources from other agencies such as AusAID and NHATU
- Availability of counterparts
- Irregular acquittals of site grants
- Irregular acquittal of operating expenses by Project Officers

Currency Fluctuations

Over the lifetime of the TL1, the currency exchange rate ranged from 1.5 Kina to 1 AUD through to 2.3 Kina to 1 AUD.

The average exchange rate applied was 1.9 Kina to 1 AUD.

Financial Reporting

Financial Reports were provided to AusAID as required under each contract or contract amendment. The *Financial Report Period July 2010 to August 2010*, the final period, is attached in Annex 2.

There is an underspend for this final period. This underspend relates to site exchange visits not being undertaken as planned and the non-payment of a final tranche of site grants. Both activities were deferred due to the operational requirements of transferring TL1 to TL2.

Adjustment for Final Report

Adjustments have been made to the final Financial Report in line with contractual requirements; these include reimbursing AusAID for the following amounts:

- Cases of Fraud (2) as reported to AusAID AUD \$7,679
- Assets unable to be located or incorrectly registered AUD \$4,091
- Funds unacquitted by Sites or Project Officers AUD \$13,499

The balance of AUD \$282,880, including these amounts and an underspend in the final period of TL1, will be returned to AusAID.

Audits

TL1 was audited twice on the request of AusAID. The most recent *Independent Audit Report to AusAID* is attached in Annex 3. TL1 was also included in Annual External Audits conducted by BI as a component of our internal management systems.

4. Approach/Strategy Adopted and Key Outputs Achieved

The TL process begins when people become aware that they, or those they care about, are at increased risk of HIV because of where they live or work, through their own or other peoples' behaviour, or as a result of outside influences or pressures. TL aims to build capacity and empower communities at higher risk of HIV by providing them with knowledge and tools to better respond to the epidemic. It focuses on women, men, and young people who live or congregate in sites ('hot spots') where sex is traded for money or goods. Priority is given to markets and entertainment sites along highways and ports, villages in and around mines, sugar and palm oil industries, military units, and settlements in major urban areas.

With support from TL project staff, male and female community members of good character who are willing to behave according to the TL code of conduct and other relevant TL procedures form a site committee. Site committees are tasked with the recruitment of volunteers within their sites and the development of HIV activities at their sites. Efforts are made to involve young people, people living with HIV and AIDS, sex workers and others as both site committee members and volunteers.

The project demonstrated success in progressing towards the four pillars of TL and implementing quality interventions.

The table below outlines project outputs against each pillar:

4 Pillars Of <i>Tingim Laip</i>	2007	2008	2009	2010	Total
Condoms distributed	545,524	1,104,168	1,616,259	801,408	4,067,359
Referrals to STI testing and treatment	989	2,361	2,489	1,742	7,581
Referrals to VCT	1,402	2,303	2,329	1,237	7,271
Referrals to care and support	83	150	259	168	660

Success in developing a condom culture throughout TL sites was attributed to the dissemination of sufficient, accurate and appropriate information, corresponding increased public awareness of, and desire to, prevent STIs, and the recognition of the key partnership (such as with Provincial AIDS Committee and key local stakeholders) necessary to achieve the goal of enhancing access to condoms.

POs and volunteers were successful in increasing numbers of referrals to both VCT and STI treatment facilities by building and consolidating networks. Referrals increased through volunteers highlighting the importance to an individual's health, and the importance to the health of families, of knowing your status, the move away from fear campaigns, and the provision of accurate information in conjunction with the availability and accessibility of appropriate services.

The *Independent Evaluation of Tingim Laip* conducted in July 2010 (Annex 4) noted the following outputs associated with the project:

- Volunteers have strengthened capacity, demonstrated through increased knowledge of HIV, positive behaviour change, increased respect and

recognition, increased confidence and self esteem and increased participation of women and youth.

- Community owned and led response to HIV, demonstrated by volunteers applying skills and knowledge to conduct BCC activities, identifying issues and making referrals, and lastly, providing support to people living with HIV.

Component 1 – National/provincial level management, coordination, monitoring and support Activities under Component 1 consisted of the following elements:

Steering Committee meetings: During the period 2007-2010, the TL Steering Committee met periodically. The Steering Committee was governed by terms of reference developed at the commencement of the project and later revised in 2009. Project partners' participation in the Steering Committee varied over time, as did the effectiveness of the Steering Committee. All partners were contracted directly by AusAID to undertake activities on TL1 without reference to the Steering Committee. This caused on-going problems with the management of activities. Activities undertaken by partners within these separate contracts created confusion regarding roles and responsibilities across all partners. For example, FHI was contracted to develop a procedure manual governing TL1 activities, where such a task is usually considered a management responsibility more suited to BI's mandate. These governance issues were amplified by a lack of contractual requirements on behalf of all partners to report to the Steering Committee and share reports and information.

Monthly meetings with individual partners were introduced to supplement Steering Committee meetings towards the end of the project. These meetings were led by BI and the National Team Leader and provided an important avenue for coordination.

BIMMs: BIMMs were held consistently throughout the duration of the project and were a key element of the success of the project, providing an important point of coordination across sites. Participants at the meetings included all project employees (including those employed by partner organisations) and BI's management personnel. A formal agenda was developed for each meeting (in collaboration with all project partners) and meetings were minuted. Where possible, meetings were held in various locations across PNG in order to allow closer interaction with a variety of sites and stakeholders. However, access to project partners and technical advisers often meant the majority of meetings were in Port Moresby.

National Symposiums: Between 2007 and 2010 three National Symposiums were held by TL. These symposiums were hosted by the project team and attended by site committee members, youth interns, representatives from PACs, other local stakeholders, and other technical agencies. The symposiums provided the opportunity for the sharing of lessons learned, celebration of project achievements, and skills building in many areas. Each symposium was evaluated against a set of defined objectives.

Management of site activity grants: Across the duration of the project, AUD \$358,008 was provided to sites to implement BCC activities. These activities were designed and implemented by site committees to meet the identified needs of each site and to provide information and education to various high-risk groups. Activities were designed to include both men and women, and younger and older people. Activities varied greatly across sites, examples include income generation for

vulnerable groups, condom promotion and demonstrations, dramas, coffee nights, peer education, information stalls, dart competitions, sports interventions with youth, quiz nights, community surveys, awareness with local politicians, and school essay competitions.

Each site grant was acquitted and reported on by the site prior to the disbursement of new monies. A Grants Administrator, RCs and POs oversaw this process. In the latter half of the project, individual site bank accounts were established to support the management of site activity grants.

M&E: Monitoring of project activities consisted of: reports from each partner provided directly to AusAID as outlined in each individual contract; reports from sites provided to BI on a quarterly basis; site monitoring visit reports; short-term adviser reports; and other activity reports as required.

An M&E framework was developed for all project activities, though never endorsed by the Steering Committee.

In May 2009, AusAID introduced the 'Quality at Implementation' reporting system for all NGO partners on TL.

Significant inputs were applied to improving reports developed at the site level. A participatory process was undertaken with sites to develop a standardised reporting tool. This tool was modified over a period of 12 months and, although the process caused some confusion, it greatly improved the quality of reporting received from sites. The final agreed process of reporting was compatible with national reporting requirements and included the provision of detailed feedback to sites by the Technical Director.

The project was independently evaluated in 2007 and 2010.

Other important outputs under this component include:

- development of activity 'blueprint' with Markham Valley District Administration;
- community mobilisation activities in response to a cholera outbreak in Morobe;
- World AIDS Day activities;
- participation in international and national conferences; and,
- promotion of TL model at National Forum and with national stakeholders.

Component 2 - Continuing basic skills building training to TL sites

Under this component NHATU was contracted to provide training to site committees and volunteers across five key areas.

The outputs under this component are recorded below:

	Number of Trainings				Total Trainings
	2007	2008	2009	2010	
Intro to HIV & AIDS	11	7	5	0	23
Intro to Counselling	0	3	1	1	5
Counselling & VCT	2	0	0	0	2
Home Based Care	1	1	1	0	3
Peer Education	5	1	0	0	6
Total	19	12	7	1	39

Number of Participants											
	2007		2008		2009		2010		Total		
	M	F	M	F	M	F	M	F	M	F	Total
Intro to HIV & AIDS	131	90	94	78	76	54	0	0	301	222	523
Intro to Counselling	0	0	27	53	6	0	11	14	44	67	111
Counselling & VCT	23	37	0	0	0	0	0	0	23	37	60
Home Base Care	18	12	15	10	19	11	0	0	52	33	85
Peer Education	67	59	12	8	0	0	0	0	79	67	146
Total	239	198	148	149	101	65	11	14	499	426	925

Training in BCC was also provided to sites by FHI and reported separately to AusAID.

Support and supervision to sites: Support and supervision to sites was provided by the management structure of TL1. Sites were directly supported by a PO based in or close to the sites. RCs based in Port Moresby supervised POs. RCs were supported by a team led by the National Team Leader and including technical roles such as an Education and Training Officer, Social Mobilisation Officer, Monitoring and Evaluation Officer, and administrative positions. All positions were encouraged and funded to visit sites regularly to ensure the quality of activities undertaken at site level. Technical support to sites was predominantly provided by POs, with smaller monitoring roles assigned to FHI and BI.

A success of the project was the greatly enhanced technical capacity of POs, including health knowledge, information technology skills, and improvements in acquittals and report writing. Factors contributing to the enhanced capacity of POs included the Technical Director's visits and workshops, attendance at HIV trainings, support for formal education, stakeholder workshops, and access to the internet.

Component 3 - Enhancing community mobilisation approaches

Community ownership of the project was fostered through community mobilisation activities, guided by the development of a Community Mobilisation Toolkit. This toolkit, piloted across numerous TL sites, was developed following a review of the four main social mobilisation packages used in PNG and incorporates elements from each package.

The toolkit identifies suitable entry points into the community, utilises a bottom-up approach, helps to develop and implement BCC activity plans with leaders and the community, and provides the community with forums through which to air their concerns and views. Additionally, community profiles were developed using mapping activities outlined in the toolkit.

Component 4 - Strengthening youth leadership in TL responses

Sixteen (16) youth interns (eight men and eight women) and eight mentors (four men and four women) participated in the Youth Leadership Program. The aim of this program was to develop and facilitate opportunities for young men and women to develop their skills and experience within a supportive environment. Youth participants selected from across eight TL sites and supported by a mentor within their respective site, completed the fourteen month program.

A series of training programs for both youth interns and mentors built capacity on leadership skills, HIV related activities in line with the four pillars, and built program design and delivery capacity for youth led interventions at site level. The adult mentors were trained on how to support young people to be involved in site level activities.

Youth interns were tasked and funded to design, organise and deliver TL activities that garnered broader youth involvement at the site level. They were supported by their mentors who had been trained in adult-youth partnership approaches. All youth leaders made presentations on the outcomes of their activities at the TL symposium in Port Moresby in October 2008.

A 'tracer' study conducted in 2009 of the graduated youth interns found approximately 50% of youths remained involved with TL activities and were active members of their site committees. Of the interns no longer involved in TL activities, several had left the area due to family reasons or for paid employment or tertiary studies elsewhere.

Component 5 - Incorporation of D&A related harm minimisation initiatives into existing TL program activities

The goal of activities under this component in TL1 was community mobilisation and awareness raising. Awareness raising is defined as giving communities an increased understanding of drugs, their effects, and harm minimisation and the tools/language/forums to discuss them. An emphasis on harm minimisation was introduced as a counter to the pervasive focus on abstinence oriented interventions and goals. This approach was consistent with best practice in harm minimisation,

where the introduction of large scale interventions (such as needle and syringe programs) are preceded by a period of direct community consultation, awareness raising, and 'sensitisation' to drug use. Interventions which focus on behaviour change on a measurable scale were not realistic given the scale and scope of TL activities in the interim phase. However, a sustainable foundation for future activities in this area was built within this period.

During this period, a trial of D&A interventions was undertaken by Joyce Bay site and the TL sites in and around Madang. Interventions included community coffee nights, surveys and peer education. These activities were monitored and deemed to be appropriate to each setting, of benefit to vulnerable populations, and expanded to other sites.

Between 2007 and 2010, workshops supporting the development of D&A interventions at the site level were conducted in Joyce Bay, Madang, Mt Hagen, Lae, Manus, Milne Bay and Wewak. Each workshop catered for 30 participants, including representatives from site committees, vulnerable groups, local stakeholders and PACs. Both women and men were encouraged to attend workshops.

D&A activities under TL were not 'stand-alone' activities and were integrated into other project activities, in particular into peer education and broader behaviour change activities, and the skills learned through project activities in these areas were applied to D&A issues.

D&A activities closely aligned with the four pillars of TL, in particular condom negotiation skills and the influence D&A have on the 'choice' to have safe sex. Poly-drug use (in particular the use of marijuana and homebrew together) was also a key focus of the program.

A manual to support the introduction of interventions was developed and distributed to participants.

Component 6 - Strengthening mechanisms for addressing gender related vulnerability

The main output under this component was a national TL gender workshop that was held in June 2009, with 31 participants from TL sites in attendance. Development of strict selection criteria for participants ensured a good mix of male, female, younger and more mature persons. The facilitators also provided broad representation including gender advisors from the PNG-Australia HIV and AIDS Program, NACS, FHI, IEA, and a University of PNG researcher.

In addition to this, sites were actively encouraged to include both men and women as participants in training programs, targets of interventions, and in the development of site activity plans through participation in site committees. By 2010, significantly more women were involved in site committees and all project indicators were desegregated by gender.

The 2007 evaluation of TL1 recommended a gender audit of all project activities be undertaken, drawing on resources from the PNG-Australia HIV and AIDS Program.

Due to a lack of resources in this program, the gender audit was delayed and not conducted.

Component 7 - Technical skills building in advocacy, policy, stigma and discrimination reduction, and greater involvement of people living with HIV

TL staff and volunteers have made considerable progress in building community acceptance of people living with HIV (as well as other marginalised groups) by fostering a sense of family obligation, utilising Christian principles prevalent in communities, and using local languages to sensitise and build the capacity of communities. Reductions in stigma and discrimination were also fostered through the promotion of the *HIV/AIDS Management and Prevention Act* within communities. The environment created by TL1 contributed to the greater involvement of people living with HIV in areas such as leadership and advocacy.

In October 2009, TL1 facilitated the visit of Deanna Blegg to the Western Highlands, Morobe and Port Moresby. Deanna Blegg is an HIV Ambassador for the BI, an elite sportswoman, mother of two, a motivational speaker, and HIV positive. Her visit praised the work of TL volunteers and the gains made for people living with HIV.

Throughout TL1 there was a noticeable, but slow, increase in care and support for people living with HIV, both within TL sites but also within surrounding communities. Although difficulties attributed to a lack of referral options and continuing issues around confidentiality and privacy still remain.

The development of meaningful partnerships with local networks of people living with HIV was a key output under this component.

Component 8 - Access to behaviour change materials, including condoms

The regular supply of condoms and IEC materials was problematic as TL1 relied on PNG Government procurement systems for these commodities. Until mid-2008, condom supplies in most sites were poor. However, improving national procurement systems in PNG and ongoing negotiations with NACS led to an improvement in condom supplies via PACs and Medical Stores. At the conclusion of TL1, only two sites in Vanimo (two out of 36 TL sites) were vulnerable to condom stock outs.

IEC materials were not consistently available from the PNG Government procurement system for the duration of TL1. Although TL1 was proactive in addressing this weakness, through the encouragement of the development of simple tools at the site level, the demand for materials remains largely unmet.

BI participated in national forums and working groups advocating for the production of quality materials and worked with AusAID advisors to conduct an IEC audit across all activities.

5. Key Outcomes

Expected Outcomes

Expected outcome	Outcome achieved	Evidence
Increased awareness and understanding of HIV and related sexual health issues	Yes	Outlined in <i>Independent Evaluation of Tingim Laip</i>
Willingness to discuss HIV and/or sexual health	Yes	Outlined in <i>Independent Evaluation of Tingim Laip</i>
Openness to discuss D&A	Yes	Outlined in <i>Independent Evaluation of Tingim Laip</i>
Improved access to condoms	Yes	Outlined in <i>Independent Evaluation of Tingim Laip</i>
Improved access and demand for HIV information and services	Yes	Outlined in <i>Independent Evaluation of Tingim Laip</i>
Positive behavioural change	Yes	Outlined in <i>Independent Evaluation of Tingim Laip</i>
Increased involvement of women and youth in project activities	Yes	Outlined in <i>Independent Evaluation of Tingim Laip</i>

Unexpected Outcomes

Increased confidence and self-esteem amongst TL volunteers and youth interns were stated benefits of the project, along with increased respect and recognition among peers and the broader community. Participation in many and varied training activities was noted as contributing to this outcome. The impact of this change included:

- reports of individual behaviour change;
- increased involvement of TL volunteers in community development activities;
- TL volunteers being seen as role models in their communities;
- increased employment and education opportunities for volunteers; and,
- increased respect for AusAID programs at the community level.

The extent to which some private companies have embraced TL activities was rewarding. Private settings or workplaces were flagged as a critical element of the High Risk Settings Strategy, however, company sites like RD Tuna and Ramu Sugar have gone further than expected by providing employment opportunities to vulnerable populations, incorporating TL activities in occupational health and safety regimes, and providing per diems to TL volunteers.

An unintended negative outcome of the program was the isolation of some site committees from other HIV awareness activities within their communities. Some site committees used the 'bottom-up approach' of TL1 to justify working in isolation from other key stakeholders such as PACs, other community groups and service providers. The Community Mobilisation Toolkit and related activities were introduced to mitigate this issue and were successful in re-engaging TL1 activities with the broader community.

In addition to this, community mobilisation activities have provided TL sites with new avenues for engagement with their communities, such as helping with the cholera outbreak in Morobe and establishing formal relationships with local level government also in Morobe.

Improved access to condoms was driven by the creation of a condom culture across TL sites. This change was supported by unlikely advocates, such as senior military personnel (Igam barracks) and some church leaders.

Resistance to a harm minimisation approach to address D&A issues was expected, yet not encountered. Most communities accepted and actively supported a model based on the notion of 'making drug use safer' rather than a treatment or abstinence model.

The final *Independent Evaluation of Tingim Laip* (2010) is attached in Annex 4.

6. Expected Long-term Benefits and Sustainability

TL1 activities will continue under TL2. TL2 was tendered in January 2010 and a contract was awarded to Cardno in July 2010.

During TL1, the foundation for future TL activities was built, site committees remained functional during an extended period of transition and uncertainty, and communities/sites remained engaged with HIV prevention activities. The sustainability of TL was enhanced by an ever-improving supply of condoms, better access to HIV and STI testing facilities, and ongoing provision of training to site volunteers. Ongoing improvement in these areas, as well as the development and supply of supporting IEC materials, and a move away from training towards a broader capacity building approach, is required to further sustain TL activities.

A long period of transition built a reliance of site committees on site grants and a decreased emphasis on developing low or no-cost activities. The development of low or no-cost activities is essential in the next phase of TL.

TL activities remain predominantly funded by the Australian Government, there were small counterpart contributions, in-kind, from the Government of PNG during TL1. The financial sustainability of activities remains an issue without increases to contributions from the Government of PNG.

In a review of TL1 in 2007 it was noted that, “Institutional sustainability: Capacity of key institutions remains low and has yet to be achieved (NACS, PACS, NDOH). Without this capacity reliance on donor support continues” (Heywood and Martin, 2007, p. ix). This remains the situation in 2010; however, new leadership at NACS and a resulting re-structure are promising signs.

During TL1, the TL team and, in some cases, sites became isolated from national systems and processes, and there was a documented desire by team members to form their own NGO to continue project activities. While ownership of activities is critical to the success of TL, consideration needs to be given as to how TL activities can be integrated into existing structures. For example, operating as a separate NGO does not serve the purposes of the defence force sites or private settings, where occupational health and safety infrastructure currently supports HIV activities and the longevity of activities comes from ownership within these structures, rather than with a third party. Community sites along the Markham Valley are experimenting with partnership models with local district level administrations, a practice which should be encouraged.

OVERALL ASSESSMENT

7. Relevance

The purpose of TL1 was particularly relevant for the PNG context, in which a rapidly changing physical, cultural, socio-economic and political environment contributes to increased vulnerabilities to HIV and presents both obstacles and opportunities for effective HIV responses. Approximately 85% of Papua New Guineans live in rural, often geographically isolated, areas with restricted access to HIV prevention and care services. Cultural diversity and over 800 languages mean that communicating key messages requires community-based, culturally-specific strategies developed through the participation of a range of local, provincial and national partners, hence the suitability of the community-driven approach of TL. Papua New Guineans face HIV related risks and benefits associated with peer pressure and values of mutual protection and support fostered through the *wantok* system of kinfolk and social security. The HRSS was more appropriate in PNG than campaigns such as the '100% Condom Campaigns' in South East Asia where the nature of transactional sex was very different in the 1990s from that in PNG.

Women's vulnerability is increased by their lack of autonomy, high levels of gender-based violence, and high fertility rates (as pregnancy increases susceptibility to HIV). A large proportion of the population is young, often subject to modern influences, with high rates of unemployment, D&A use, and early age of first sex. Young women are particularly vulnerable to HIV. As 30% of the population lives on less than US\$1 per day, poverty contributes to high rates of exchange of sex for money or other commodities such as fish, alcohol, and *buai*. PNG is rich in natural resources, extracted in locations where large numbers of 'mobile men with money' live and work far from their families. Increasing economic development continues to make more families vulnerable to HIV and highlights the need for workplace HIV programs, such as implemented in TL1, and the importance of the HRSS in PNG.

Given TL remains the biggest peer education program in PNG, distributing over one million condoms annually, activities have had a high impact, filling gaps within other distribution systems and creating a demand for both condoms and newly created health services. In 2009, an HIV prevalence rate of 0.9% was recorded (NAC et. al., 2010) and although a correlation between lower than predicted rates of HIV in PNG and TL activities cannot be drawn, one can speculate what could have occurred if HIV prevention activities, especially along the Highlands Highway, had not been continued.

The evaluation of TL1 conducted in 2010 showed that across several indicators TL1 had changed people's behaviour in regards to reducing risky behaviour and increased their knowledge of HIV and other STIs. It should be noted that the review did not aim to evaluate the HRSS, as this was beyond the scope of the project; however, the review showed that the HRSS enabled the identification of 'local problems' and the development of culturally appropriate and effective solutions.

Government of PNG Response

As an underlying priority in addressing all other development targets, addressing the HIV epidemic is a key objective of the PNG Government's *Medium Term Development Strategy 2005-2010*. TL1 supports the PNG National AIDS Council's (NAC) multi-sectoral approach, which recognises the epidemic has causes and effects beyond the health sector. HIV prevention is also an expenditure priority for the *Medium Term Development Strategy 2005-2010*.

TL1 activities were implemented in accordance with the *National Strategic Plan on HIV and AIDS 2006-2010* and focused on working within the PNG Government's response to HIV by using Government procurement systems, joint planning with local PACs, and coordination of activities with local stakeholders. More recently, the project was involved in the development of the *National HIV and AIDS Strategy 2011-2015*. Equally relevant to project activities was the *National Gender Policy and Plan on HIV and AIDS, 2006-2010* and the *2003 HIV and AIDS Management and Prevention Act*.

AusAID Country Strategy

The objective of the Australian aid program is to assist developing countries to reduce poverty and achieve sustainable development. Within PNG, AusAID does this by providing the PNG Government support in implementing its Medium Term Development Strategy and its Medium Term Fiscal Strategy. The Papua New Guinea - Australia Development Cooperation Strategy 2006 - 2010 focuses on four central areas: improved governance and nation building; sustainable broad-based economic growth and increased productivity; improved service delivery and stability; and, a strengthened, coordinated and effective response to the HIV/AIDS epidemic. (AusAID, 2007, p. 1)

Activity Design

The HRSS formed the framework for TL1 and was based on sound analysis and learning as documented in *High Risk Settings Report* (NHASP, 2005). In particular, the location of each site was well researched through an extensive social mapping process. The on-going implementation of TL1 suffered from being implemented as an 'interim' or 'transitional' measure by AusAID without key project documents such as a Communication Strategy, Project Logframe, and M&E Framework being developed at the commencement of activities.

8. Appropriateness of the Objectives and Design

As noted by an independent evaluation in 2007 (Heywood and Martin), TL1 was hindered by the lack of a clear logical framework with clearly defined purpose and components/objectives and a corresponding M&E framework, making project effectiveness difficult to measure in any standardised way. The 2007 independent evaluation deemed TL to be suitably appropriate for making a valuable contribution to the PNG national response to HIV, and the HRSS, focusing on the four pillars, was and remains a relevant design for TL.

Counterpart capacity to deliver the services needed to complement TL1 activities was underestimated in January 2007. In particular, in the early stages of TL1 the supply of condoms through Government systems was nonexistent at times and patchy at best. The provision of IEC materials remained an issue throughout TL1.

The philosophy underpinning activities framed TL1 as a ‘producer of demand’ in communities and not a ‘supplier of services’. Services were to be supplied by Government of PNG health systems. Several TL sites did not have access to HIV or STI testing facilities to support the implementation of pillars two and three. This meant that demand was created by TL and left unmet by health services. This reflected badly on the project and caused tension within the site committees and communities. STI services were sometimes inaccessible due both to their physical location and the high transport costs associated with reaching service providers. Further difficulties encountered included unfriendly service providers.

The lack of user-friendly services was coupled with the competitive and territorial nature of some service providers that perceived a rivalry with TL and feared loss of respect from communities with the arrival of TL. It is the responsibility of well-resourced PACs to manage these tensions and these were not available across most sites.

However, it should be noted that over the period of TL1 both condom supply and access to quality testing and treatment facilities did improve, providing support to TL1 activities.

While the HRSS provided a concise theoretical framework to guide the implementation of the project, the contracting and funding modality of the project (in particular separate contracts for each partner with a central management point in AusAID) made coordination across implementing partners very difficult. Roles and responsibilities across partners were blurred and never fully clarified through the Steering Committee. This led to duplication of activities, confusion within site committees, and an inability to consistently monitor project activities.

Funding models varied across each implementing partner and, in the case of BI, across five contract extensions throughout the lifetime of the activity. These variations affected the implementation of activities, in particular in regard to the funding of training, monitoring visits, and the provision of sites grants. Activities were left in holding patterns due to a lack of funding or certainty regarding contract periods. The longest period of any contract awarded to BI was 14 months, followed by periods of extensions of nine, six, six, six and two months respectively. This

significantly affected the motivation of staff and communities to work with the project.

The interim nature of contracting made planning very difficult and this in turn influenced relationships across the project and the ability to deliver within stated and agreed timeframes. Activities had to be designed to fit short contracting periods, with no ability for longer term planning. It was difficult for both BI and site committees to complete project activities, such as a site grant cycle (planning, implementation, reporting and evaluation) and training activities within these ever-changing timeframes.

There has been a conceptual drift in the fourth pillar of TL1 of providing 'care and support to people living with HIV'. This pillar was originally defined as 'providing referrals to user friendly organisations', other noted interpretations included 'reducing stigma and discrimination towards people with HIV' and by the end of TL1, some sites were implementing this pillar by providing direct home-based care and funds to people living with HIV. It is understandable that the meaning of this pillar changed as testing facilities and access to anti-retroviral treatment improved and the role of positive people increased; however, providing direct services does not embrace the principles of the HRSS design. Such a drift again highlighted the need for the demand for services, as created by TL, to be proceeded by the roll-out of these services.

Given the interim nature of the activity, minimal technical resources were provided for in contracts. There was limited funding for follow-up training with on-the-job mentoring and technical support at the site level. Components six and seven were not supported by specific technical resources.

9. Implementation Issues

Contracting Arrangements

The efficiency and resourcing of TL1 was complicated by having separate contracts across implementing partners. This inhibited the project's ability to be implemented in a strategic, proactive and coordinated manner. Project partners' involvement in the project's Steering Committee was ad hoc and not enforced by AusAID contractual requirements. Arrangements with various partners were made independent of the Steering Committee, such as the development of annual work plans by SCiPNG and FHI and the withdrawal of WV from key sites, and were poorly communicated by all partners.

Access to technical support via NHATU was problematic at times, with NHATU unable to meet project demand and, in the latter part of TL1, being re-structured.

Financial Management and Funds Flow

Several audits suggest that the BI had good financial systems and approaches in place. Difficulties nevertheless arose around the timeliness and disbursement of grants, the central problem stemming from shortcomings with acquittals from TL sites. This is partly attributable to the fact that expectations, prominence/importance to the project, and requirements (such as frequency of funding) for grants were unclear from the outset. The project would have benefitted from the development of a clear logical framework with specific grants information included.

The acquittals process is laborious, but appropriate given BI's contractual requirements for the management of funds, Commonwealth Government Guidelines for the Management of Grants and financial management at the sites.

To address the timeliness of grants disbursement the following measures were introduced:

- strengthened communication between project team and sites regarding processing of grants;
- introduction of weekly reporting on status of grants and acquittals;
- establishment of individual bank accounts for each site; and,
- increased focus on the development of financial capacity at sites.

Volunteers

The willingness and commitment of volunteers and site committees in driving TL programs was a considerable success of the project resulting in increased knowledge of STIs, HIV and AIDS both amongst volunteers and the wider community. The dedication of volunteers was attributed to TL investment in their training, volunteers' sense of obligation towards their community, and an appropriate level of recognition and delegation of responsibilities by supervisors.

The concept of voluntarism is key to the design of TL, however, it has several implications for the sustainability of activities. The unpaid nature of volunteer work has caused discontent among some volunteers on the project. However, others

argue that payment will affect the 'type' of person attracted to project activities and create a dependency on funding, which is unsustainable. This issue is complicated by a lack of clear and consistent expectations amongst volunteers, with some working on TL activities as a full-time job and others working intermittently.

Low morale and a decrease in sense of ownership of the project were felt by some volunteers over time due to delays in rolling out activities (associated with delays in the release of resources and ongoing extensions).

Monitoring and Evaluation

The extent of the ability to monitor progress across the four pillars of TL and other project activities was limited by difficulties relating to reporting. POs and site committees were inconsistent in their activity reporting. They attributed this to repeated changes in reporting formats, a lack of incentives for volunteers to release reports, the considerable variability in settings (i.e. everything from mobile populations to the private sector), and the perception that too much of their time was dedicated to administrative duties to the detriment of project activities.

An inability to fulfill reporting and acquittal requirements led to delays in the release of grants and limited the effectiveness of technical support and improvement of BCC activity.

When documentation of TL activities did successfully occur, feedback to POs and sites was inconsistent, limiting the usefulness of monitoring activities.

Significant emphasis on improving the timeliness and quality of reporting was a focus of the last 15 months of TL1 and resulted in noteworthy improvements in this area.

Support to Site Activities

Overall, the management support, structures and the capacities developed throughout TL1 were deemed suitable by the project team. However, some difficulties were noted, such as the need for RCs and POs to have both administrative and technical roles. Turnover within these positions also led to a lack of sufficient, consistent and site level oriented administrative and logistical support. Difficulties were also encountered when protocols around the lines of communication were disregarded.

Access to Health Services

As noted by independent evaluators in both 2007 and 2010, and discussed above, access to condoms and quality health services for the testing and treatment of HIV and other STIs was a significant implementation issue for the duration of TL1, and largely out of the control of the project's management systems. Fortunately, access to all services supporting the four pillars improved greatly over the course of TL1; however, constant monitoring of this issue was required.

Gender

Although some significant improvements in the engagement of women in TL1 activities were noted, the project's ability to focus on 'Strengthening mechanisms for addressing gender based vulnerability' was limited by a lack of resources and technical support from the PNG-Australia HIV and AIDS Program. A gender audit was recommended in the *Independent Evaluation of Tingim Laip* (Heywood and Martin, 2007) but unable to be undertaken and subsequent relevant activities were not designed or implemented.

Feedback and Support from AusAID

Day-to-day communication between AusAID and the project was good, particularly with the appointment of Stephen Deklin to the role of Project Officer. Nevertheless, for the duration of the project, little or no feedback was provided on reports submitted to the Post. Coordination with other activities under the PNG-Australia HIV and AIDS Program was poor, with requests for TL sites to participate in activities being received in an ad hoc manner with no opportunity for strategic planning. Requests for support from advisors under this program were often not answered, with the exception of support for the development of IEC materials, where the support of Nidia Martinez was invaluable.

10. Lessons Learned

Fostering Ownership of the Project

The community-centred nature of TL fostered a sense of ownership of the project amongst staff and site committees; however, this also led to the isolation of some sites from their broader communities.

Despite this, TL was successful in establishing a partnership network, predominantly through the introduction of a formal community mobilisation process. This process facilitated: the acknowledgement of gaps in capacity and the importance of partners in filling these gaps; inviting stakeholders to attend programs; developing partnerships through referrals networks; the social marketing of TL products and activities; and, actively involving PACs. As a result of these concerted efforts, the project has significantly improved relationships with stakeholders, facilitating improved project implementation.

The 'bottom-up' approach of TL created some tensions regarding accountability, with some site committees arguing no accountability to either BI or AusAID in regard to the expenditure of project grants. The intricacies of cultural relationships, such as the *wantok* system, also curtailed project effectiveness. For instance, some site committees made inappropriate selections of participants for meetings and trainings based cultural relationships rather than on project needs. However, the negotiation of a set of expectations between sites and BI helped minimised this issue, as did the careful selection of site committees and the development of partnerships between project staff and committee members.

For the success of the project it was essential to establish a thorough understanding of the community and understand community politics, clan and cultural differences, and recognise that the introduction of TL essentially equates to a cultural transition for communities.

The use of both local languages and appropriate and acceptable terminology (i.e. a move away from terminology such as 'sex workers' or 'drug body') also contributed to the success of activities.

Performance Management

Personnel management was affected by the transitional context and interim nature of BI's contract. Uncertainty around extensions and contracts made it difficult to implement ongoing performance management systems. Stricter management of outputs from some personnel was required; however, staff were generally managed more in the interests of keeping the team together for the duration of interim phase rather than on performance. Our experience showed that regardless of the interim nature of management arrangements, poor performers should have been dealt with more promptly, despite the potential for staff objections and disruptions to project activities.

In addition, the development and implementation of strict guidelines to hold staff more accountable would have been valuable, as would an examination and revision

of positions/roles and make-up of the team to more efficiently resource the project. Major structural changes were, however, reserved for TL2.

Financial Management

A clarification and simplification of the grants management process is needed to ensure the focus of TL activities at the site level is on HIV prevention and behaviour change, not on financial accountability.

Improvements could include the point of control and administration of acquittals being much closer to the site, with more time spent on acquittals at sites before going to the Port Moresby office; increasing financial capacity at site level to enhance the quality of acquittals; and, a review of substantiation methods. Such changes would not undermine the importance of acquittals, and could ensure project activities are able to focus on behaviour change activities, rather than collecting receipts. The balance between demands for sound accounting and risk managing remains difficult to negotiate.

Fluctuating Performance of Site Committees

The structure and functionality of site committees is influenced by many variables, including availability of participants, internal politics, and competing priorities. The design of activities should reflect these 'ebbs and flows' of committees by including flexibility in timelines and project cycles.

Absorptive Capacity

Linked to the point above and the voluntary nature of TL activities at the site level, consideration should be given to the absorptive capacity of site committee members and volunteers, in terms of range of activities and time commitments to the project. Donor and community expectations need to be managed to ensure TL does not drift from its key purpose.

Variation across Settings

A settings and sites approach has been successful in TL. However, variation across sites is great and varies over time. It is important to be able to monitor changes and respond accordingly to specific and evolving needs.

Volunteers

High turn-over of volunteers and site committee members was flagged as an ongoing issue in TL1 and may impact upon sustainability into the future. However, a small 'tracer' study conducted with graduates from the Youth Leadership Program showed that as a direct result of the program youth had increased skills and confidence, and this in turn led to better employment opportunities and resulted in them no longer being available to participate in TL activities. Anecdotal evidence from sites also

showed that site committees can benefit from new participants, with older members (in terms of time on the project) acting as 'gatekeepers' and inhibiting innovation and newer members reinvigorating site committees. This demonstrates that volunteer turn-over may be beneficial, and should be a planned process and managed within the project.

Perception of BI as a Manager and Not as a Technical Agency

The contracting mechanism implemented by AusAID in TL1 resulted in the managing contractor being assigned 'only a management role,' ignoring the unquestionable technical expertise. This was damaging to the project as the role of Technical Director was not given the authority or necessary information to provide direction to project activities. TL1 would have benefited from the clarification and definition of roles based on the expertise of each implementing partner and a clear oversight role (both a management and technical function) outlined in BI's contract at the onset of the interim period. BI should have sort formal clarification from AusAID on this issue.

11. Recommendations for Further Engagement

The 'Independent Evaluation of Tingim Laip' made the following recommendations:

- 1. The need for meaningful and consistent reporting**
 - a)** Revise the M&E framework to ensure more meaningful monitoring of output as well as outcome data. Program logic should be used to inform the design of the revised framework and sites should be involved in the process to ensure greater ownership of the resulting system.
 - b)** Review the quarterly reporting format to ensure consistent and useful data is collected from the project sites, and clarify the reporting channels and data storage responsibilities. To build greater accountability, the template should include a format for recording site based activities and their targets for change. A separate section should be included for reporting on non-BCC activities (such as networking and partnerships) in a structured way. A separate reporting format should be developed for POs to track capacity building and support provided to each site. Activities undertaken by POs to support the site committees should also be listed. This in turn would link to a more robust M&E framework (see recommendation above).
- 2. The importance of effective coordination and support to settings** Develop and implement performance criteria for POs and RCs.
- 3. Understanding of settings concept** Ensure that all stakeholders are familiar and sensitised in the 'settings concept'.
- 4. Understanding and ownership by site committees of their role in HIV prevention** The use of program logic as a tool for better engagement at sites and clarifying their role in HIV prevention should be expanded to all sites. In addition to fostering greater ownership of TL in their sites, it would also provide an entry point for discussing and improving M&E (see recommendation 1 above).
- 5. Governance capacity of site committees** Incorporate training in community governance in the existing training package provided to site committees.
- 6. Ensuring a supportive and enabling environment** Strengthen and expand the role of advocating for improved support structures near to settings.
- 7. Clearer definition of roles and responsibilities of volunteers** Review/develop terms of reference for TL volunteers. Rationalise expectations of volunteers (i.e. set hours of project work), establish clear definitions of roles and responsibilities, and put formal recognition processes in place.
- 8. Need for greater clarity regarding care and support of people living with HIV** Review the wording and meaning of care and support of people living with HIV and better communicate expectations under this pillar.

These recommendations are supported by BI and, in addition to these, the following recommendations are presented:

- 9. Continued support to the incorporation of D&A harm minimisation/reduction into TL activities** In line with the *National Strategic Plan on HIV and AIDS 2006-2010*, a harm reduction audit of activities should be conducted.
- 10. Continued youth involvement** The Youth Intern Program should be repeated with a new cohort of participants.

- 11. Emphasis on gender** That there is an increased emphasis on gender within TL activities, with appropriate technical support.
- 12. Ongoing skills training (presented by NHATU and supported by BI)**
 - a)** Conduct a training needs assessment, develop a training plan for TL2, and upgrade and enhance the capacity of trainers within the project.
 - b)** Foster and strengthen joint annual planning exercises, particularly in relation to training.
 - c)** TL participation in annual events (e.g. NHATU's Annual Trainers' and Coordinators' Conference).
 - d)** Joint evaluation exercises where training programs are implicated and a collaborative effort in vetting and approving trainings, with a focus on improving the impact of training.

It is recognised that several of the 'lessons learned' and 'recommendations' listed here are captured in the design of the next phase of the project.

12. Handover/Exit Arrangements

TL1 activities will continue under TL2. TL2 was tendered in January 2010 and a management contract was awarded to Cardno in July 2010.

Management

The process of handover from TL1 to TL2 is outlined in the *Tingim Laip Transition Strategy May-June 2010* (as agreed by AusAID) (attached in Annex 5). BI's contract with AusAID finished on 31 August 2010, following a transition period of four weeks. As outlined in the Transition Strategy, BI appointed a Transition Coordinator to manage the transition of TL1 into the next phase.

It should be noted that the length of the transition period was truncated to four weeks instead of the agreed minimum six week period. All requirements of the transition period were unable to be completed within a four week period and were completed one month after the end of this contract.

Documents

Cardno was provided with the following documents:

- *Independent Evaluation of Tingim Laip* (October 2007);
- *Tingim Laip Project Monitoring & Evaluation Framework* (draft);
- *2011 Annual Implementation Plan and Budget: For the Implementation of the National HIV and AIDS Strategy 2011-2015*;
- *Quality at Implementation Report for BI/TL* (April – June 2010);
- *Quality at Implementation Report for BI/TL* (January – March 2010);
- *Quality at Implementation Report for BI/TL* (July – December 2009);
- *Drug and Alcohol Training Notes*;
- *Independent Evaluation of Tingim Laip* (July 2010); and,
- *Report on Tingim Laip Partnership with the National HIV & AIDS Training Unit*.

Other key documents produced by the project include:

- AusAID periodical progress reports (quarterly or six-monthly depending on contractual requirements);
- short-term advisor input reports;
- timesheets;
- personnel files;
- *Youth Leadership Program Completion Report*;
- National Symposium reports; and,
- site grant reports and associated documentation.

These documents, which are not relevant to the ongoing management of activities, are archived at BI, Melbourne. This is in accordance with BI's contractual requirements to retain records for seven years for the purpose of an audit.

The project also produced a Community Mobilisation Toolkit, which has been submitted with this report. A copy of the Toolkit will also be forward to Cardno.

Reports from project partners, such as FHI, SCiPNG, NHATU and NACS, in relation to TL1 were forwarded directly to AusAID and were not made available to BI in accordance with the terms of the Interim Management Phase.

Personnel

A list of all personnel employed on the project, *Project Staff 2007-2010*, is included in Annex 6.

At 31 August 2010, the following staff were employed by BI:

- Jim Benn
- Morea Isaiah
- Ako Maniana
- Joanne Ganoka
- Judy Tokeimota
- Jeremiah Konga
- Paul Weriya
- Joseph Mocke
- Simon Kange
- Denys Waibauru
- Rose Mauyat
- Kelvin Rompia
- David Dena
- Bridgette Taimbari
- Norman Bisai
- Beranice Reuben
- Naomi Vele
- Raymond Nambate
- Caroline Bunemiga
- Jenna Rekon
- Kathleen W Kema
- Lester Bisibisera
- Inara Udia
- Harry Fong
- Bettie Matonge
- Lillian Tau
- Pilly Mapira

The majority of the above personnel were novated to TL2 and continue with the project. To assist in transition, BI undertook staff performance appraisals for all TL1 staff, both novated and non-novated positions, including recommendations regarding ongoing employment. This information was provided to Cardno on 6 August 2010.

The following project personnel continue their employment with BI:

- Lester Bisbiseria
- Lillian Tau
- Bettie Matonge
- Pilly Mapira
- Inara Udia
- Harry Fong

Upon completion of contracts with BI, all personnel were provided with a 'Statement of Employment' as required under PNG Labour Laws.

Assets

Upon completion of TL1, Cardno took possession of all project assets. An *Asset Register* is attached in Annex 7.

Cardno and BI undertook a review of assets held in Port Moresby and Madang prior to transition. The assets in other provincial offices/sites were not able to be reviewed by Cardno prior to transition but were reviewed by BI in December 2009.

The final review of assets showed the following items were unable to be located or incorrectly registered on the Asset Register previously provided:

Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	16/1/2007	Datec	Desktop Hard Drive	1	Compaq	SGH63504CD	4338.4	1,000	Broken
POM	16/1/2007	Datec	Monitor	1	Compaq	ETA8614564SL0	0	0	Broken
POM	30/1/2007	Theodist	Whiteboard mobile s/stand	1		UH4T	886	500	Broken
POM	2/2/2007	Datec	UPS	2	PowaPlus	2006080441	487	150	Broken
POM	28/03/07	Daltron	UP-SBU-001	1	NIULOGIC 650V	2006279256	155	50	Broken
POM	28/03/07	Daltron	Acer Laptop NB-ACR-049	1	NB-ACR-049	CEBB25	2900	0	Broken
POM	28/03/07	Daltron	NB-ACR-049	1	Acer Laptop	CEB025	2900	800	Broken

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	18/04/07	Daltron	HP Printer	1	HP Laserjet1320	SCNHJ64BOVC	1300	0	Poor
POM	4/1/2007	TE (PNG)	COM UHF RADIO	1	IC41F	8502262	1399.95	750	Stolen
POM	18/05/07	rapid phones	Nokia 1110	1	1100 nokia brand	89675010070	222.73	0	Broken
POM	18/05/07	rapid phones	B/Mobile srart up kit	1	sim card		113.64	0	Lost
POM	5/08/2007	Theodist	SLIDE(OHP MOLTED SCREEN	1	MAT VISTA	1515H	305	180	Lost
POM	16/07/07	Datec	Snapsever 110	1		5325301977		0	Broken
POM	30/08/07	NGI TECH	Gateway Centrio Laptop	1	450 ROG	0030244274	3445.45	0	Broken
POM	10/02/2007	Datec	Acer E5210 XPP Notebook	1	Acer	73203492	4440.9	0	Broken
POM	10/02/2007	Datec	Genius SW-F2.1 Speaker	1	Genius	YK7033500347	109.09	0	Broken

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	10/05/2007	Datec	FLASH DRIVE APACER	1	APACER			0	Broken
POM	20/11/07	Digicel	Mobile Phone	1	Nokia 1112		89	0	Lost
POM	22/11/07	Datec	Combo Cable Lock	7	Defcon CL		1030.91	160	4 located, 1 broken, 2 lost
POM	12/07/2007	Datec	USB Drive 2Gb	1	APACER		131.82	0	good
POM	3/20/2008	Datec	laptop	1	Extenser 5220	LXE880Y00274	2385	0	Broken
POM	2/06/2008	RH Trading	PVC Laundry Container Set	3	PVC	52042	169.77	0	Broken
POM	27/03/2008	Datec	SD Card 1Gb	1	APACER	540802100088	131.82	50	Lost
POM	27/03/2008	Datec	Small Camera Case	5	Belkin		22.73	0	Lost
POM	27/03/2008	Datec	Genius HSO 2N Headsets	1	Genius	ZDH104617049	27.27	0	Broken
POM	27/03/2008	Datec	Genius HSO 2N Headsets	1	Genius	ZDH104617055	27.27	0	Broken
POM	27/03/2008	Datec	Genius HSO 2N Headsets	1	Genius	ZDH104617078	27.27	0	Broken

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	27/03/2008	Datec	Genius HSO 2N Headsets	1	Genius	ZDH104617070	27.27	0	Broken
POM	27/03/2008	Datec	Genius HSO 2N Headsets	1	Genius	ZDH104617075	27.27	0	Broken
POM	20/03/2008	Able Computing	Extensa 5220 W/Vista Home Basic	1	Acer	7481D44F2000	2168.18	1,000	Broken
POM	20/03/2008	Able Computing	Sunpac 650VA UPS	1	Able	E071214773	145.45	50	Broken
POM	20/03/2008	Able Computing	Dual core 2.2 Sys W/XPPRO	1			1513.63	800	Broken
POM	20/03/2008	Able Computing	Laptop	1	ACER		2385	0	Broken
POM	20/03/2008	Able Computing	CPU	1	aBLE	E85-05103	2300	1,000	Broken
POM	22/04/08	Security Systems	3 UHF Handheld Radios	1	Icom IC-F60 UHF	0604883	1866	1,000	Stolen
POM	22/04/08	Security Systems	3 UHF Handheld Radios	1	Icom IC-F60 UHF		1866	1,000	Stolen
POM	29/08/2008	Datec	Laptop	1	Acer	E5220	2750	1,000	Broken

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	28/01/2007	Datec	CPU hard drive	1	Intel	x14-01711	2300	0	Broken
POM	12/2/2010	Datec	D-link	1	P1ZA196001460		121		Lost
						Total		9,490	

BI has compensated the Australian Government for the loss of these items, as per the estimated current value.

The registration of project vehicles (two) was transferred to Cardno. All project bank accounts have been closed and leases for provincial offices transferred to Cardno. Insurance policies were cancelled or revised to reflect changes in assets and personnel.

All financial liabilities associated with BI's management of TL1 have been cleared.

Project Continuation

All current elements of TL1 will initially continue under TL2. Over the lifetime of TL2 the location of sites and focus of activities will change to reflect both social and economic development in PNG.

Annex 1: Tingim Laip Operational Work Plan January 2007–March 2008 and Project Logframe

To promote the cohesiveness of the 2007-08 Tingim Laip program operations, this workplan includes components of agreed activity, regardless of funding source. Partner INGO plans that were not included in the December version of the document have been incorporated after discussions held in February 2007. Please note this work-plan reflects operations of Tingim Laip occurring at a national program level and therefore does not necessarily detail the components of those INGO partners that are within the scope of specific support to designated sites (i.e. some parts of SCiPNG and World Vision work-plans).

COMPONENT 1) National level Management, Coordination, Monitoring and Support				
Output 1.1 Efficient transition of management and coordination structure to new mechanism				
Activity	National transition workshop.			
Indicator	Workshop conducted and documented in a report.			
Expected achievements	This workshop will be held early in 2007 to facilitate transition of Tingim Laip staff and Coordinators over to the new management structure and assist with their comprehension of any changes to grant applications or work related roles and responsibilities. This is also an opportunity to finalise the annual workplan and coordinate roles of partner agencies. TL staff and INGO partners will understand processes around management structure, lines of communication, grants mechanism, procedures for site committees, their roles, etc.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Early February 2007	National TL Manager (Lesley Bola), Senior Program Manager (Annette Coppola)	Burnet Institute	Partner Organizations, national TL staff and TL Project Officers, NACS	Burnet Institute
Activity	Establishment and functioning of Tingim Laip Steering Committee			

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Indicator	Steering committee established and functional.			
Expected achievements	The steering committee will meet monthly at first and then quarterly in Port Moresby to discuss coordination of Tingim Laip as a national program. Terms of Reference for the group will be developed in consultation with NACS, AusAID and other key program partners. These stakeholders in collaboration with the TL management team will collectively form the basis for the group. The mechanism for how this steering committee will support and work with the ongoing bi-monthly TL National coordination meetings will be defined within the TOR. The Steering Committee will as their primary task help finalise the annual workplan, coordinate roles of partner agencies and then review progress on TL activities on an ongoing basis.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
January 2007 establishment. Monthly meetings for first Quarter. Then Quarterly meetings	National TL Manager (Lesley Bola), Senior Program Manager (Annette Coppola)	Burnet Institute	TL management, partner organizations, NACS, AusAID	Burnet institute
Activity	Ongoing management, coordination and monitoring of the TL Program including program establishment, asset acquisition, staff transition and recruitment.			
Indicator	Reports deliverable to AusAID as per contractual arrangements; effective and timely M&E conducted across all project sites.			
Expected achievements	Oversight of the TL program as a whole coordinated and reported upon. Office and administration systems established and operational.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Ongoing. Reporting as per contractual arrangements.	National TL Manager (Lesley Bola), Senior Program Manager (Annette Coppola)	Burnet Institute	TL Steering Committee and TL staff.	Burnet Institute
Output 1.2 Regular Tingim Laip coordination meetings				
Activity	Regular coordination and skills building meetings of the Tingim Laip program staff and partners (bi-monthly)			
Indicator	Meetings held every second month and documented			

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Expected achievements	These meetings have previously been held monthly and have been an integral part of the coordination mechanism for Tingim Laip. They will continue throughout 2007. They bring key staff, stakeholders and partners within the Tingim Laip structure and function as a mechanism for coordination, monitoring and planning. It is proposed that these meetings continue, but are expanded from one-day meetings held monthly to longer meetings held every second month that allow for greater discussion and skills transfer by including a technical skills building component. This approach will also be more cost effective as it reduces flight costs throughout the year substantially.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Every second month, starting from February 2007.	National TL Manager (Lesley Bola)	Burnet Institute	TL team, partner organizations, representatives from key PACS, private industry partners and NACS.	Burnet Institute. INGO Partner Agencies (World Vision & Save the Children) to fund participation (travel, per diem and accommodation) by their staff.
Output 1.3 Management of site activity funds				
Activity	Thirty-four sites being supported to actively conduct community activities based on the four pillars of Tingim Laip.			
Indicator	Sites reporting on progress and financial acquittal of their activity funds. Validated through Monitoring visits from the Regional TL Coordinators.			
Expected Achievements	Thirty-four sites actively engaged through Tingim Laip under NHASP at the end of 2006 are expected to submit activity fund applications in early 2007 to continue their operation of activities at the site level related to HIV prevention, care and support. Overall management and monitoring of these funds will be a primary task of the in-country TL team under the leadership of the National TL Manager (Lesley Bola). All decisions related to establishment of additional sites, even in provinces supported by partner organizations, remain under the management of the National TL Manager. It is noted that some sites will receive technical and co-ordination support for activities from partner agencies such as SCiPNG and World Vision. These sites are considered to have insufficient capacity to manage site activity funds independently due to a lack of actual permanent community with accountability in the sites (i.e. markets, night clubs, old airport strip in Lae, some settlements in NCD, etc.) These sites will in some cases receive their funding directly via the partner agencies.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Ongoing	National TL Manager (Lesley Bola), Program Administrator	Burnet Institute	All sites	Burnet Institute; some sites through SCiPNG and World Vision partner grants.
Output 1.4 National Annual TL symposium				

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Activity	National Annual symposium conducted			
Indicator	Event successfully conducted and outcomes documented in Symposium report			
Expected Achievements	Wide range of stake-holders from all program sites participate in a sharing of lessons learnt and planning process for future activities within Tingim Laip.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
October 2007	TL Team	Burnet Institute	All stakeholders within Tingim Laip	Burnet Institute
Output 1.5 External Review / Evaluation (AusAID)				
Activity	Review / Evaluation of Tingim Laip			
Indicator	Evaluation conducted by AusAID and report disseminated among key stakeholders			
Expected Achievements	Tingim Laip program is reviewed externally. Strategy for the sustainability of Tingim Laip outlined.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
TBA by AusAID. Partners recommend in the later half of 2007 (around September)	National TL Manager (Lesley Bola).	AusAID	AusAID consultants, TL team and partner agencies to support process	Additional AusAID funding external to TL Budget
Output 1.6 Site Committees Procedures manual review				
Activity	Facilitate and introduction and discussion on the Tingim Laip Site Committees' Procedures manual developed by FHI in Phase II BCC Capacity Building Project.			
Indicator	Number of community members participate in discussions on the Procedures Manual			
Expected achievements				
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments

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	National TL Manager (Lesley Bola).	Family Health International	FHI, Selected TL staff members, sites	To be allocated from FHI Partner grant
COMPONENT 2) Continuing basic skills building training provision to Tingim Laip sites				
Output 2.1 Training delivered to sites in specific technical areas, as a continuation of capacity building support provided through NHASP/NACS				
Activity	Training delivered to sites on 'Basic HIV, AIDS and STI' through IEA. Sites will apply to the TL Team for training and the TL team will help facilitate a process with IEA to ensure training is delivered in an equitable manner to sites.			
Indicator	Number of sites receiving training, with appropriate proportion of young people, male/female participants ensured.			
Expected achievements	Sites will receive training as required			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Ongoing	National TL Manager (Lesley Bola).	IEA	IEA, Site representatives	IEA funded separately to provide input
Activity	Training delivered to sites on 'Peer Education' through IEA. Sites will apply to the TL team for training and the TL team will help facilitate a process with IEA to ensure training is delivered in an equitable manner to sites.			
Indicator	Number of sites receiving training, with appropriate proportion of young people, male/female participants ensured.			
Expected achievements	Sites will receive training as required			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Ongoing	National TL Manager (Lesley Bola).	IEA	IEA, Site representatives	IEA funded separately to provide input

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Activity	Training delivered to sites on 'Care and Counseling' through IEA. Sites will apply to the Tingim Laip team for training and the TL team will help facilitate a process with IEA to ensure training is delivered in an equitable manner to sites.			
Indicator	Number of sites receiving training, with appropriate proportion of young people, male/female participants ensured.			
Expected achievements	Sites will receive training as required			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Ongoing	National TL Manager (Lesley Bola).	IEA	IEA, Site representatives	IEA funded separately to provide input
Activity	Training delivered to sites on 'Home Based Care' IEA. Sites will apply to TL team for training and the TL team will help facilitate a process with IEA to ensure training is delivered in an equitable manner to sites.			
Indicator	Number of sites receiving training, with appropriate proportion of young people, male/female participants ensured.			
Expected achievements	Sites will receive training as required			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Ongoing	National TL Manager (Lesley Bola).	IEA	IEA, Sites.	IEA funded separately to provide input
Output 2.2 Behaviour Change Communication support to Tingim Laip program and sites continued.				
Activity	To visit 20 well-established BCC sites at least once during the year and 14 average and poor functioning sites a minimum of twice to provide on-site TA and conduct process review of all the sites.			
Indicator	Number of site visits completed			

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Expected achievements	At least 48 visits completed			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
	National TL Manager (Lesley Bola).	Family Health International	FHI, TL management, sites	To be allocated from FHI Partner grant
Activity	Conduct one Advanced (30 participants) and one beginners BCC (30 participants) Training. This training will be conducted for Tingim Laip Site Committee members and the coordinators.			
Indicator	Two training courses conducted, 60 participants trained.			
Expected achievements				
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
	National TL Manager (Lesley Bola).	Family Health International	FHI, TL management, sites	To be allocated from FHI Partner grant.
Activity	Facilitate 1 study tours for members of Tingim Laip to visit the well performing and innovative Tingim Laip sites to gain experience and learn practical lessons			
Indicator	Study tour completed			
Expected achievements				
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
	National TL Manager (Lesley Bola).	Family Health International	FHI, TL management, sites	To be allocated from FHI Partner grant

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COMPONENT 3) Enhancing Community Mobilisation Approaches				
Output 3.1 Technical support for improved capacity for whole of community involvement in TL programs delivered				
Activity	Engage local technical assistance to assist Tingim Laip communities to strengthen their mobilization of the whole community into Tingim Laip activities. Communities will have their capacity developed in a range of approaches and potentially adopt some of these according to their local context. Examples proposed may include 'Stepping Stones", the COMATTA approach etc. The program partners will look into options for linking Tingim Laip with other development programs offering skills building in community mobilization approaches.			
Indicator	Local trainers engaged and running training workshops for site representatives			
Expected achievements	Communities will have capacity to conduct more comprehensive activities that involve the entire community and lead to greater community resilience to HIV and AIDS			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Starting from the 2 nd Quarter of 2007	National TL Manager (Lesley Bola).	Burnet Institute (across program) SciPNG piloting approaches in their sites	TL sites	Burnet Institute. Some in SciPNG budget for their sites.
Activity	Two skills building workshops at regional levels on 'community mobilization techniques'			
Indicator	Two workshops conducted, with appropriate proportion of young people, male/female participants ensured.			
Expected achievements	Participants from various sites will have their skills built through participatory training workshops regarding community mobilization approaches.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
2 nd and 3 rd quarter 2007	National TL Manager (Lesley Bola).	Burnet Institute	Site representatives	Burnet Institute
Output 3.2 Study tour for site representatives to learn about effective approaches from other TL sites.				

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Activity	Study Tour taking representatives from a range of sites to observe effective approaches that demonstrate whole-of community mobilization in other Tingim Laip sites			
Indicator	Study Tour conducted			
Expected achievements	Participants from various sites learn about effective approaches in garnering whole-of community approaches and incorporating these ideas into their own site activities where appropriate.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
4th quarter 2007	National TL Manager (Lesley Bola), TL Team, Regional Co-ordinators.	Burnet Institute	TL team	Burnet Institute
Output 3.3 Activity funding to sites to conduct their own activities focusing on community mobilization				
Activity	Whole of community activities occurring in selected Tingim Laip sites.			
Indicator	Sites reporting on progress and financial acquittal of their activity funds. Validated through Monitoring visits from the Regional TL Coordinators.			
Expected Achievements	A substantial proportion of the site activity funds will be allocated to sites that submit applications demonstrating approaches that will engage the whole community in the Tingim Laip activities. The technical focus of activities will be centered around the four pillars of condom access, care and support for people living with HIV, STI and HIV prevention and referrals to STI treatment and VCT services where available.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Ongoing	National TL Manager (Lesley Bola).	Burnet Institute	Sites	Burnet Institute, Some through SCiPNG and WV partner grants.
COMPONENT 4) Strengthening youth leadership in TL responses				
Output 4.1 Technical support for improved capacity for youth participation and leadership development in TL program				

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Activity	Current youth advisors to Tingim Laip to continue their work with Tingim Laip sites in engaging young people in Tingim Laip activities. This will continue to operate in a gendered approach in line with 2006 youth advisor reflections about appropriate methods of engaging with and mentoring young people in PNG.			
Indicator	Technical advisers' inputs conducted.			
Expected achievements	Communities and especially young people themselves will have capacity to conduct youth focused activities that develop leadership potential and lead to greater youth resilience to HIV and AIDS. The technical advisers will conduct processes around strengthening youth participation through community consultations, site visits, conducting regional workshops and facilitating a national youth forum as detailed below. Inputs will also include a significant mentoring role to selected youth representatives.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Starting from the 2 nd Quarter of 2007	National TL Manager (Lesley Bola).	Burnet Institute	TL team, youth representatives at site level	Burnet Institute
Activity	Two skills building workshops at regional levels on 'youth participation and leadership' approaches			
Indicator	Two regional youth workshops conducted.			
Expected achievements	Following on from youth related workshops conducted in 2006, the technical advisers will continue to strengthen the capacity of young people in areas of involvement in the TL program, and continue to work with site committees and elder community representatives in strengthening adult-youth partnerships and an understanding of the importance of allowing young people to become responsible in leading their own activities.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
2 nd , 3 rd and 4 th quarter 2007	National TL Manager (Lesley Bola), TL Team, Regional Coordinators.	Burnet Institute	TL team, youth representatives at site level	Burnet Institute
Output 4.2 Study tour for site representatives to learn about effective youth approaches from other TL sites.				

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Activity	Study Tour taking representatives from a range of sites to observe effective approaches that demonstrate youth driven activities in other Tingim Laip sites			
Indicator	Study Tour conducted			
Expected achievements	Participants from various sites to learn about effective approaches where young people design, implement and evaluate their own activities for young people. These ideas can then be incorporated into their own site activities where appropriate.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
	National TL Manager (Lesley Bola), TL Team, Regional Coordinators.	Family Health International	FHI, TL team, youth representatives at site level	To be allocated from FHI Partner grant
Output 4.3 Activity funding to sites to conduct their own activities focusing on youth participation				
Activity	Youth Focused community activities in Tingim Laip sites.			
Indicator	Sites reporting on progress and financial acquittal of their grants. Validated through Monitoring visits from the Regional TL Coordinators.			
Expected achievement	A substantial proportion of the site grants will be allocated to sites that submit applications demonstrating approaches that have true participation by young people in the Tingim Laip activities. As recommended to NHASP in 2006 by youth advisors, and as requested at the Annual Tingim Laip Symposium in October 2006 and the planning meeting in December 2006, there is a great need for increasing the level of youth participation in all levels of site level activities from planning through to implementation and evaluation. Activities that are designed by and for young people at site level will be supported through this funding mechanism. The technical focus of activities will be centered around the four pillars of condom access, care and support for people living with HIV, STI and HIV prevention and referrals to STI treatment and VCT services where available.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Ongoing	National TL Manager (Lesley Bola).	Burnet Institute	TL sites	Burnet Institute, Some through SCiPNG and WV partner grants.
Output 4.4 National Youth Forum Conducted				
Activity	A national youth forum will be conducted			

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Indicator	Youth forum conducted and report documented			
Expected achievements	At the re-branding ceremony for Tingim Laip in Lae in October 2006, young people who attended the symposium requested an opportunity to hold a youth specific forum that brought together young people from across TL sites to exchange ideas, skills and lessons learnt. This will be supported in 2007 and allow young people a forum to actively participate and create a mechanism to ensure feedback to and participation in national level discussions. This will be an opportunity for young people to plan for some of their ideas as fed back through the youth advisors in 2006 like national level music competitions, a Mr. and Mrs. Tingim Laip 2007 competition etc.			
Schedule	Responsible PNG	Responsible Agency (delivery)	Participants	Budget Comments
2 nd quarter 2007	TL Team.	Burnet Institute	TL youth representatives	Burnet Institute
Output 4.5 Youth leadership program established.				
Activity	Establish a youth internship program with Tingim Laip			
Indicator	Small number of youth representatives selected to become youth interns within Tingim Laip, supported by skills and leadership training provided by youth advisors.			
	Ideas to be explored with stakeholders include establishing a youth mentoring program, establishing links with other appropriate structures (such as National Youth Commission), and a specific series of skills building workshops for youth interns. The major focus of skills building will be around leadership and activity/project management.			
Schedule	Responsible PNG	Responsible Agency (delivery)	Participants	Budget Comments
2nd Quarter 2006.	National TL Manager (Lesley Bola) and team.	Burnet Institute	TL youth representatives, selected partners	Burnet Institute
Output 4.6 Further FHI Youth Programming				
Activity	Encourage formation of youth teams or groups at each site			
Indicator	Number of youth teams or groups formed			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments

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	National TL Manager (Lesley Bola).	Family Health International	FHI, TL management, sites	To be allocated from FHI Partner grant
Activity	In consultation with youth teams formulate youth-focused interventions specific to each site			
Indicator	Number of specific youth focused strategies/interventions for each site developed. Number of sites provided with TA for implementation.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
	National TL Manager (Lesley Bola).	Family Health International	FHI, TL management, sites	To be allocated from FHI Partner grant
Activity	Establish youth communication group in all sites to address gender, violence and other social challenges and provide venues for youth input in Tingim Laip interventions.			
Indicator	Number of communication groups formed			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
	National TL Manager (Lesley Bola).	Family Health International	FHI, TL management, sites	To be allocated from FHI Partner grant
Activity	Conduct a youth National Music competition to engage talented youth from Tingim Laip Sites to disseminate HIV/AIDS messages through music			
Indicator	Music Competition conducted. Number of youth participated.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments

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	National TL Manager (Lesley Bola).	Family Health International	FHI, TL management, sites	To be allocated from FHI Partner grant
COMPONENT 5) Incorporation of drugs and alcohol related harm minimization initiatives into existing Tingim Laip program activities				
Output 5.1 Technical support for improved capacity for communities to deal with drugs & alcohol and their effect on society and in particular risky sexual behaviour				
Activity	Technical support to communities to design and implement effective approaches to drug and alcohol use. Specialist technical advisor will be engaged to operationalise the findings of the NHASP-funded study conducted in 2006 to help communities design and trial innovative initiatives to address drugs and alcohol and related sexual health issues across the Tingim Laip sites.			
Indicator	Technical adviser's inputs conducted.			
Expected achievements	Selected pilot TL communities will have their capacity built to design and trial innovative and evidence based initiatives to address drugs and alcohol and related sexual health issues in their Tingim Laip sites in 2007. The Adviser will facilitate the two workshops below and the study tour related to drug and alcohol related interventions.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Starting from the 2 nd Quarter of 2007	National TL Manager (Lesley Bola).	Burnet Institute	Sites, TL staff	Burnet Institute
Activity	Two skills building workshops at regional levels on 'drugs and society: harm minimization and reducing sexual risk'.			
Indicator	Two workshops conducted.			
Expected achievements	Skills building workshops regarding community approaches and tools to address drug and alcohol related harms conducted. Participants will be equipped to design effective community based interventions in their Tingim Laip sites to address issues pertaining to drug and alcohol use and sexual risky behaviour.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments

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2 nd , 3 rd and 4 th quarter 2007	National TL Manager (Lesley Bola).	Burnet Institute	Site representatives	Burnet Institute
Output 5.2 Study tour for site representatives to learn about effective harm minimization approaches from other TL sites.				
Activity	Study Tour taking representatives from a range of sites to other Tingim Laip sites that demonstrate effective approaches to addressing drug and alcohol use			
Indicator	Study Tour conducted			
Expected achievements	Participants from various sites to learn about effective approaches to addressing drugs and alcohol and their relationship to risky sexual behaviour, STIs and HIV. These ideas can then be incorporated into site activities where appropriate.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
February	Lesley Bola, TL Team, Regional Co-ordinators.	Burnet Institute	TL sites	Burnet Institute
Output 5.3 Activity funding to sites to conduct their own activities focusing on drugs and alcohol harm minimization				
Activity	Community and site level activities conducted that address drug and alcohol related harms			
Indicator	Sites reporting on progress and financial acquittal of their activity funds. Validated through monitoring visits from the Regional TL Coordinators.			
Expected Achievements	A designated percentage of site activity funding applications approved will reflect aim to minimise drug and alcohol related harm and addressing the links with sexual risk taking behaviour.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Ongoing	National TL Manager (Lesley Bola).	Burnet Institute	Site committees	Burnet Institute, Some through SCiPNG and WV partner grants.
COMPONENT 6) Strengthening Mechanisms for addressing gender related vulnerability				

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Output 6.1 Mainstreaming of gender sensitive approaches across all Tingim Laip activities.				
Activity	Gender based approaches will be ensured across all Tingim Laip activities conducted by any of the partner agencies			
Indicator	Gender responsiveness of all activities occurring within the Tingim Laip program will be reported on by all agencies and compiled within the M&E system.			
Expected achievements	All Tingim Laip activities will incorporate gender sensitization and capacity building on addressing gender related vulnerability			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Ongoing	National TL Manager (Lesley Bola).	Burnet Institute	All stakeholders	Across all agencies' activities
Output 6.2 Activity funding to sites to conduct their own activities addressing gender related vulnerability				
Activity	Community and site level activities conducted that address gender related vulnerability			
Indicator	Sites reporting on progress and financial acquittal of their activity funds. Validated through monitoring visits from the Regional TL Coordinators.			
Expected Achievements	A designated percentage of site activity funding applications approved will reflect approaches that are gender sensitive and address gender based vulnerability and risk taking.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Ongoing	National TL Manager (Lesley Bola).	Burnet Institute	Site committees, TL regional coordinators, TL project Officers	Burnet Institute, Some through SCIPNG and WV partner grants.
COMPONENT 7) Technical skill building in advocacy, policy, stigma and discrimination reduction, and greater involvement of people living with HIV				
Output 7.1 Technical support for improving capacity for communities to address stigma and discrimination and involve people living with HIV in TL activities				

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Activity	Local technical support will be engaged and partnerships developed between the Tingim Laip team and sites and Igat Hope.			
Indicator	Greater involvement of people living with HIV in project activities			
Expected achievements	Relationships will be developed between the Tingim Laip team and Igat Hope whereby Igat Hope assists sites to address stigma and discrimination and include people living with HIV in site and community activities.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Starting from the 2 nd Quarter of 2007	National TL Manager (Lesley Bola).	Burnet Institute, Igat Hope	Sites, TL staff	Burnet Institute
Activity	Skills building sessions conducted at the regular bi-monthly coordination meetings re-addressing stigma and discrimination			
Indicator	Skills building sessions conducted on stigma and discrimination.			
Expected achievements	Capacity of TL staff increased to address stigma and discrimination and involve people living with HIV in project activities to a greater extent. TL staff to then build the capacity of site representatives to do the same at site levels.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
2 nd , 3 rd and 4 th quarter 2007	National TL Manager (Lesley Bola).	Burnet Institute	TL team	Burnet Institute
Output 7.2 Technical support for improved capacity for communities to understand their rights and the practical implications of the HAMP Act.				

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Activity	Skills building sessions conducted at the regular bi-monthly coordination meetings and at the Annual Symposium on understanding people's rights and the HAMP Act.			
Indicator	Skills building sessions conducted on the HAMP act and policy/rights relating to HIV.			
Expected achievements	Capacity of TL staff increased to understand the HAMP Act and rights based approaches to HIV. TL staff to then build the capacity of site representatives to do the same at site levels.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Quarter 2) 2007	National TL Manager (Lesley Bola), TL Team, Regional coordinators.	Burnet Institute, NACS	TL team	Burnet Institute
COMPONENT 8) Access to Behaviour Change Materials including condoms				
Output 8.1 Tingim Laip sites and program will have continuing access to male and female condoms and to IEC/BCC materials through the NACS resource centre.				
Activity	Tingim Laip Team to coordinate with NACS regarding continuous and timely delivery systems for materials.			
Indicator	Sites have continual and uninterrupted access to male and female condoms and IEC/BCC materials.			
Schedule	Responsible Burnet (coordination)	Responsible Agency (delivery)	Participants	Budget Comments
Ongoing	National TL Manager (Lesley Bola).	NACS	All.	Supplies provided by NACS

TINGIM LAIP PROJECT FRAMEWORK

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
Purpose <i>To facilitate and sustain behaviour change to minimize HIV/AIDS and STI transmission and increase awareness among target populations in pre-defined high-risk settings in PNG</i>	<ul style="list-style-type: none"> Condom distribution/access Referral/uptake of referral to STI clinics Referral/uptake of referral to VCT centres Attitude toward PLWHA 	Monthly Site Reports QAI Reports Quarterly Progress Reports				
Component 1: National/provincial level management, coordination, monitoring and support						
Objective To implement TL in an efficient & effective manner, with a clear focus on the 4 pillars	<ul style="list-style-type: none"> Adherence to HR system TL financial & HR management conducted in accordance with guidelines & agreed processes All implementers clear on focus of TL Sites actively rolling out activities 	Monthly Site Reports Audits				
Output 1.1: TL coordination						
1.1.1: Bi-monthly TL steering committee	SC established and functional	SC minutes Follow up of issues documented	BI	Bi-monthly		
1.1.2: Conduct bi-monthly Steering Committee meetings to improve co-ordination with partners & TL sites	Bimonthly meetings documented	Bimonthly meeting minutes	BI	Bi-monthly		
1.1.3: Conduct monthly meetings with individual partners (assumes coop by partners)			All partners			

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Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
1.1.5: For every national level input that has TA include roles and responsibilities, communication and reporting mechanisms and gender in TOR	TOR developed	TA Input Reports	All partners that provide TA to TL	As needed		
Output 1.2: Financial management						
1.2.1: Provide project officers with funds to support TL Sites	OPEX funds provided on time Funds deposited	OPEX Tracking Tool Monthly Site Reports Bank statement of Site Accounts	BI	Monthly		
1.2.2: Provide small grant system for TL sites to implement BCC interventions.	Procedures & guidelines in place Activities planned Applications submitted Funds received	Site Induction Manual Site Workplans Grants Tracking Tool Monthly Site Reports QAI Reports (STC)	BI, SCiPNG,	As required Monthly Monthly 6-monthly		
1.2.3: 6-monthly financial reports as per NSP guidelines	Funds dispersed	Financial Reports as per individual contracts	All partners	6-monthly		

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Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
1.2.4: Capacity building of all staff to adhere to financial systems requirements	Improved staff skills, performance Timely & correct financial reports	Quarterly Progress Reports (BI) QAI Reports	BI SCiPNG	Quarterly 6-monthly		
1.2.5: Provide financial and administrative skills and resources to ensure that adequate support at both national and provincial levels.	Staff employed and systems in place	Quarterly Progress Reports	BI	Quarterly		
Output 1.3: HR Management						
1.3.1: Variation to contract to hire additional staff (as per SC endorsement)	Contract variation Staff hired	Quarterly Progress Report	BI	Quarterly		
1.3.2: Conduct adequate support & supervision at a national level to project officers & sites at provincial and district level	Supervisory visits occurring	Feedback from POs and sites Monthly Site Reports	BI	6-monthly Monthly		
1.3.3: Build capacity of SC Project staff through training, attendance at meetings and exchange visits	# trainings/workshops Improved staff skills & knowledge	SCiPNG TL reports Management Information Systems	SCiPNG			

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Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
1.3.4: To develop and maintain strong management processes and systems	# systems, process in place and being used, including workplans, reports, supervisory meetings/visits	Internal SCiPNG reports SCiPNG TL reports BI Human Resource Manual	SCiPNG BI	On-going		
1.3.5: Provide adequate leadership, support and supervision to ensure that there is clear vision, communication lines, coordination between partners to ensure that effective HIV interventions are conducted at all site locations.	Sound TL focus Supervision occurring	Regional Coordinator Reports, National Team Leader Visit Reports, Minutes from SC Meeting	BI	On-going		
1.3.6: Regular performance appraisal (minimum yearly) of all TL and administrative staff	Performance appraisals conducted	Performance appraisal reports	BI	Annually		
1.3.7: Adequate induction of all new staff - BI	Induction Schedule Implemented	Induction Schedule	BI	As required		
1.3.8: Functioning TL steering committee	SC established and functional	SC minutes	BI	Bi-monthly		
Output 1.4: Support to BCC interventions at site level						

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Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
Activity 1.4.1 Complete review of the Procedures Manual	Review completed, manual revised	2008 revised Procedures Manual	BI	Once off		
1.4.2: Develop, implement and support site activity plans and activities with PO and RC support	Site activity plan Activities in place	Activity plans Monthly Site Reports	BI, SCiPNG, FHI (technical support)	6-monthly Monthly		
1.4.3: Support to implement strategies/interventions to include other sectors/service providers (education, health, police, FBOs, etc)	# workshops # clients referred to service providers	Workshop reports M&E reports (SCiPNG)	BI, SCiPNG, WV	On going		Qtr 1
						Qtr 2
						Qtr 3
						Qtr 4
1.4.4: Conduct week-long workshops to RCs to enable appropriate support to POs to strengthen sites intervention	Workshops conducted Increased skills of RCs	Workshop reports including feedback from participants	BI, FHI	As required		

Tingim Laip – Interim Management Phase - Activity Completion Report

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
1.4.5: Conduct week-long workshops to POs to enable appropriate support to sites	Workshops conducted Increased skills of POs	Workshop reports including feedback from participants	BI, FHI	As required		
1.4.6: Committee induction at all sites (including using the Procedures Manual) to include orientation to 4 pillars; repeat induction at weak sites	Inductions conducted Improved skills committee members	Induction reports including feedback from participants 'Refresher' schedule	BI, FHI,	As required		
1.4.7: Develop training pathways/schedule with clear pre requisites	Training pathways/schedule developed	Training Schedule Training Request Form	BI	As required		
1.4.8: Strengthening TL staff to provide appropriate supervision and support to all levels	Improved staff performance	Quarterly Progress Report	BI	Quarterly		
1.4.9: Project staff participation in HIV AIDS training seminars, conferences and workshops	Six training seminars, conferences and workshops attended	WV reports	WV			
1.4.10: Coordinate delivery of training to sites with local training providers	Project plans identifying training to occur in coming three months	Training Schedule	BI	Quarterly		
1.4.11: Develop, maintain and analyse an evaluation process to measure the effectiveness of all training provided	Tools and processes developed.	Standard Evaluation Template, Training Reports	BI	As required		
1.4.12: Conduct a training needs assessment for all TL	Training Needs Assessment conducted	Training Needs Assessment Report	BI	Once		

Tingim Laip – Interim Management Phase - Activity Completion Report

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
1.4.13: Develop and maintain a training data base	Data base developed	Quarterly Progress Report	BI	On going		
1.4.14: Conduct an annual review and update of TL procedures manual	Updated manual available at each site	Updated Manual	BI	Annually		
Output 1.5: National annual TL symposium						
1.5.1: TL symposium conducted	Symposium conducted	Symposium report	BI	As required		
Output 1.6: TL monitoring and reporting						
1.6.1: TL logframe and M&E framework developed and confirmed by all partners	TL logframe M&E framework	TL documentation, report	External consultant All partners	Once		
1.6.2: Bi-monthly reporting occurs against M&E framework	Updated Bi-monthly PMM (Project Monitoring Matrix)	Bi-monthly PMM to SC	BI all partners	Bi-monthly		
1.6.3: Review and revise data collection forms; provide instruction in use	Date of collection forms developed/updated	Monthly Site Reports Template	M&E, BI	Once		
1.6.4: Review experiences; provide technical support to document TL best practice/success stories, adapt; adapt program training modules based on findings	Stories written & disseminated Training modules revised	Evidence of dissemination to appropriate audiences in PNG; international dissemination a second priority	FHI, BI, SCiPNG, IEA	On going		

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Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
1.6.5: Develop appropriate M&E tools and systems and train staff and community members in their use; support staff to report	Tools developed Systems in place # trainings	M&E tools M&E system report	SCiPNG			
1.6.6: Conduct ongoing research to inform project implementation	# research undertaken	SCiPNG research reports	SCiPNG			
1.6.7: Site rating scale (overall performance): partner input into its application and use/dissemination of findings to each site using the tracking tool developed during the evaluation	Evidence of partner participation and dissemination	Regularly updated rating scale Project reports	BI			Site requested that this tool not be used, as it didn't reflect the 'individuality' of sites and caused unwanted competition between sites.
Output 1.7: National/provincial/district level stakeholder capacity building & advocacy						
1.7.1: In partnership with EHP PAC develop a forum for major local stakeholders in the EHP response	# meetings held Documented outcomes of meetings # partners active in forum	Meeting reports Most significant change stories of partners	SCiPNG			Qtr 1
						Qtr 2
						Qtr 3
						Qtr 4

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Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
1.7.2: Assist the EHP PAC in mapping, liaising with and supporting local stakeholders	Updated database of local stakeholders Increased activity at provincial & district level	SCiPNG reports	SCiPNG			
1.7.3: Build local capacity of local stakeholders in the EHP/NCD/Central response through training and technical support, including administration, monitoring, evaluation & reporting systems, including follow up/supervision	# trainings Outcomes of technical support provided Level of activity among local stakeholders in the EHP response	Training reports SCiPNG TL reports	SCiPNG			
1.7.4: Advocacy and close collaboration with key strategic partners at the national level	# meetings attended Level of ongoing communication Key issues raised	Meeting reports SCiPNG TL reports	SCiPNG			
1.7.5: Coordination meetings with site committees & stakeholders to improve synergy between BCC action plans and activities, and provide feedback on BCC response	2 x 6 site meetings conducted	Meeting reports	WV			To be deleted.
Output 1.8: Administration costs			WV			
1.8.1: Salaries & wages			WV			
1.8.2: Consultants & professional fees			WV			
1.8.3: Supplies, materials and delivery			WV			
1.8.4: Travel & transport			WV			
1.8.5: Other direct costs			WV			
1.8.6: Capital expenditure			WV			

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Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
Component 2: Continuing basic skills building training to TL sites						
Objective To improve Knowledge & skills of trainees in specific technical areas	<ul style="list-style-type: none"> Improved skills Improved knowledge 	Post training evaluations from trainees				
Output 2.1: Training delivered to sites in specific technical areas						
2.1.1: Training/refresher training delivered to sites on 'Basic HIV, AIDS and STI' through IEA. Sites will apply to the TL Team for training and the TL team will help facilitate a process with IEA to ensure training is delivered in an equitable manner to sites.	Number of people/sites receiving training, with appropriate proportion of young people, male/female participants ensured	Training reports with participant evaluations, Training Coordinators Report (Quarterly)	IEA to deliver training as per the Training Schedule.	As required		Qtr 1
						Qtr 2
						Qtr 3
						Qtr 4

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Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
2.1.2: Training/refresher training delivered to sites on 'Peer Education' through IEA. Sites will apply to the TL team for training and the TL team will help facilitate a process with IEA to ensure training is delivered in an equitable manner to sites.	Number of sites receiving training, with appropriate proportion of young people, male/female participants ensured.	Training reports with participant evaluations	IEA to deliver training as per the Training Schedule.	As required		
2.1.3: Training/refresher 10training delivered to sites on 'Care and Counselling' through IEA. Sites will apply to the Tingim Laip team for training and the TL team will help facilitate a process with IEA to ensure training is delivered in an equitable manner to sites.	Number of sites receiving training, with appropriate proportion of young people, male/female participants ensured.	Training reports with participant evaluations	IEA to deliver training as per the Training Schedule.	As required		
2.1.4: Training/refresher training delivered to sites on 'Home Based Care' IEA. Sites will apply to TL team for training and the TL team will help facilitate a process with IEA to ensure training is delivered in an equitable manner to sites.	Number of sites receiving training, with appropriate proportion of young people, male/female participants are to collect ensured.	Training reports with participant evaluations	IEA to deliver training as per the Training Schedule.	As required		
2.1.5: Personal Viability Training	2 trainings x 30 people Improved participant skills	Training reports with participant evaluations	WV Ginigoada/Badi li Vocational			
2.1.6: Training in "Starting Your Own Business"	2 trainings x 40 people Improved participant skills	Training reports with participant evaluations	WV			
2.1.7: Skills training: sewing	2 trainings x 40 people Improved participant skills	Training reports with participant evaluations	WV			

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Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
2.1.8: Skills training: baking and cooking	2 trainings x 40 people Improved participant skills	Training reports with participant evaluations	WV			
2.1.9: Skills training: arts and craft screen printing	2 trainings x 40 people Improved participant skills	Training reports with participant evaluations	WV			
Output 2.2 : Behaviour Change Communication support to Tingim Laip program and sites						
2.2.1: 3 Regional BCC workshops for 90 adults and youth	Number of workshops conducted	Workshop reports including participant feedback	FHI			
2.2.2: 1 intensive workshop for 25 participants from TL sites/community leaders to facilitate development of skilled mentors/coaches	Workshop conducted for 25 participants	Workshop reports including participant feedback	FHI			
2.2.3: Conduct 2 visits/34 sites to mentor & coach, support and monitor BCC action plans and youth groups, with feedback and advice	68 site visits conducted	Site visit reports	FHI			
Output 2.3: Administration & Management training						
2.3.1: Training in finance & administration (bookkeeping)			WV			
2.3.2: Refresher training in finance & administration (bookkeeping)	2 x 40 participants trained	Workshop reports including dissident feedback	WV			

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Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
2.3.3: Site committee training in M&E	2 x 30 participants trained	Workshop reports including dissident feedback	WV			
Component 3: Enhancing Community Mobilisation Approaches						
Objective: To improve capacity to involve communities in TL activities	Number& types of TL activities involving the entire community	RC reports Quarterly Project Report				
Output 3.1: Technical support for improved capacity for whole of community involvement in TL programs						
3.1.1: Conduct 3-day refresher training for well established and mobilised communities/sites in 3 locations	Two workshops conducted, with appropriate proportion of young people, male/female participants	Workshop Report	BI	Once		
3.1.2: Develop a social mobilisation toolkit for TL sites	Social mobilisation toolkit developed	Community Mobilisation Toolkit	BI	Once		
3.1.3: Conduct a study tour for the PNG/Indonesian cross border region	Study tour conducted	Study tour report	BI	Once		
3.1.4: Develop an established network of relevant organisations currently involved in some way of community mobilisation activities	Network membership list	Report on network activities	BI	Once		
3.1.5: Conduct training in Aids Competence programs with Salvation Army	Training undertaken	Training report	BI	Once		

Tingim Laip – Interim Management Phase - Activity Completion Report

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
3.1.6: <i>Community conversations</i> : engagement and capacity building of key communities, including meetings workshops and sensitization/trainings	# meetings with communities # workshops/trainings with community members Most significant change at community level	Workshop reports Significant change stories	SCiPNG BI	As required		
3.1.7: <i>Community conversations</i> : recruitment, capacity building and ongoing management of volunteers	# active volunteers # workshops # volunteer meetings Time spent monitoring & supporting volunteers Most significant changes among volunteers	Workshop reports Project records M&E reports	SCiPNG BI	As required		
3.1.8: <i>CDI</i> : training in community mobilisation strategies	2 trainings of 40 participants each	Training reports	WV	As required		
Output 3.2: Evaluation of social mobilisation approaches						
3.2.1: Conduct provincial and site visits to evaluate across the four methodologies used in 2007	Evaluation tool developed Evaluation undertaken	Evaluation report	BI	Once		
3.2.2: Disseminate results of evaluation to relevant organisations in PNG	List of organisations receiving results	Report on Community Mobilisation Activity	BI	Once		

Tingim Laip – Interim Management Phase - Activity Completion Report

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
Component 4: Strengthening youth leadership in TL responses						
Objective						
To increase youth-focused community activities in Tingim Laip sites	% of community activities that involve youth	Quarterly Progress Reports				
Output 4.1: Create enabling environments and develop skills to strengthen the voice of youth at national and site level						
4.1.1: Specific technical support for improved capacity for youth participation and leadership development in TL program	TA completed	TA report	BI	As required		
4.1.2: Conduct a National Youth Forum that is co-facilitated/organised through the youth interns	National Youth Forum conducted	NYF report	BI	Once		
4.1.3: Provide adequate level of supervision and support through POs and RC to strengthen the site activity grants process to include activities that are focused on youth participation	Supervision and support occurs	RC reports	BI	As required		
Output 4.2: Youth leadership program continues						
4.2.1: Conduct a 2-week intensive training with selected interns to provide opportunities for focused capacity building	Two week training completed Program developed for Youth	Training report Youth certificates Youth & Mentor reports	BI	Once		
4.2.2: M&E and support visits to interns at site level to review planned and previously funded youth activities	Visit undertaken	TA report	BI	Once		

Tingim Laip – Interim Management Phase - Activity Completion Report

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
4.2.3: Conduct 5-day strengthening the 4 pillars workshop for interns and selected others	Workshop undertaken Improved understanding of participants	TA report	BI	Once		
4.2.4: Conduct M&E visits to interns at site level to assess impact of previously run strengthening the 4 pillars workshop	Visits undertaken	TA report	BI	Once		
4.2.5: Organise and conduct site exchange program for interns	Exchanges occur	Quarterly Progress reports	BI	Once		
4.2.6: Conduct attachment to the national TL office for 2 interns for development of skills in conference organisation	Attachments completed	Quarterly Progress reports	BI	Once		
Component 5: Incorporation of drugs and alcohol related harm minimization initiatives into existing Tingim Laip program activities						
Objective To increase the focus on D&A in TL activities	Increased number of D&A activities in sites	Project reports TA reports				
Output 5.1: Technical support for improved capacity through sites for communities to deal with drugs and alcohol and their effect on society and particular risky sexual behaviour						
5.1.1: Workshops for focused capacity building directed at TL site level	Technical adviser inputs Program developed Workshop participation	Workshop reports including participant feedback	BI	Once		

Tingim Laip – Interim Management Phase - Activity Completion Report

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
5.1.2: Activity funding to sites to conduct their own activities to address drug and alcohol related harms and harm minimisation	Sites reporting on progress & financial acquittal of activity funds	Monthly Site Reports	BI	Once		
5.1.3: Expansion of interventions in Madang	Increased D&A interventions	TA report	BI	Once		
Output 5.2: Evaluation of D&A approaches						
5.2.1: 3-week monitoring and evaluation at 4 previously selected pilot sites	TA provided Visits occur	TA report	BI	Once		
5.2.2: Dissemination workshop for selected TL sites	Workshop undertaken	TA report	BI	Once		
Component 6: Strengthening mechanisms for addressing gender related vulnerability						
Objective: To increase more appropriate and broader gender content in TL activities	Increased gender focus in activities	Quarterly Progress reports				
Output 6.1: Stronger evidence base for gender focus in Tingim Laip						
6.1.1: Use the findings of the gender audit undertaken by Sanap Wantaim to inform the development of a gender framework for incorporating gender activities/interventions into <i>Tingim Laip</i> .	Gender framework developed	Quarterly Progress Report	All partners	Quarterly		
6.1.2: Meet with AusAID (Sanap Wantaim) Gender Advisers to explore their availability to build knowledge in incorporating gender-focused approaches into TL activities	Meeting undertaken Availability schedule developed	Quarterly Progress Report	BI	Quarterly		

Tingim Laip – Interim Management Phase - Activity Completion Report

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
6.1.3: Work with Gender Advisers to develop strategies that are appropriate to audiences and planned activities of TL	Strategies developed and incorporated into planned activities	Quarterly Progress Report	BI	Quarterly		
Output 6.2: Mainstreaming of gender issues across all TL activities						
6.2.1: Gender focus in training packages is strengthened	Gender knowledge in trainings	Quarterly Progress Report	IEA, FHI, BI	Quarterly		
Component 7: Technical skill building in advocacy, policy, stigma and discrimination reduction, and greater involvement of people living with HIV						
Objective: To increase the focus on advocacy and reducing stigma for PLWHAs	Improved attitude of site committees Increased inclusion, participation of PLWHAs in site activities	RC reports Quarterly Progress Report				
Output 7.1: Technical support for improving capacity for communities to address stigma and discrimination and involve people living with HIV in TL activities						
7.1.1: Local technical support will be engaged and partnerships developed between TL team and sites and Igat Hope	TA engaged TL site-Igat Hope partnership occurring	Quarterly Progress Report	BI	Quarterly		
7.1.2: Skills building sessions conducted at the regular bimonthly coordination meetings addressing stigma and discrimination	Skills building sessions conducted on stigma and discrimination	Quarterly Progress Report	BI	Quarterly		

Tingim Laip – Interim Management Phase - Activity Completion Report

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
Output 7.2: Technical support for improved capacity for communities to understand their rights and practical implications of the HAMP Act						
7.2.1: Through BIMMS and the annual symposium work in partnership with NACS to increase knowledge of people's rights and the HAMP Act	Dedicated sessions at BIMMS & annual symposium Improved knowledge	Quarterly Progress Report BIMM minutes National Symposium report	BI	Quarterly As required		
Component 8: Access to behaviour change materials including condoms						
Objective To improve supply of behaviour change resources to sites	IEC resources Condoms distributed	Quarterly reports				
Output 8.1: TL sites and program will have continuing access to male and female condoms, and to IEC/BCC materials through the NACS Resource Centre						
8.1.1: TL to meet with NACS monthly to improve access and distribution of condoms and IEC materials to sites	Sites have continual and uninterrupted access to male and female condoms and IEC/BCC materials	Monthly Site Reports	BI	Monthly		
8.1.2: Develop and implement a mechanism for monitoring ongoing availability of condoms at site level	Mechanism developed	Monthly Site Reports	BI	Monthly		

Tingim Laip – Interim Management Phase - Activity Completion Report

Narrative Summary	Verifiable indicators	Means of verification	Responsible for collection, reporting	Timing of activity, scheduling	Status	Progress, comments
8.1.3: Information gathered through use of the mechanism disseminated to NACS and NSP through quarterly reports	Information collated	Quarterly 4 Pillar Update	BI	Quarterly		
Output 8.2: Resources available through sources other than NACS						
8.2.1: Development of pamphlets, posters, risk cards, newspaper advertisements	Materials developed	Training reports Project reports	WV SCiPNG			Status??
8.2.2: Distribution of IEC materials/male and female condoms to sites	Materials distributed	Project reports	WV SCiPNG			Status??
8.2.3: Development of mass media - radio spots, radio interviews, question and answer sessions	Mass media mediums developed	Project reports	WV			Status??
8.2.4: Advocate through Theatre drama groups	25 dramas performed	Project reports	WV			Status??
8.2.5: World Aids Day activities	Aids Day activities coordinated, delivered	Project reports	WV			Status??

Annex 2: Financial Report Period July 2010 to August 2010

PERSONNEL	Jul-Aug 2010 Contracted Amount	Monthly Charge 2010	Charged Amount Jul-Aug 2010	Variance	Comments
In Australia					
Technical Director	15,300	7,650	15,300		
Project Manager	10,734	5,367	10,734		
In PNG					
Senior Program Manager	34,320	17,160	34,320		
Transition Manager	17,680	8,840	17,680		
Team Leader	12,526	6,263	12,526		
Site Grants Coordinator	13,125	6,563	13,125		
Regional Coordinators (4)	19,158	9,579	19,158		
Provincial Support Officers (9)	18,421	9,211	18,421		
Monitoring and Evaluation	-	-			
Program Training Coordinator	-	-			
Staff Retention Payment	49,404	-	49,404		
	190,668		190,668		
Admin and Operating Costs					
Rent	23,026	11,513	23,026		
Insurance - Office and MV	10,667	5,334	10,667		

Tingim Laip – Interim Management Phase - Activity Completion Report

PERSONNEL	Jul-Aug 2010 Contracted Amount	Monthly Charge 2010	Charged Amount Jul-Aug 2010	Variance	Comments
Australia Support and Infrastructure (10%)	65,661		65,661		
PNG Admin Support	51,480	25,740	51,480		
IT and Communications	9,621	4,811	9,621		
Security	9,000	4,500	9,000		
Utilities "Other office running costs & recruitment"	18,000	9,000	18,000		
Fuel	4,000	2,000	4,000		
	191,455		191,455		
Total	382,123		382,123		
Activities					
<i>COMPONENT 1</i>					
Output 1.1 - TL coordination	37,947		63,467	(25,520)	Also includes costs directly associated with close down of TL1 and transition to TL2.
Output 1.2 - Financial management	133,301		65,609	67,692	Includes: site running costs and grants; other financial/admin support provided by i) POM based staff and ii) Melbourne based Project Manager (not salary) and Finance Officer. Includes final repayments by Burnet for reported Project Officer Fraud issues (J.Sakul & B.McRubins). Also reimbursement for missing assets and uncleared Site running costs (also reimburse by Burnet). High remaining variance due to decision not to release final tranche of site grants.

Tingim Laip – Interim Management Phase - Activity Completion Report

PERSONNEL	Jul-Aug 2010 Contracted Amount	Monthly Charge 2010	Charged Amount Jul-Aug 2010	Variance	Comments
Output 1.3 - HR management	79,895		22,605	57,289	Includes travel to sites for RCs and TL management. PO & SPM visits. Visits to sites reduced due to TL close up and transition.
Output 1.4 - Support to BCC interventions at site level	-				
Output 1.5 - National Annual TL Symposium	-		2,262	2,262	
Output 1.6 - TL monitoring and evaluation	9,132		35,711	(26,579)	Monitoring inputs for Technical Director. Impact evaluation TA Fees charged. Extra expenditure approved by AusAID
Output 1.7 - National/provincial/district level stakeholder capacity building and advocacy	-				
Output 1.8 - Administration costs	-				
COMPONENT 2					
Output 2.1 - Training delivered to sites in specific technical areas	44,737		17,393	27,344	Limited Training conducted during this period. Majority of expenditure for Site Exchange visits, these visits did not occur due to operational requirements of transition period.
Output 2.2 - Behaviour change communication support to TL program and sites	2,632			2,632	
Output 2.3 - Administration and management training	9,474		2,570	6,904	Professional development for staff.
COMPONENT 3					
Output 3.1 - Technical support for improved capacity for whole of community involvement in TL programs	-				

Tingim Laip – Interim Management Phase - Activity Completion Report

PERSONNEL	Jul-Aug 2010 Contracted Amount	Monthly Charge 2010	Charged Amount Jul-Aug 2010	Variance	Comments
Output 3.2 - Evaluation of social mobilisation approaches	-				
COMPONENT 4					
Output 4.1 - Create enabling environment and develop skills to strengthen the voice of youth at national and site level	-				
Output 4.2 - Youth Leadership program continues	-			-	
COMPONENT 5					
Output 5.1 - Technical support for improved capacity through sites for communities to deal with drugs and alcohol and their effect on society and particular risky sexual behaviour	20,395		19,538	857	Training for Lae sites and POM Stakeholders
Output 5.2 - Evaluation of D&A approaches	-				
COMPONENT 6					
Output 6.1 - Stronger evidence base for gender focus in Tingim Laip	-				
COMPONENT 7					
Output 7.1 - Technical support for improving capacity for communities to address stigma and discrimination and involve people living with HIV in TL activities	2,632			2,632	

Tingim Laip – Interim Management Phase - Activity Completion Report

PERSONNEL	Jul-Aug 2010 Contracted Amount	Monthly Charge 2010	Charged Amount Jul-Aug 2010	Variance	Comments
Output 7.2 - Technical support for improved capacity for communities to understand their rights and practical implications of the HAMP Act	-				
<i>COMPONENT 8</i>					
Output 8.1 - TL sites and program will have continuing access to male and female condoms, and to IEC/BCC materials through the NACS Resource Centre	-				
Output 8.2 - Resources available through sources other than NACS	-				

Activity Total	340,143	229,154	110,989
TOTAL BUDGET	722,266	611,277	110,989



INDEPENDENT AUDIT REPORT TO AUSAID

Scope

We have audited the attached Expenditure Statements (Attached as Appendix A) and the Fixed Asset Schedule in accordance with the Funding Agreement for the period of 1 January 2007 to 31 March 2010 ("the Agreement") between AUSAid and MacFarlane Burnet Institute for Medical Research and Public Health ("the Institute"). Management of the Institute are responsible for the Expenditure Statements and the Fixed Asset Schedule. We have conducted an independent audit of the Expenditure Statements and the Fixed Asset Schedule in order to express on it to AusAID.

The Expenditure Statements and Fixed Asset Schedule have been prepared in accordance with the requirements of the Funding Agreement for the purpose of fulfilling the reporting requirements from AusAID. Our responsibility is to express an opinion on the Expenditure Statements and Fixed Asset Schedule based on our audit. We disclaim any assumption of responsibility for any reliance on this report or on the Expenditure Statements and Fixed Asset Schedule to which it relates to any person other than AusAID and the Institute or for any other purposes other than that for which it was prepared.

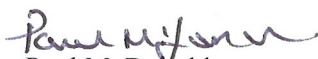
Our audit has been conducted in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with the relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain a reasonable assurance whether the Expenditure Statements and Fixed Asset Schedule is free from material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts disclosed in the Expenditure Statements and Fixed Asset Schedule. Our procedures considered whether the funds were expended in accordance with the purpose for which they were received. These procedures have been undertaken to form an opinion as to whether, in all material aspects, the attached Expenditure Statements and Fixed Asset Schedule is presented fairly in accordance with the Agreement, using applicable Accounting Standards and other mandatory professional reporting requirements in Australia.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Audit opinion

In our opinion, the attached Expenditure Statements and Fixed Asset Schedule of the Tingim Laip Acquittal is presented fairly in all material respects in accordance with the requirements of the Funding Agreement for the purpose of fulfilling AusAID'S reporting requirements.

KPMG
KPMG


Paul McDonald
Partner

Melbourne

21 June 2010

Annex 9: Financial Report

Project Interim Management and Oversight Arrangements for Tingim Laip (High Risk Setting Strategy)
 Project Period January 2007 - March 2008
 Currency AUD

Financial Acquittal (January 2007 - March 2008)

Description	Contracted Amount	Contract Variation	Total	Charged Amount Jan - Dec 07	Charged Amount Jan 07 - Mar 08	Variance	Notes as at March
Senior Program Manager	225,200	40,800	266,000	243,030	282,630	16,630	\$23k for 9 months. \$13,200 months. Plus cost of handover/induction from interim manager of \$23k
Team Leader	75,000		75,000	60,000	75,000		\$5k per month for 15 months (incorporates interim support costs associated with recruitment of new National Manager)
Project Manager	60,500	14,592	95,092	78,507	92,664	2,428	\$7,150 per month for 9 months \$4,719 per month for 6 months (Oct 07-Mar 08).
Site Grants Coordinator	29,895		29,895	16,941	22,920	6,976	\$1,993 per month. Charged for 11.5 months as position filled in mid-April. Interim support costs from Feb-Mar due to loss of National Manager in Jan
Regional Coordinators (4)	150,000		150,000	87,500	125,000	25,000	60 months of Regional Coordinator time (\$2,500 per month)
Provincial Support Officers (11)	151,250		151,250	90,634	115,416	35,834	\$916 per month per PO. 6 PO started in Jan 07. 3 PO
Administration Costs	330,000	60,000	390,000	330,000	390,000	-	\$30k per month
TL Staff and Stakeholder Travel within PNG Seminar/Workshops and monthly meetings	60,000		60,000	28,154	60,000		Due to management of procedure standards some grants to sites have been delayed, resulting in an underspend. These grant funds are committed & therefore charged for this reporting period. These funds will be carried over into next reporting period
Unallocated STA Support including Travel	774,360		774,360	518,562	782,360	8,050	1 extra STA input to support project management due to resignation of National Manager in Jan 08
Office Set up (other than Transition) and Operating Costs	188,903		188,903	171,926	207,304	38,620	Overspend associated with legal costs
	2,245,048	115,392	2,360,440	1,763,810	2,371,913	11,473	
Steering Committee Initiatives	200,000		200,000	88,320	186,544	13,456	
Transition Costs	186,105		186,105	188,088	188,088	1,983	
Additional Costs	159,000		159,000	150,000	150,000		
	536,105		536,105	426,408	524,632	11,473	
	2,781,153	115,392	2,896,545	2,210,218	2,896,545	0	

Annex 5: Financial Report

Organisation: Burnet Institute
 Project: Interim Management and Oversight Arrangements for Tingim Laip - Extension Period
 Prepared by: Tansia Jarrett, Project Manager
 Date Prepared: February 2009

Personnel in Australia	Apr-Dec08 Contracted Amount	Apr-Dec08 Monthly Charge	Charged Amount Apr - Sept 08	Charged Amount Oct - Dec 08	Total Charge Apr- Dec08	Variance
Technical Director	45,900	5,100	30,600	15,300	45,900	-
Project Manager	48,300	5,367	32,200	16,100	48,300	-
In PNG						
Senior Program Manager	117,000	13,000	78,000	39,000	117,000	-
Team Leader	157,500	17,500	105,000	52,500	157,500	-
Site Grants Coordinator	17,935	1,993	11,956	5,978	17,935	-
Regional Coordinators (4)	90,000	10,000	60,000	30,000	90,000	-
Provincial Support Officers (9)	74,250	8,250	49,500	24,750	74,250	-
Monitoring and Evaluation	36,000	4,000	24,000	12,000	36,000	-
Program Training Coordinator	31,500	3,500	21,000	10,500	31,500	-
	618,385	68,708	412,256	206,128	618,385	-
Admin and Operating Costs						
Rent	60,750	6,750	40,500	20,250	60,750	-
Insurance - Office and MV	40,000	4,000	26,667	13,333	40,000	-
Australia Support and Infrastructure (10%)	235,945	26,216	157,298	78,647	235,945	-
PNG Admin Support	178,200	19,800	118,800	59,400	178,200	-
IT and Communications	27,000	3,000	18,000	9,000	27,000	-
Security	40,500	4,500	27,000	13,500	40,500	-
Utilities	45,000	5,000	30,000	15,000	45,000	-
Fuel	13,500	1,500	9,000	4,500	13,500	-
	640,895	72,756	427,263	213,632	640,895	-
Activities						
Component 1						
Output 1.1 - TL coordination	87,143		47,776	48,976	96,754	389
Output 1.2 - Financial management	240,048		123,185	104,819	228,004	20,043
Output 1.3 - HR management	300,953		92,440	160,292	252,732	48,221
Output 1.4 - Support to BCC interventions at site level						
Output 1.5 - National Annual TL Symposium	143,810		10,268	239,837	250,105	106,296
Output 1.6 - TL monitoring and evaluation						
Output 1.7 - National/provincial/district level stakeholder capacity building and advocacy						
Output 1.8 - Administration costs						
Component 2						
Output 2.1 - Training delivered to sites in specific technical areas	192,857		135,720	8,320	142,040	50,818
Output 2.2 - Behaviour change communication support to TL program and sites						
Output 2.3 - Administration and management training	21,429			4,481	4,481	16,947
Component 3						
Output 3.1 - Technical support for improved capacity for whole of community involvement in TL programs	61,905		5,251	17,087	22,338	39,567
Output 3.2 - Evaluation of social mobilisation approaches	14,265		6,382	334	6,716	7,569
Component 4						
Output 4.1 - Create enabling environment and develop skills to strengthen the voice of youth at national and site level	100,095		7,083	44,359	51,442	48,653
Output 4.2 - Youth Leadership program continues	61,905		4,481		4,481	57,444
Component 5						
Output 5.1 - Technical support for improved capacity through sites for communities to deal with drugs and alcohol and their affect on society and particular risky sexual behaviour	62,738		20	33,525	33,546	29,192
Output 5.2 - Evaluation of D&A approaches	19,048			14,286	14,286	4,762
Component 6						
Component 7						
Output 7.1 - Technical support for improving capacity for communities to address stigma and discrimination and involve people living with HIV in TL activities	4,762		4		4	4,758
Output 7.2 - Technical support for improved capacity for communities to understand their rights and practical implications of the HAMP Act	4,762					4,762
Component 8						
Output 8.1 - TL sites and program will have continuing access to male and female condoms, and to IEC/BCC materials through the NACS Resource Centre	2,381					2,381
Output 8.2 - Resources available through sources other than NACS						
	1,338,119					
	2,595,399		432,591	674,318	1,106,909	229,210
PASHP delay (incl GST)	126,951					
	2,722,350					
Contract value - PASHP delay GST	2,710,791					

Annex 7

Finance Report: January - December 2009

Organisation: Burnet Institute
 Project: Intern Management and Oversight Arrangements for Tingu Lep - Extension Period
 Prepared by: Tansie Jarrett, Project Manager
 Date Prepared: January 2010

	Jan - Dec 2009					TOTAL CHARGE	Variance	Comments
	Contracted Amount	Monthly Charge 2009	Charged Amount Jan - Jun 2009	Charged Amount Jul - Dec 2009	2009			
PERSONNEL								
in Australia								
Technical Director	61,200	5,100	30,600	30,600	61,200	-		
Project Manager	64,404	5,367	32,202	32,202	64,404	-		
in PNG								
Senior Program Manager	205,920	17,160	102,960	102,960	205,920	-		
Team Leader	97,143	8,095	48,571	48,571	97,143	-		Monthly charge for Jul-Dec period only. This position was not funded from Jan-June.
Site Grants Coordinator	37,500	6,250	-	37,500	37,500	-		
Regional Coordinators (4)	148,571	12,381	74,286	74,286	148,571	-		
Provincial Support Officers (9)	135,715	10,714	64,286	71,429	135,715	-		Monthly rate increased to \$11,905 from July-Dec as per budget submitted with contract extension for Jul-Dec period.
Monitoring and Evaluation	75,000	6,250	37,500	37,500	75,000	-		
Program Training Coordinator	64,286	5,357	32,143	32,143	64,286	-		
	889,739		422,548	467,191	889,739	0		
Admin and Operating Costs								
Rent	125,329	10,321	61,929	63,400	125,329	-		Monthly rate increased to \$10,567 from July-Dec as per budget submitted with contract extension for Jul-Dec period.
Insurance - Office and MV	57,142		28,571	28,571	57,142	-		
Australia Support and Infrastructure (10%)	229,155	16,667	100,000	129,155	229,155	-		Monthly rate increased to \$21,526 from July-Dec as per budget submitted with contract extension for Jul-Dec period.
PNG Admin Support	308,880	25,740	154,440	154,440	308,880	-		
IT and Communications	75,771	6,314	37,886	37,886	75,771	-		
Security	54,000	4,500	27,000	27,000	54,000	-		
Utilities "Other office running costs & recruitment"	108,000	9,000	54,000	54,000	108,000	-		
Fuel	44,555	2,000	12,000	32,555	44,555	-		Monthly charge same for Jul-Dec period but Jul-Dec period budget included funds for purchase of new vehicle (total of \$20,555).
	1,002,832		475,825	527,007	1,002,832	0		
	1,892,571		898,373	994,198	1,892,571	0		
Activities								
COMPONENT 1								
Output 1.1 - TL coordination	85,333		29,867	55,467	85,333	-		
Output 1.2 - Financial management	338,471		139,146	199,325	338,471	-		Site costs are lower than originally anticipated.
Output 1.3 - HR management	106,778		50,626	56,152	106,778	-		
Output 1.4 - Support to BCC interventions at site level			-	-	-	-		
Output 1.5 - National Annual TL Symposium			1,236	-	1,236	-		
Output 1.6 - TL monitoring and evaluation	32,000		-	2,753	32,000	-		MAE Specialist input deferred to Jan-June 2010 due to contract extension building and advocacy
Output 1.7 - National/provincial/district level stakeholder capacity			-	-	-	-		
Output 1.8 - Administration costs			-	-	-	-		
COMPONENT 2								
Output 2.1 - Training delivered to sites in specific technical areas	38,899		50,938	15,804	66,742	27,853		Training costs higher than originally anticipated due to increase demand and running costs.

Output 2.2 - Behaviour change communication support to TL program and sites	5,556	-	-	-	5,556	
Output 2.3 - Administration and management training	6,567	-	1,260	1,260	5,407	
COMPONENT 3						
Output 3.1 - Technical support for improved capacity for whole of community involvement in TL programs	11,111	11,890	13,607	25,497	14,395	Cost for conducting social mobilisation toolkit trials higher than originally anticipated.
Output 3.2 - Evaluation of social mobilisation approaches		-	-	-	-	
COMPONENT 4						
Output 4.1 - Create enabling environment and develop skills to strengthen the voice of youth at national and site level		-	-	-	-	
Output 4.2 - Youth leadership program continues		-	-	-	-	
COMPONENT 5						
Output 5.1 - Technical support for improved capacity through sites for communities to deal with drugs and alcohol and their effect on society and particular risky sexual behaviour		357	6,367	6,725	6,725	Expenditure due to ongoing demand from sites for O&A activities and support
Output 5.2 - Evaluation of D&A approaches		-	-	-	-	
COMPONENT 6						
Output 6.1 - Stronger evidence base for gender focus in Tirgim Lap	20,000	-	-	-	20,000	Gender audit unable to be undertaken due to departure of Training Coordinator and not having a designated Gender staff member to champion the activity.
COMPONENT 7						
Output 7.1 - Technical support for improving capacity for communities to address stigma and discrimination and involve people living with HIV in TL activities	33,333	-	29,460	29,460	3,873	
Output 7.2 - Technical support for improved capacity for communities to understand their rights and practical implications of the HAMPP Act		-	-	-	-	
COMPONENT 8						
Output 8.1 - TL sites and program will have continuing access to male and female condoms, and to IEC/BCC materials through the NACS Resource Centre		-	-	-	-	
Output 8.2 - Resources available through sources other than NACS		-	-	-	-	
Activity Total	678,138	284,060	286,798	570,858	107,280	
TOTAL BUDGET	2,579,709	1,182,433	1,280,996	2,463,429	1,398,276	

Note:
2009 underspend to be deducted from final tranche for 2010.

Output 4.1 - Create enabling environment and develop skills to strengthen the voice of youth at national and site level

Output 4.2 - Youth Leadership Program activities

COMPONENT 5

Output 5.1 - Technical support for improved capacity through states for communities to deal with drugs and alcohol and their effect on society and particularly risky sexual behaviour

Output 5.2 - Evaluation of D&A approaches

COMPONENT 6

Output 6.1 - Stronger evidence base for gender issues in Timor

1.39

COMPONENT 7

Output 7.1 - Technical support for improving capacity for communities to address stigma and discrimination and involve people living with HIV in TL activities

Output 7.2 - Technical support for improved capacity for communities to understand their rights and practical implications of the NAMP Act

COMPONENT 8

Output 8.1 - TL sites and program will have continuing access to male and female condoms, and to IEC/BCC materials through the NACS Resource Centre

Output 8.2 - Resources available through sources other than NACS

Activity Total	522,565
TOTAL BUDGET	1,457,363

155,304	-	155,304	387,561
638,566	-	638,566	818,813

Funds to support participation of local positive groups in TL activities e.g. training for Milne Bay, Manus and Wewak etc.

INDEPENDENT EVALUATION
OF
TINGIM LAIP



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Date: July 2010

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Disclaimer

This report has been produced solely upon information supplied to the consultant by Tingim Laip or collected during interviews and group discussions with selected informants. While I make every effort to ensure the accuracy of this report, any judgments as to the suitability of information for the client's purposes are the client's responsibility.

ACKNOWLEDGEMENT

I am grateful to Burnet Institute and for entrusting me to undertake a study of their Tingim Laip Project. I am indebted to the following for the roles they played in the course of the evaluation exercise:

- ❖ **Andrea Fischer**, Burnet Institute (Harm Reduction and Development) for her support in scoping and oversight of the evaluation.
- ❖ **David Dena** (Project Officer, Tingim Laip - Manus) for his valuable assistance in carrying out the challenging task of providing logistical support during the field work for the evaluation. I am also grateful for his support in conducting a number of qualitative interviews and participation in the story analysis and selection workshop. Without his enthusiastic participation, this evaluation would not have been possible.
- ❖ The **Project Officers** who assisted in organizing interviews and workshops with the site committees in the settings included in this study
- ❖ **Site Committee Members and volunteers** for sharing their rich experiences of being part of the Tingim Laip with us. The information they provided on the project has been central to this study.

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
AusAID	Australian Agency for International Development
BCC	Behaviour Change communication
GIPA	Greater Involvement of People living with HIV
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
KAP	Knowledge, attitude and practice
M&E	Monitoring and Evaluation
MSC	Most Significant Change
NACS	National AIDS Council Secretariat
NCD	National Capital District
NDoH	National Department of Health
NGO	Non-governmental Organisation
PAC	Provincial AIDS Committee
PLHIV	People living with HIV
PNG	Papua New Guinea
PPTCT	Prevention of Parent to Child Transmission
SCI PNG	Save the Children Papua New Guinea
STI	Sexually Transmitted Infection
TL	Tingim Laip
VCT	Voluntary Counselling and Testing for HIV

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Executive summary

The HIV trend in rural Papua New Guinea is increasing, and as the need for immediate and targeted interventions is growing, the need to identify evidence informed initiatives to be scaled up is more urgent. The purpose of the evaluation was to investigate to what extent the Tingim Laip Project, has resulted in demonstrable outcomes for specifically defined targets. It is hoped that the evaluation will address evidence gaps in the PNG HIV response through demonstrating how beneficiaries attribute change in their lives to specific interventions. The study also aims to provide insights into what factors have contributed or hindered the success of the project in order to inform how it may be scaled up in the future. The design of the evaluation combines exploratory and in-depth techniques, with a strengths-based approach. Furthermore, it encourages capacity building of the project staff through involving them at key stages of the evaluation.

Tingim Laip is Papua New Guinea's (PNG) largest community-based HIV prevention strategy operating in 36 sites across 11 provinces. It was designed to respond to the urgent need for a targeted behaviour change intervention focusing on most vulnerable populations in settings throughout the country where HIV transmission was known or likely to be high. *Tingim Laip* recognises that not everyone is at equal risk, and that there is an urgent need in PNG to address those contexts where vulnerability is greatest. Key features of the strategy are (1) empowering vulnerable communities to develop, implement and monitor their own responses to HIV; and (2) forming partnerships with government departments (Defence, Police, CIS), the private sector (mining and petroleum, palm oil industry, fisheries, the sugar industry) and civil society (non-government organisations (NGO), community based organisations (CBO), and faith-based organisations (FBO)) in both rural and urban settings.

This report documents the Evaluation of the Tingim Laip, PNG. The study was conducted by an independent evaluator for and on behalf of the Burnet Institute in May 2010. This study involved a participatory process focusing on capturing qualitative data to tell the story of the Tingim Laip through an in-depth study of five sites namely:

1. Waipa Zone, Mt Hagen
2. Porebada, Central province
3. Igam Barracks, Lae
4. Kakaruk Market, Goroka
5. RD fishing, Madang

The key findings

The findings of the evaluation are structured around a theory of change. This model makes the pathway to change, in this case is via Site Committees (or volunteers in the case of the Goroka site) explicit so that the contribution of Tingim Laip can be better understood. It would be very difficult to attribute changes in attitudes and behaviours of the target populations without some analysis of *how* the committees/volunteers are expected to bring about these changes.

Strengthened capacity of site committees

Building the capacity of and supporting the role of the volunteers (site committee members and SC volunteers) is the direct contribution of Tingim Laip to successful HIV prevention. Key findings of the study are that participation in the project has had a positive benefit on the volunteers who have been engaged in implementation at the community level. Changes were reported at the Site Committee members and volunteers in terms of:

- ❖ Increased knowledge of HIV
- ❖ Positive behavior change (away from 'risky' behaviours)
- ❖ Respect and recognition
- ❖ Increased confidence and self esteem
- ❖ Understanding of Behavioural Change Communication
- ❖ Participation of women and youth

Community owned and led response to HIV

Applying skills and knowledge to conduct BCC activities

As a result of enhanced capacity site committees have been able to implement their own response to HIV. This involved designing and delivering BCC activities which target at risk populations within their particular setting. Activities usually incorporated dissemination of IEC materials as well as condoms. Condom promotion and demonstrations were often incorporated into activities and interventions.

Identifying sexual health issues and making referrals

Often as a result of the BCC outreach activities, volunteers become known in their community /setting as someone to go to for advice about sexual health issues. However, in addition to responding to requests for information and advice, there is evidence to indicate that volunteers have also been independently identifying sexual health issues in and making appropriate referrals.

Support to PLHIV

Although providing support to PLHIV was the least effective of the four pillars (mainly due to a lack of clarity about what it means), there was some evidence of TL volunteers visiting PLHIV and offering support. Although efforts at limiting stigma and discrimination did not factor greatly in the findings, some sites had made efforts to include PLHIV in their activities.

IMPACT of Tingim Laip – ultimate outcomes

Although it was not possible to consult the ultimate beneficiaries or targets of the Tingim Laip project during this evaluation, anecdotal information from committee members and available quantitative data against the **Four Pillars** suggests that the work they are doing is having a impact on those they are targeting for change. Outcomes associated with the project included:

- Increased awareness and understanding of HIV and related sexual health issues
- Willingness to discuss HIV and/or sexual health
- Openness to discuss drug and alcohol use
- Improved access to condoms
- Improved access and demand for HIV information and services
- Positive behavior change – away from risky behaviours

Understanding outcomes in context - The 'settings' explained

The evaluation situates the outcomes and achievements of the Tingim Laip Project (discussed above) in the context of the 'settings' approach. This proved to be a valuable exercise in highlighting the project *in action* by demonstrating how the project is implemented based on the particular context of the setting. The evaluation found that Tingim Laip was able to adapt to respond to specific needs and populations.

Factors supporting or hindering success

When considering either replicating or scaling up projects it is important to identify the factors that either supported or hindered the success of the particular intervention. The factors identified in this section represent a synthesis of the various data included in this evaluation in relation to what was working well and what were the main challenges faced across all five sites.

Factors that contributed to the success of the project

- ❖ Training and support of committees and volunteers
- ❖ Motivation and commitment of committee members and volunteers
- ❖ Broad participation and engagement in Tingim Laip
- ❖ Communication and coordination
- ❖ A supportive environment

Factors that posed challenges/constraints

- ❖ Cultural barriers
- ❖ Lack of health services or links with health service providers
- ❖ Ineffective coordination and communication
- ❖ Weak management and administration
- ❖ Challenges of volunteerism

Lessons Leant and recommendations

The need for meaningful and consistent reporting

Due to the extremely weak reporting and absence of an effective M&E system it is not possible to fully evaluate what has been done at four of the five sites included in this evaluation¹. There was a lack of consistent activity/output reporting and data against the four pillars was patchy at best.

Recommendation 1: *Revise the M&E framework to ensure more meaningful monitoring of output as well as outcome data. Program logic should be used to inform the design of the revised framework and sites should be involved in the process to ensure greater ownership of the resulting system.*

Recommendation 2: *Standardise the Quarterly reporting format to ensure consistent and useful data is collected from the project sites and clarify the reporting channels and data storage responsibilities. To build greater accountability, the template should include a format for recording of site based activities and their targets for change. A separate section should be included for reporting on non BCC activities (such as networking and partnerships) in a structured way. A separate reporting format should be developed for the Project officer to track capacity building and support provided to each site. Activities undertaken by the Project Officer to support the site committees should also be listed. This in turn would link to a more robust M&E framework (see recommendation above), and greater accountability (see recommendation below).*

Importance of effective coordination and support to settings

It needs to be recognized that committees operate on a voluntary basis and require oversight and support from their project officers. The Project Officers and Regional Coordinators need to be accountable to providing this support and coordination and should be assessed against a clear set of guidelines and performance criteria.

¹ The the exception being Kakaruk market in Goroka which is managed by Save the Children

Recommendation 3: *Develop and implement performance criteria for Project Officers and Regional Coordinators*

Understanding of setting concept

Most sites indicated a frustration that they did not have adequate resources to expand to other communities, despite often receiving requests from the communities themselves. This suggests a lack of understanding of the 'setting' concept and the criteria used to identify 'settings' for the project. However, it also demonstrates the value being placed on the work that is being done and the need for HIV prevention activities in PNG.

Recommendation 4: *Ensure that all stakeholders are familiar and sensitized in the 'Setting concept'*

Understanding and ownership by site committees of their role in HIV prevention

At each of the sites the 'logic' of the project was presented to the committee (or volunteers in the case of Goroka). In each case this was found to be highly valuable to the members and some expressed regret that this had not been explained clearly at the beginning. This raises some questions as to the committees understanding of their role in the bigger picture of HIV prevention and the importance of moving beyond a focus on activities to thinking about 'change' in the context of their particular setting. Some sites demonstrated a high dependency on grants as a means of functioning which raises questions of ownership and sustainability. There was not much sense of the project being 'owned' by the committees.

Recommendation 5: *The use of program logic as a tool for better engaging sites and clarifying their role in HIV prevention should be expanded to all sites. In addition to fostering greater ownership of Tingim Laip in their settings, it would also provide an entry point for discussing and improving M&E (see recommendation 1 above)*

Governance capacity of site committees

Site committees appeared to have had limited training in governance. Community Governance is a concept that recognises that "ownership" of the "wicked issues" rests with the community as a whole. Governance has been defined as how people in organisations, groups, associations and communities organise themselves collectively to achieve their visions or goals. Governance is about how the organisation is run – the structures and systems and understandings that enable members to make the right decisions and set the right course.

Recommendation 6: *incorporate training in community governance in the existing training package provided to site committees.*

Ensuring a supportive and enabling environment

Communication for prevention can only be effective if it has a support structure. Promoting condoms, for example, is pointless, if people cannot easily access them. Support structures are not necessarily only related to prevention. They also include structures that focus on men and women infected and/or affected by HIV/AIDS and other STIs. While this evaluation did not assess the role of Tingim Laip in supporting an enabling environment to respond to increased demand for services and information, it was clear that such structures did not exist or were limited in some settings.

Recommendation 7: *Strengthen and expand the role of advocating for improved support structures near to settings*

Clearer definition of roles and responsibilities of volunteers

This issue of payment of volunteers is a common one and always raises much discussion. A common complaint was the lack of financial allowance available for carrying out their duties. In most cases this related to covering associated costs and not payment for time. While *incentives* do exist (such as training, t-shirts, etc) there is a danger of them being seen as a 'right'. It is however important to ensure that volunteers are recognized for the contribution they make and that being a volunteer does not become a financial cost to the individual.

Recommendation 8: *Review/develop terms of reference for TL volunteers - Rationalise expectations of volunteers (i.e. set hours of project work), clear definition of roles and responsibilities, formal recognition processes put in place*

Need for greater clarity regarding care and support to PLHIV

The pillar relating to care and support to PLHIV appeared to create much confusion in terms of how this should be operationalised within the existing site committee structures. Most members felt that they were not best placed to provide such support and often were not aware of who the PLHIV were due to an unwillingness to disclose status due to stigma and discrimination. For some, support for PLHIV meant addressing stigma and discrimination while for others it meant direct support in terms of 'caring for' people who were sick.

Recommendation 9: *Review the wording and meaning of care and support to PLHIV and better communicate expectations under this pillar.*

Conclusions

Although the absence of effective reporting means that the findings of the evaluation are inconclusive, the evidence collected provides qualitative data to support the claim that the project is bringing about change from the perspective of those consulted. The theory of change helps to explain the pathway to effective prevention at sites where there is a convergence of risk behavior and vulnerability through a community led HIV response to prevention, based on capacity building and support to site committees/volunteers. The BCC model appears to have worked well in providing a framework for conducting outreach activities. The evaluation also highlights the value of a "settings concept" for providing a tailored response to HIV prevention based on context.

Stories of Significant change resulting from Tingim Laip

During a participatory story analysis and selection forum, key stakeholders involved in Tingim Laip reviewed 19 stories of significant change in small groups. The following two stories were selected as being the most significant. The reasons for selection are included below each story (Note: all stories collected during the evaluation have been included as data in this report).

Site: Porebada

Story teller: Site Committee member

Setting: Place where people negotiate
sex

The site committee, we organised a big forum in the village. That forum was about HIV awareness and anti-social issues which we selected a few people to be our panelist. So comments which came from the crowd - we had the panelists to address them. That was an open forum, a big open forum. It's held in the middle of the village and most of us stakeholders were there. Some were invited from Port Moresby, police personnel were also there, some organizations.

The difference it made was people coming to know and understand the real issues affecting the community. They started coming up with lots and lots of comments about the issues affecting the community. While the resource people were there disseminating the information. So after that when the activity was wind down all the stakeholder went back to their own organisations again and came up with some of the positive comments, some of the negative comments and this will help them plan into the future.

There was also other cross cutting issues coming up. So as most of us we didn't have the capacity to provide feedback, so we have to get the resource people out there, get them ready, wherever the crowd throw a hard spear, they are there to respond. Also the media was there. Also we involved a resource person from SAM (Social Alcohol Model). She came out to address the drug and alcohol; she had a big chart to show the youth the disadvantages, the dangers of alcohol and drugs.

Why is this significant?

I should say the main importance or key points for having this event was the community to know that TL is on the ground, is preaching about HIV, and HIV is already here so people have to really be careful and consider that HIV among us – getting people to recognize that. And also the working in partnership with others, this was a good thing because we can share our knowledge and our areas of interest.

This story was selected for the following reasons:

- It demonstrates a high level of community participation
- The setting/community is using its own resources and knowledge to ensure effective and comprehensive information to the community
- It demonstrates the value of partnerships
- It is about a community/setting that is mobilized
- Sustainability of the intervention into the future (local resource)

Site: RD Fishing
Story teller: RD fishing manager

Setting: Private Sector

The women paddling, this is the problem with RD Fishing, and that was our main focus of our community relations department, we had a program to eventually put a stop to that paddling, because we understood from the start it was a common thing for the mother to look for money. Our purpose was to eventually to get the message across to the women that we can try to help them in some other way. So now we've stopped that by employing them, and convincing them that there is a better way. If not better, then at least some options, so we've engaged them and now they are all working as classifiers, so the fish unloading is done by the male and when it comes down the women are engaged to classify into size. That's where the former paddlers are now working, so that is a mother's group working there now.

So that was done from last year and this year we've managed to control the paddling issue, because the paddling alone brings a lot of issues related to sex trade and all that. But that doesn't mean that we've stopped the sex problem, its common everywhere, but the actual paddling mothers are slowing down now as they are being engaged with the work here. They may still go back if they wish to, because the work is only subject to the unloading of fish when the ship comes in. and when the unloading is finished the classifiers job is also finished, so they can go back home. If they do go back home, if they are not concentrating on the garden or other things they may go back. But our idea was to engage them to give them some income and opportunity.

We had some advice from Tingim Laip and they were also working with them, so we try to do the best we can and then we came up with this proposal for management. So we came up with the proposal together, because we have a lot of interaction together, between myself in Community Relations and Tingim Laip. So we sat down together and I said 'give me some of your thoughts'. So while they are concentrating on distributing the condoms and other things, I said you do that while I put in a submission to the management if they gonna accept these mothers to come and work here. So that was what happened with the coordinator [of TL]. Normally they come around and when they hold a meeting they invite me so we discuss these things. So that is what happened to the paddling mothers.

Why significant

It is important for them because if they continue going paddling, which they had been doing I think since day one, then if they continue to do that then the idea of sex trade it comes on and we want to take that out of their minds. So we told them that the better option is to come and work. If you work and you can probably interact in a different way, you've got women especially working together and then you can form a partnership then in terms of working relationship and then at the end of the day you have more options, you collect your pay and you can go home. So they eventually change their way of living and that's where behavior change communication comes in. We've been holding several meeting with them just to reinforce the ideas into their minds, because they are only local women, and probably their level of understanding is not so high, so they probably know a little bit, but then if you're not consistently encouraging and helping them, they would probably go back to their former ways.

This story was selected for the following reasons:

- It clearly demonstrates the 'setting' approach
- It shows what can be achieved with effective partnerships and the role of private companies
- It is an example of good problem solving – addressing the cause
- It is about behavior change and highlights the need for follow-up/ reinforcement of message
- It has made a bit impact in the community and will contribute to HIV prevention

1. Introduction

The HIV trend in rural Papua New Guinea is increasing, and the need for immediate and targeted interventions is growing, the need to identify evidence informed initiatives to be scaled up is more urgent. Measuring change contributed to by the PNG HIV response continues to be challenging, particularly due to the complex cross cultural and social factors faced by partners. Secondly, implementing partners supporting the response have faced difficulty establishing robust monitoring and evaluation systems and processes, thus quality monitoring and reporting on interventions has been weak. A recent Synthesis of HIV Reviews and Evaluations in Papua New Guinea 2006-2009 (Lowe, D) concluded:

None of the reviews or evaluations could be described as well-rounded, comprehensive and rigorous evaluations that were able to adequately say what is working, or not, and why. More commonly, studies had insights into what is not working, particularly in relation to internal and external constraining factors.

This report documents the Evaluation of the Tingim Laip, PNG. The study was conducted by Tracey Delaney for and on behalf of the Burnet Institute in May 2010. This study involved a participatory process focusing on capturing qualitative data to tell the story of the Tingim Laip through an in-depth study of five sites namely:

6. Waipa Zone, Mt Hagen
7. Porebada, Central Province
8. Igam Barracks, Lae
9. Kakaruk Market, Goroka
10. RD fishing, Madang

The evaluation also had a capacity building element which involved a Tingim Laip Project Officer accompany the consultant for the field work component and receive mentoring and guidance in qualitative evaluation and undertake a limited number of interviews for this study.

Evaluation Purpose

The purpose of the evaluation was to investigate to what extent the Tingim Laip Project, has resulted in demonstrable outcomes for specifically defined targets. It is hoped that the evaluation will address evidence gaps in the PNG HIV response through demonstrating how beneficiaries attribute change in their lives to specific interventions.

This evaluation focused on exploring the theory of change underlying the Tingim Laip Project and therefore on *outcomes* to which Tingim Laip could have been deemed to have had a direct contribution to, specifically:

- Strengthened capacity of site committees to respond to HIV in the community and contribute to the HIV response in PNG. (Knowledge and skills, capacity to involve communities)
- Effects of site committee action plans with respect to at risk populations within a given setting, (including a focus on: youth, drug and alcohol, gender, PLHV)
- Impact of site committee on improved supply of behaviour change resources to sites

The evaluation does not include a review of the efficiency and quality of the implementation as this has been covered in previous evaluations and was beyond the scope of this particular study.

Overview of Tingim Laip

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

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

Tingim Laip emerged out of the High Risk Setting Strategy (HRSS) which was designed jointly by the National AIDS Council Secretariat (NACS) and the National HIV/AIDS Support Project (NHASP). This strategy commenced in May 2004 and was managed by NHASP until that project's completion in December 2006.

To remove the stigma attached to the title HRSS, the strategy was renamed *Tingim Laip*. As part of the transition to AusAID's new program of support, Burnet Institute (BI) was initially contracted to manage *Tingim Laip* from January 2007– April 2008. Management of *Tingim Laip* has remained under Burnet Institute during a transition phase which has extended to 2010. This interim phase has existed under a series of short-term contracts, with limited scope for change or expansion of activities. However, NACS and AusAID agreed to maintain the existing initiative's management structures and participatory approaches, including NGO partnerships, over this transition period. Key implementing partners during this phase have been Family Health International (FHI) focusing on Behaviour Change Communication (BCC) component, the National HIV/AIDS Training Unit (NHATU) providing technical training in relevant topics, and Save the Children (SCiPNG), responsible for oversight and management of the Goroka site only. Each of these partners were contracted separately under differing agreements.

2. Evaluation Methodology

The design of the evaluation combines exploratory and in-depth techniques, with a strengths-based approach. Furthermore, it encourages capacity building of the project staff through involving them at key stages of the evaluation.

Exploratory & in-depth techniques in evaluating complex initiatives

A key element of the qualitative data collection was the incorporation of the Most Significant Change technique. MSC uses an *inductive* approach, through participants making sense of events after they have happened. With MSC, participants are actively encouraged to exercise their own judgment in identifying stories. This involves the use of open-ended questions such as: "*From your point of view, what was the most significant change as a result of your involvement in the Tingim Laip?*" It therefore helps us to capture the expected and unexpected results, the intangible and the

indirect consequences of our work while at the same time uncovering the drivers for change in a particular situation.

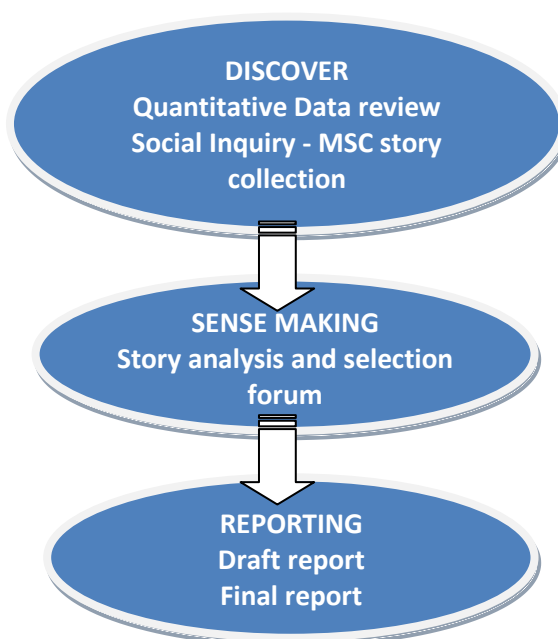
Strength based approach

There is a tendency in some evaluation studies to focus on what is not working and why. However, there is a popular emergence of strength based approaches which take the view that by we can learn as much, if not more, from understanding what is working well so as to replicate successes. Often referred to as Appreciative Inquiry (AI) or success case method, the approach consciously searches for what is working well, the successes and high points of experience and service together with an analysis of or understanding of the "root causes of success". Literally, it is asking questions about what we value or appreciate in order to "improve" and to build on what we have discovered.

Building capacity of staff and stakeholders through participation

In addition to involving a Project Officer in the field work aspect, the participatory elements of the evaluation also saw key stakeholders involved in the analysis of the findings during a forum (see step two: sense making). In all aspects, the consultant acted as facilitator and mentor during the evaluation.

Steps of the Evaluation



Step 1: Discover

It is important to ensure that existing relevant data is included in the evaluation and that stakeholders at all levels are consulted during this phase (including implementing partners, government agencies) as well as a sample of those in the wider community who have had the opportunity to engage with Tingim Laip Project. The Discover phase was intended to be participative data collection strategy that included:

- Documentation review
- Evaluation/data gathering workshop with site committees/volunteers
- Social Inquiry - Semi structured interviews incorporating MSC

Review of existing data

There was a lack of consistent activity/output reporting and data for the project. Consequently it was not possible to collate data for the sites included in this study for the period of the evaluation (2007-2010). It was difficult to appreciate what had actually been done at the sites, despite a general perception that 'a lot had been done' as there were inconsistent records. This issue was raised in the 2007 evaluation and although a standard quarterly reporting format has since been introduced, weak data management and storage appears to have hampered its potential to improve data for the project.

Evaluation/ data gathering workshop with the Site Committee

A half day workshop was conducted with the site committees (or volunteers in the case of Goroka). This workshop was used as an opportunity to a) meet each Site Committee, b) create a timeline for each committee; its development, implementation, outcomes (where possible), high points and lows, c) explore factors supporting or impeding success and d) collect data about the projects implemented in the setting, both primary and secondary

Social inquiry - Semi Structured interviews with key informants

After each workshop a series of semi-structured interviews were conducted with participants on their perspectives of the model, strengths and weaknesses of the approach (what works for whom, in what situations and why) as well as qualitative outcome data in the form of stories. More recently, MSC has been successfully adapted for evaluation. A 'significant change' story is captured as part of a more extensive semi-structured interview².

The aim of the social inquiry was to capture multiple perspectives, explore contested viewpoints, and demonstrate the influence of key actors (Site committees/volunteers) and their interactions with targeted populations in their settings in telling a story of a project *in action*. Although it was hoped that various perspectives could be captured in order to corroborate and triangulate the data, the primary sources were largely limited to the Site committees/volunteers. It was not possible to interview 'beneficiaries' of the interventions. Stories were collected as part of semi structured interviews from:

- 14 Site committee Members
- 6 SC Volunteers
- One representative from a private company
- Staff at one entertainment venue (group interview)

A total of 19 MSC stories were generated from across the five sites.

Translation, Transcription and coding

- All Interviews were conducted in English and recorded.
- All interviews were transcribed in full and transcriptions were also cross referenced with interview notes.
- Interviews were then coded according to interviewee as follows:

CM = Committee Member
SK = Stakeholder
VO = SCiPNG Volunteer

² When MSC is being used for evaluation, selection and feedback occur during a [one](#) off session involving broader stakeholder engagement (see step 2).

Quotes which highlight key outcome themes and factors have been extracted and included in the final report and identified by code - names have not been included in order to ensure that anonymity is preserved where possible.

Step 2: Sense Making

In addition to preliminary qualitative analysis by the consultant, a story analysis and selection forum³ was used to analyse the information collected during the case study in a participatory and inclusive manner. Blending features of the MSC technique and 'Appreciative Inquiry', the MSC forum is characterised by the inclusion of a large group process in which a range of stakeholders are encouraged to participate. Going beyond merely consulting stakeholders, the MSC forum sees stakeholders analysing data in the form of stories and synthesising key outcomes.

The purpose of the MSC forum was to ensure that judgments made about the findings of the study are based on values of the stakeholders as opposed to those of an 'outsider'. It is the participants at the workshop who ultimately decide 'what the data means'. Because participants play an active role in the forming of the findings there is a much greater chance of ownership of the results, and also provides for a further opportunity for verification of the stories. The process is an excellent way to involving a wide range of key stakeholders in an engaged and constructive manner, and helps to validate the data.

An MSC forum was held in Port Moresby on 2nd of June. Due to logistical constraints the forum was limited to key stakeholders and partners in the project at the national level and did not include setting participants. .

MSC forum process outlined:

- 19 MSC stories were reviewed during the half day forum. Participants were grouped into two small groups. These groups were organised to ensure a mix of stakeholders in each group.
- The 19 stories were divided into two sets (set one= stories 1-11, set two=stories 12-19) and each group received one set.
- In groups each story was read aloud and discussed in turn. Participants were asked to identify the outcomes from the stories. These were later clustered and formed the themes for the findings of the study.
- Once all stories had been reviewed and analysed in this way, each group was asked to select the 'most significant' story and document the reasons for their choice of story.
- Those selected as 'most significant' are included at the beginning of this report together with the reasons why.

Step 3: Reporting

Often workshop notes and the draft findings are often all an organisation needs to really move towards a pathway to improve their work and make investment decisions. However, given the need for accountability and to meet all stakeholder needs, a comprehensive report is required. To this end this evaluation report detailing all the findings, including the key outcomes, key areas for strengthening and recommendations is provided.

³ This technique is an adaptation of the 'evaluation summit' developed by Jess Dart from Clear Horizon.

Limitations of the study

While every effort has been made to minimise bias in this study, it must be recognised that there are always limitations. In this evaluation, limitations include the following:

- The evaluation did not capture a full understanding of the breadth of impact across the project as only five out of a possible 36 sites were included
- The time allocated for field work together with logistical issues meant that only a short time was spend at each setting
- The interviews may not have captured all relevant views concerning Tingim Laip and did not include targets or beneficiaries of the project.
- While every effort has been made to ensure that judgements are made by those closest to the project, interpretations made by the consultant in producing this report are inevitably influenced by that individual's experience and opinions.
- MSC stories do not describe typical outcomes – their focus is on those at the extremes – generally either positive or negative stories of significant change. The stories generated by this study should not necessarily be seen as 'typical' outcomes for participants but rather as a snapshot of what was achieved from the perspective of those consulted.

3. Key findings

Understanding the theory of change

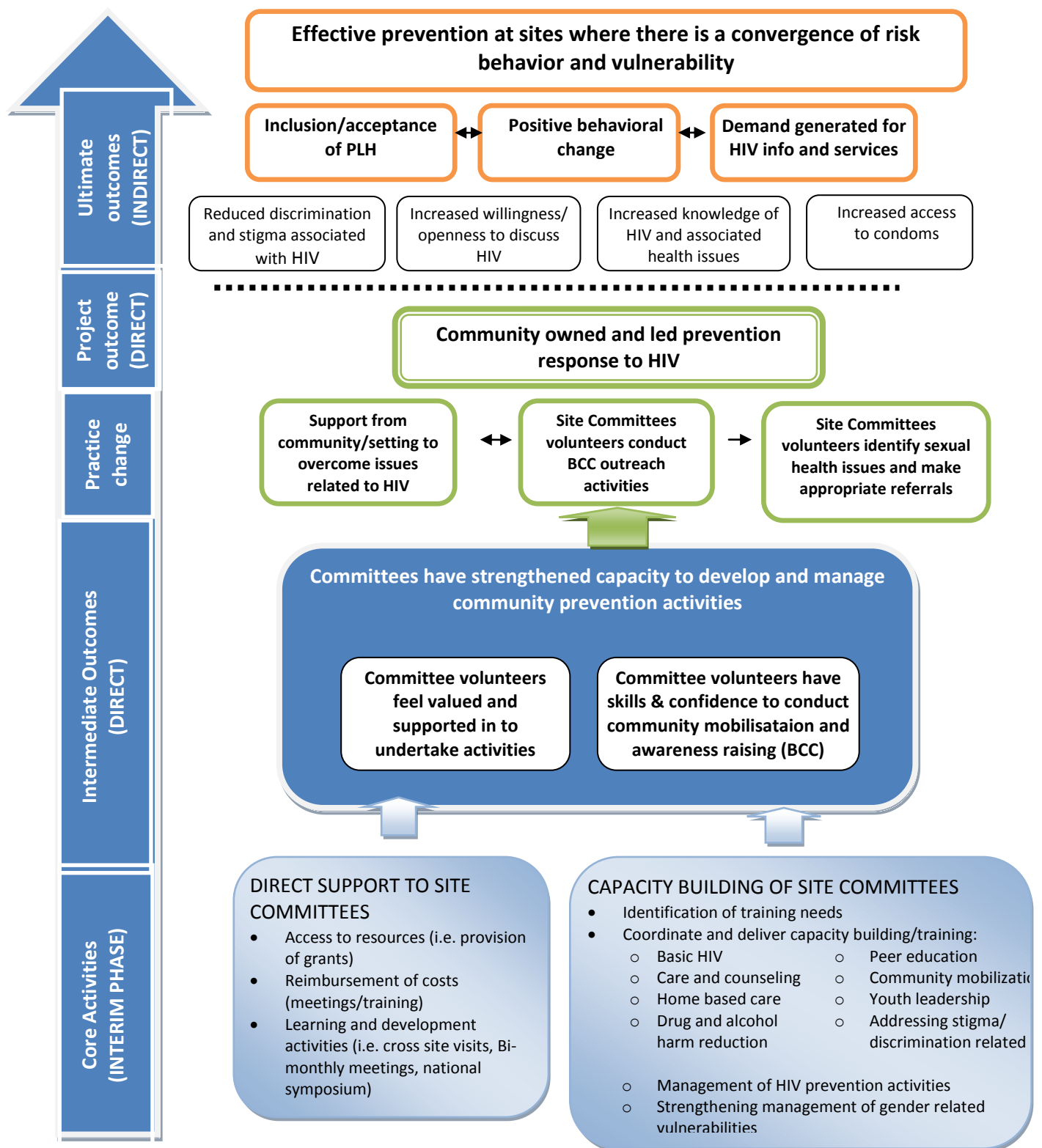
Behaviour change approaches assume that individuals move from an existing condition of risk of HIV exposure to a condition of lower risk by adopting a range of risk reducing strategies. In Tingim Laip this is done at **grassroots level** by targeting most vulnerable populations, especially women, young girls and boys, and highly mobile populations in settings where HIV and STI are known to be or likely to be high (e.g. nightclubs, markets, bus stops, mine —dongas , high-risk settlements, etc.). The ultimate goals of the project are **to empower** such vulnerable groups, and promote **a bottom-up response**.

Communication for prevention can only be effective if it has a support structure. In the case of the Tingim Laip, the following support structures are needed (The “Four Pillars”):

1. targeted condom promotion, distribution, and accessibility;
2. population-specific Voluntary Counselling and Testing (youth-and-sex-worker friendly VCT facilities and counselling networks);
3. Access to STI Treatment (including contact tracing, if possible);
4. Care and Support to PLWHAs,

The —four pillars are intrinsically linked to Tingim Laip, since it depends on them to fully achieve its goals. By promoting changes to risk behaviour, Tingim Laip aims to increase the demand for support services. Tingim Laip is based on the Behaviour Change Communication Model (BCC). BCC is an interactive process with communities to develop tailored messages and approaches using a variety of communication channels to develop positive behaviors; promote and sustain individual, community and societal behavior change; and maintain appropriate behaviors.

This evaluation aims to explain the mechanisms for achieving the desired behaviour change and increased demand for support services in certain ‘at risk’ populations (it does not include a comprehensive review of support structures needed to accommodate these changes). As the diagram below explains, the pathway to change in this case is via Site Committees (or volunteers in the case of the Goroka site). Building the capacity of and supporting the role these committees/volunteers is the direct contribution of Tingim Laip. It would be very difficult to attribute changes in attitudes and behaviours of the target populations without some analysis of *how* the committees are expected to deliver these changes.



This section presents the main findings of the evaluation. It presents a summary of the achievements of Tingim Laip based on the theory of change described above when looking at the data collected from all five sites included in the study. Context specific information based on the individual settings is explored in the following section.

3.1 Volunteers have strengthened capacity

Building the capacity of and supporting the role of the volunteers (site committee members and SC volunteers) is the direct contribution of Tingim Laip to successful HIV prevention. Key findings of the study are that participation in the project has had a positive benefit on the volunteers who have been engaged in implementation at the community level. Changes were reported at the Site Committee members and volunteers in terms of:

- ❖ Increased knowledge of HIV
- ❖ Positive behavior change (away from 'risky' behaviours)
- ❖ Respect and recognition
- ❖ Increased confidence and self esteem
- ❖ Understanding of Behavioural Change Communication
- ❖ Participation of women and youth

Each of these will be discussed in more detail below with quotes used to support the narrative.

Increased Knowledge of HIV

A core training offered to volunteers is in Basic HIV and this was the most commonly cited training during interviews. Almost all respondents (with the exception of new members) had attended the 'Basic Introduction to HIV'. Most volunteers consulted indicated that their understanding of HIV/AIDs was fairly limited prior to attending this course and felt that they now had a good understanding of the disease.

At that time I didn't really know a lot about HIV/AIDS, until I was selected to join in the basic introduction to HIV, and that's where I learnt so much about HIV/AIDS. (CM14)

Before I joined TL I don't know any information about HIV. I know nothing about HIV, the only thing that was in my mind was I was scared to stay close with a person with the virus, and to try to share things with him or talk with him. During that time that I come and join TL, the first of the training that I attend was Basic HIV. So during this training I learnt a lot more about AIDS and HIV (VO3)

Positive behaviour change

For some, this new found knowledge and understanding of HIV and underlying causes of the disease has led them to reflect on and change their own practices associated with 'risky' behaviour. This was particularly true in relation to condom use and drugs and alcohol use.

It has made a difference in my own life because I never used to care about who I would have sex with and then when I learn about this HIV and AIDS, when I got more informed, I started to get more careful about who I got out with or whom I deal with, so in this case I'm more careful with my sexual partners. (CM3)

Where youth had become involved either as SC volunteers or site committee members the change tended to be more pronounced as the excerpt below demonstrates.

Personally, actually I used to be a womanizer and I used to also drink, but then when I came to the project I learned about HIV/AIDS Now I don't want anything to do with this kind of things, like womanizing, again. So I'm completely changed and now I am a Christian. So I live a single life and I've got my family who are away from me in Port Moresby, so I communicate with them and I live a normal life. (VO1)

The difference is, well I can give you one example. One of my committee members, since we engage him to be part of the team he has really changed. He's one of the, what should I say, hard nut to crack, but when he came in to join the team he started changing... Before he was a drunkard, now he left that and now he is a deacon – an elder in the church. ... Previously he was not a good kid, now the community admire him. The previous chairman engaged him to join the group, because they were peers, he knew how he behaved, in a sense where they move around together and he shared information with him and our messages. And then like I said before, when he changed I didn't believe that, but I see that those are kind of models we really want in the community. Like I said changing behavior of an individual is not an easy thing This is significant because he is now a role model to youth of how it is possible to turn your life around. (CM14)

Respect and recognition

Where it did not previously exist, participation in the project contributed to increasing the respect and recognition of volunteers, this was again more pronounced among younger participants who did not have a history of working with community or changed their behaviours as a result of engagement in Tingim Laip (see excerpt above). However, this was not always the case and in some settings, committee members were chosen because they already had this status in their community.

When I do this work, you know people started to know me and respect, give respect on me and say this person is a very good guy. If you need help you must go and see this guy and he will help you. (VO2)

When I don't come in the project, you know the community they don't respect me or recognize me, they look me as a normal person on the street, something like that. But when I come into the project it's a big change. Now my family they respect me. Also the community around me, neighbours they start to understand and respect the work that I'm doing. (VO3)

It's about my own way of thinking. I started to think I cannot stay like this doing all sorts of bad things around. I must try to change my life now, change my behavior, sit down with my family, so I really changed. It started with me and then my family in my own household and then it started to go out. No I am becoming like a role model in my own community. So from there the community saw that this guy is doing this, he is changing, he is stopping to go to a party or whatever, and they think we must follow him and try to change our life, our way of living. (VO2)

Understanding of BCC

Behavioural Change Communication is a core aspect of the Tingim Laip approach. Capacity-building in BCC is therefore extremely important for those whose primary responsibility is communicating with target populations. Making sure that volunteers understand the principals of BCC and are provided with adequate communication skills and support materials, is central to the success of the Tingim Laip project.

Of all trainings that respondents had participated in, the BCC training was found to be the most useful and interesting. There were examples of the BCC concept being used to design interventions and target specific populations (see 3.2 Identifying issues and making referrals below).

With the BCC training taught us new...how to approach the people, organizing activities in the sites and managing site activities, funding and that, organizing the committee, how to go about doing our activities. Also looking at targeted areas, meaning youth, or community outside, or people gambling or involved in alcohol or women selling sex for money. (CM9)

BCC helped me to understand people's behavior and now I understand how to approach people and talk with them. The activities in which I involve BCC is I try to improve or talk to people, especially the young or youth who are involved in drugs or are involved in other activities which is not good. I try to approach them and find ways that I can change what they are practicing. (CM11)

Increased confidence and self esteem

The increased knowledge and understanding of HIV together with skills in disseminating information through BCC methods has equipped volunteers with the confidence to disseminate HIV information and speak confidently on the topic.

So what make a difference for me is I attend many of these trainings. During the trainings I feel more confident and more courageous to stand and talk to people about HIV. (VO3)

In my work, it has given me more information and more confident to go out and talk about HIV and AIDS. And from that information that I have had, disseminating that information has helped so many young people. They come up to me themselves, asking me about information or pamphlets, even about STI's. So when they come to me I refer them to the people concerned....My proudest moment was when I was invited to speak on one of the pillars – which was the condom - and I just spoke confidently about the information on condoms and like after finishing my speech I went out feeling really nice. That was during the camp fire. I was saying to myself, now I can speak about HIV and AIDS and everything concerned about it. (CM3)

Participation of women and youth

The site committees consulted had an increased representation of both women and youth, which was highlighted as a positive shift from the earlier site committee structures. This was felt to have raised the profile of these groups within the settings and has also contributed to improved engagement of both youth and women in outreach activities.

3.2 Community owned and led response to HIV

So I'm lucky to be in this project, it's for my own good. Around me many young youths are infected with this virus so when I saw it, I just thank god for put me in this organization. As soon as I joined the project I understand how HIV work and affect people, how it can destroy individual and a family. I learn a lot and I feel such like a responsibility in me to carry out this awareness, to some youths like me. They don't know the message, they don't know even what AIDS is, what it mean or anything. So when I come into TL and attend such program it really encourage me to do a lot more. Making more awareness so all PNG must be aware of preventing HIV and AIDS. (VO3)

Applying skills and knowledge to conduct BCC activities

There were many examples of volunteers/site committees applying their skills and knowledge to effectively conduct BCC outreach activities. Across the sites a range of innovative and targeted interventions were being undertaken. *Volunteers were using the BCC tool to make boring messages fun by using sports and music as an entry point to disseminate HIV messages.*

We are running youth sports program and while they are playing, in the interval we talk a little bit about HIV/AIDS, what people should be aware of, we also have run a music talent contest in the RD fishing site, we have been supporting women especially during the mother's Day. We asked the women to do a role play on HIV/AIDS and things like that. So we've done a little bit of awareness. (CM1)

Outreach activities ranged in size from one-to-one counseling, to incorporating the use of peer-to-peer approaches with small groups, to the organizing of community events for mass awareness. Activities usually incorporated dissemination of IEC materials and condoms. Condom promotion and demonstrations were also often incorporated into activities and interventions.

I've been involved in activities such as distribution of condoms, demonstration of condoms and other IEC materials such as leaflets and posters. Also on one-to-one awareness and education on HIV and it's relating issues and contributing factors. I've been involved also in group awareness like drama. We sometimes talk to groups of three and sometimes ten people in a peer group. As well we did a mass awareness once through music festival and big days like World Aids Day and sometimes during the annual show, the Goroka Show. (VO5)

Identifying issues and making referrals

An important aspect of a community owned and led prevention response is Site Committees/ volunteers identifying sexual health issues and making appropriate referrals. Often as a result of the BCC outreach activities, volunteers become known in their community /setting as someone to go for to advice about sexual health issues. However, in addition to responding to requests for information and advice, as the story below demonstrates the volunteers can play a key role in identifying issues and getting people to the appropriate services.

He himself came to me and said listen, I feeling some things in my genital area that I'm ashamed to go down to the clinic down there. And I told him, you come to me and I'll take you to a proper clinic for treatment. I explained that 'you have had a lot of women partners and there could be a disease in there'. I explained to him about a lot of STIs, that some show sign and some don't show signs for a long time. This fellow was really amazed he said 'I thought there was only gonorrhea and syphilis'. Anyway, he did have some STI and he got the treatment and he was very happy (VO1)

I've brought two 'friends' for VCT testing and treatment. They are now living a positive life now. One of them she is one of my neighbors and she was very sick. I don't think she knew that she had HIV/AIDS, probably she might know but she had never had the test. So she was sick I know, but after attending this HIV/AIDS training I get some information from there and I began to think when I saw her child was less than 18 months old and she died. Without knowing I just thought that the child might have been killed by the virus.

One day, after that I saw the mother was very sick and I went and talked with her, talked to the husband and the relatives and I said 'I just want to help her, and take her to the hospital' and the first time they told me she's on herbs and she'll be fine. The second time I went they told me the same. The third time, they told me the same.

And then one day she sent her son who said that my mother wants to see you, so I went and saw her and she said she had decided that she need my help. So I said, 'Ok you get yourself prepared and tomorrow morning I'll bring the vehicle and take you to the hospital. That afternoon, I sat down and I counselled her, told her what to do and what would happen. I helped her with organizing things, because she's got a lot of kids. The next day I got our vehicle, from Save the Children, and I went there and take her down to the hospital and admit her to 'Ward Three'. She was hospitalized for three months or so and then she recovered, but at that time she was very sick.

Then after a year or so she's got a child now. She has a child now and the child is negative, so that's some good news. This one is ok, as I've said she lives a positive life and when she was thinking of having a baby she went to the hospital, the Clinton Foundation I think, and talked with them. So the baby and the mother are healthy. (VO4)

Support to PLHIV

Although providing support to PLHIV was the least effective of the four pillars (mainly due to a lack of clarity about what it means), there was some evidence of TL volunteers visiting PLHIV and offering support. Although efforts at limiting stigma and discrimination did not factor greatly in the findings, some sites had made efforts to include PLHIV in their activities.

The home based care training, I learn how to manage symptoms, how to care for people living with HIV, self care.... Five of us, when we came out of the training, we tried to visit people who were sick, tried to find out their problems; the emotional side, the social aide of it, the spiritual side of it. (CM14)

3.3 IMPACT of Tingim Laip – ultimate outcomes

Although it was not possible to consult the ultimate beneficiaries or targets of the Tingim Laip project during this evaluation, anecdotal information from committee members and available quantitative data against the **Four Pillars** suggests that the work they are doing is having an impact on those they are targeting for change.

Increased awareness and understanding of HIV and related sexual health issues

There was a strong perception that the interventions have resulted in an increased awareness and understanding of HIV and related sexual health issues although it is not possible to determine the scope or extent of this change.

Nowadays, the awareness and message about HIV is spreading so all the people they are afraid of their health. I think that now, condoms it's like an important thing to them. Because they know that without condoms there is not prevention (VO3)

There has been a noticeable uptake of condoms and IEC materials during activities. Interventions such as the music competition help demonstrate that those involved have grasped the topic sufficiently by make a songs about HIV.

A lot of people have now come to know what the difference between HIV and AIDS is and also when I talk about that HIV/AIDS is spreading and at the same time there is also STIs that are spreading. (VO1)

In addition, the increase in requests for referrals at some settings (see below) suggests an increased knowledge of the risk factors associated with HIV and STIs.

When we did the awareness on HIV/AIDS I think a lot of people, in the times that no one was coming in, no one was concerned about HIV/AIDS but I think after the course we did and after we started going around to the villagers giving advice, talking about HIV/AIDS I think a lot of people are becoming aware of it now (CM1)

Willingness to discuss HIV and/or sexual health

A greater willingness to discuss sexual health issues was also highlighted as an outcome by committee members. In particular, examples were given of people approaching committee members to discuss HIV and AIDS. This was seen as a shift from previous behavior. Freer discussions about subjects relating to sexual behaviours are important in 'normalizing' such practices as the use of condoms.

People are talking more openly. Like now when I walk out around here, people come and they feel freely to come and talk about HIV and AIDS. Before they didn't talk about these things, in the open they don't talk about HIV and nowadays they feel that they can come and talk to us, and a lot of people do that, talk to us about HIV. (CM9)

You know when we first started, our people, our women especially when we talk about HIV and we call the organs, you know we talk about men and women they did not accept it, they feel ashamed, they hide their faces and all that, but now I see they are more open and it's more of a day to day thing. Now they are more willing to talk about it and I think a lot of them are more conscious of what their husbands do. And also when we started distributing condoms, you know like when we have games, sports activities, they were not willing to come forward and get condoms, but now they are just coming and asking for condoms, so that's a change. (CM1)

Openness to discuss drug and alcohol use

In addition to shifts in willingness to discuss sexual health, it was reported that there was an increased openness to admin to drug and alcohol use which in turn led to a greater potential to reflect on and acknowledge its harmful impacts.

I try to improve or talk to people, especially the young or youth who are involved in drugs or are involved in other activities which are not good. I try to approach them and find ways that I can change what they are practicing. ..and now they are starting to think and talk about these things (CM11)

Improved access to condoms

The most successful component of Tingim Laip appears to have been the distribution of condoms. There was evidence of improved access to condoms through regular distribution at settings (via key individuals, at venues), the availability and regular restocking of condom dispensers and active distribution during awareness activities. Committee members were frequently approached for condoms indicating that people know who has condoms and readily ask for them.

The boys they put them into the pocket when they go to the toilet and they come and physically ask me because they know I have them (CM7)

As I was giving my speech on condoms the committee members are handing out condoms. I think everybody took them. (CM3)

Condoms are easily available, actually I find them in my house, somehow I see them in my house cuz I've got sons. (CM4)

A lot of youth, now they come here and pick up condoms, like when they are going out and do some risky business, they come here and get the condoms. So it's a change. Previously they were not using condoms, but now they are using condoms, I think because it is accessible. Before I think that they know they should use but they don't have or cannot buy them because they don't have money for this. A lot of the customers as well they tell us 'we like coming here because you have condoms', where we went before they had to buy condoms, and when they can't afford to buy condoms and buy rooms at the same time, they prefer coming here because condom is free and that encourage them to come here. (SK2)

Improved access and demand for HIV information and services

The BCC outreach activities appear to have generated an increased demand for HIV information and services. Disseminating correct messages about HIV and STIs appears to have led to health seeking behavior. This is particularly evident in the in terms of requests for referrals being made to committee members/volunteers. In some settings the project has also facilitated improved access by accompanying clients to local clinics or, as the excerpt below demonstrates, bringing the services to the public during major events.

Now it's a challenge that we face, this need of condoms. Sometimes they don't see us down there, they come right here in the office and they ask one of the PO's and they give them. (VO3)

Sometimes people get scared and say I might have got some of these STIs. So that's when I tell them, if you are scared, If you know you have some risky behaviours recently, then you come to us and we refer you to the clinic. So I give my name, I tell them where to come to the clinic here in Goroka and mostly they come and see me around and they say 'I want to go for this testing'. So they just feel free to come. I recently referred three people ((VO1)

During the care and counselling course we went through what counsellors need to do, you know some of those were new things especially how to counsel people; counselling before testing and counselling after testing., those of some of the things we covered in the training. And because of the course that we went to there was a mobile VCT – that was done during the national World Aids Day, so we did a mobile VCT during the World Aids Day last year. It was very interesting. A lot of young people went to the mobile VCT. So there were about three of us counsellors giving counselling before the testing. We got the mobile VCT from Bethany - Bethany is a catholic set up there and we brought the stuff to near the PAC office, the big oval there and we set it up there. The young people would just come in, men and women which I thought it was better than, mobile VCT was better than a fixed set up VCT because then a lot of people are watching but during that time, at the event, people were just moving here and there and no one bothered who was coming in and going. We had more than 30 people coming in to that. So they would come in and have the counselling and we would do the blood test there and then. I did not do the testing, there were people doing the testing, but I gave the counselling before testing. (CM1)

Positive Behavioural change

A key outcome in HIV prevention is positive behavioural change away from known 'risky' or harmful practices. These include drug and alcohol use. The relationship between drug and alcohol use and HIV risk and vulnerability is well documented. Other risky behaviours that had been changed include reduction in the number of partners, particularly extra-marital affairs, and waiting until marriage.

You know one fellow, when I talked with him and helped him he changed very much; it helped him to leave all these bad activities like drugs and alcohol (CM11)

Some people are now choosing to wait for the right partner, waiting to get married because it's not safe.(CM3)

Some of them are now, they change already their behavior. Some of them are now married with only one partner – they always see me and they say 'your work is very good' and they drop their habits already. The ones I am working with are mainly in the camp. I can see that they are changing their ways. Normally when they are sitting in a group and when they see ladies they always chase them, before they throw bad words at them. Now it's changing and now when they see girls they treat them more like sisters, call them sisters – before it was not like that, they chase them and go with them. So from what I see there are not so much relationships outside marriage anymore. (CM10)

4. Understanding outcomes in context - The 'settings' explained

This section aims to situate the outcomes discussed in the previous section within the context of the settings. The narrative for each site is based on limited data made available to the consultant and interviews with committee members/volunteers. The information is far from complete but presents a summary snapshot of how the project operates based on setting.

4.1 Waipa Zone – Place where people negotiate sex

Waipa Zone is an entertainment area in Mt Hagen with a constant flow of people coming and going. People that visit the site not only live in Mt Hagen, but also come from all provinces in the Highlands Region and other parts of the nation. They book rooms on site to conduct sex with sex workers or entertain themselves in the pokies. There is also high rate of alcohol consumption at such venues.

Western Highlands Province is described as the "heart" of Papua New Guinea and the highlands region. This is because of its location and its role in serving the other four highlands provinces, Southern Highlands, Enga, Simbu and Eastern Highlands provinces. Its location and also the more recent arrival of LNG project, contribute to a rapidly expanding and highly mobile population.

Identifying an entertainment venue as a setting poses a number of challenges for the Tingim Laip Project. The success of the intervention is highly dependent on management of the venue being supportive and willing for activities to take place on site. There is the potential for this to create a conflict of interest whereby the venues are operating as business and driven by profit. Discussions about HIV and related sexual issues could be seen as off-putting for clients. For this reason similar initiatives centered around entertainment venues have been difficult to sustain.

In 2009, the manager of the entertainment zone, who had been supportive of the project, died resulting in a change of management. This has presented a number of obstacles for implementation

of activities at this site as it appears that support has not been as forthcoming under the new management as previously. As the committee had previously been allocated a space for meetings, this has also made coordination and communication within the committee difficult.

A further challenge is the 'environment' in which the site committee is working. High levels of alcohol and drug use are common and fear around the safety of female volunteers working at night was raised as a concern.

When they were trying to do their awareness people were already drunk and like when they were trying to talk they talked back and they did not really accept what they were saying (SK2)

The issue of safety also arose when one of the committee members told her 'success story'. This story involved working with women who were HIV positive to lure men to a hotel room for the purposes of sex:

So I was at the site, Waipa Zone and there were these two PLHV that I know and I asked them to do this awareness with me and I booked a room at the hotel and I got these two ladies and groomed them up and then send them in to the Pokies, all the men were playing Pokies.

The women were approached by a number of men and eventually went back to their hotel room with two men

And then I gave them a little bit of time, and they went to the hotel room and after 5 minutes later I walked to their room and knocked on the door. The boys said do not answer the door and the girls said 'No it's our friend coming in'. ... Then I said to [xxx] and [xxx] do you know these two guys, and they said they had just met up in the bar. So then I said, 'ok, can you introduce yourselves to the two boys?' and they said 'sorry, we are doing awareness on this virus and we are positive' and then the boys were shocked and said you have saved our lives. And they are converted now, they never go out into night clubs anymore or do anything like that. (CM7)

This story was recounted as a 'proudest moment' of a female committee members, but raises issues of the appropriateness of the action in terms of putting both herself and the other two women in a potentially dangerous situation and highlights, together with the earlier quote, the potential threats posed from working in such an environment.

The other key challenge posed by such a location is the highly mobile population. The site committee at this setting had not been able to clearly define their targets for BCC interventions, beyond the venue owners, as they were largely seen as a transient population. Consequently the main focus of activities at this setting appeared to be condom distribution, particularly in ensuring that condoms were readily available in hotel rooms and bars. Difficulties with the management at Waipa Zone have seen a refocusing of activities in other similar locations. The story below is from another hotel and entertainment venue in Mt Hagen.

Making condoms accessible

Tingim Laip also provide us with condoms and this is very good, it's working well...we put condoms in all our rooms, all the 18 rooms and pamphlets, but the pamphlets they used to take it away so we ran out of pamphlets now. But condoms, one box of condoms will last for three to four weeks. In one room we put six condoms. Every time we clean the room we make sure that there are six condoms, because we found out that one man can use two to three condoms, they put them double, put them together at once. At other times only one. Sometimes in one room where there are six condoms, they come back and ask us for more condoms again in the night. We have condoms either in our office or in our laundry room so we given them condoms again in the same night. And the customers passing through they come and stop and ask for condoms and like boys on the street they come and ask, because other places they sell the condoms, but here they are for free, we give them free. We also have condoms in the bar area, the public bar, so when people come for a drink at the same time they ask for the condoms. (SK2)

Although partnerships with other stakeholders (Anglicare, Mari Stopes, Catholic Diocese (clinic), Tininiga Clinic, PAC, BUPNG) was mentioned by the site committee it was difficult to gauge the extent and functionality of such partnerships. There was little being done at this setting in terms of referrals for either VCT or STIs. Furthermore the high dependency on grants at this setting to initiate activities would suggest that more could be done in terms of working through partnerships with others.

There had been a number of changes in the committee during the last year with members leaving and not being replaced, which together with the low level of activities being conducted, may indicate that the committee is in somewhat of a stagnant state at the moment. This situation may have been compounded by the recent change in project Officer and Site Coordinator.

4.2 Porebada (mixed setting – place where people negotiate sex, youth)

Porebada, is a Motuan village just outside Port Moresby. The Motuans are native inhabitants of Papua New Guinea, living along the southern coastal area of the country. Porebada has a strong church presence and community focus; it is quoted as being the biggest village in PNG in terms of population. This brings with it challenges such as living in cramped living conditions, lack of services and infrastructure and limited work opportunities. There is a high commuter rate with workers travelling into and out of the area for work. Drug and alcohol use is a common issue affecting the youth and increasing their vulnerability to HIV. Porebada is also one of the four villages to be impacted by the upcoming LNG project, which is likely to further exacerbate the situation.

The strength of the Porebada Tingim Laip setting is that it is located within a community context and has been able to tap into community systems and events as a means of conducting BCC activities. Examples of the types of activities undertaken by the Porebada site committee include:

Integration of HIV/AIDS messages into community events

- Mother's Day celebrations
- Awareness on Women's reproductive health
- Church's "sing-along" and "home visiting programmes", and youth volleyball competition
- 21st birthday party

Sensitization

- half day sensitization and partnership establishment workshop for Porebada Elementary School Teachers
- HIV Tok Back Show and interview for News bulletin – FM Central
- official launching of PTL site activities for 2009
 - micro-finance youth homebake activity (promo on HIV/AIDS advertising slots on packaging)
 - resourced point via sellers approach (market stall tables cum-signboards/umbrellas)
- Familiarization visit to Porebada Clinic to establish network with new OIV - CHW

Targeted Awareness

- coffee night session with rugby league boys
- coffee night at Christian Outreach Centre (COC)
- sports tournament (integrate HIV messages)
- music competition – increase awareness on HIV
- Develop materials – printing t-shirts, bags, laplaps, billboards, newsletters

A youth centred approach to HIV awareness

We did a music competition – getting the youths to organize themselves to compose their own songs - HIV songs, HIV lyrics. And then after that we have to short list who were the winners and then the winners go into another competition where they have to be selected and go for the symposium (in Madang), in which one of my sites, groups were selected to participate in the national symposium.

We had about 8 groups – girls and boys. We did an announcement through the church also we did notices which we put on walls around the place. After that people started asking is there an event coming up? So we had to get ready for that. So prior to that event that was actually what happened, so we had a night for all the groups to come together just to practice their songs and then we as leaders we had to listen to them and try to listen to the words, are they meaningful etc. We gave them pamphlets, we gave them booklets about HIV so they can have a fair understanding to write their own songs/compositions. In the same manner they are learning – they are reading it, they are writing it, they are discussing it among themselves – they had a really great fun! Today I can see that music is the best for the youth. If you look around the community there's youth carrying boom box around, so that means youth loves music. So we have to ride on that, so we get them involved in the music. So this is the reason why we took music as a strategy for the youth to learn HIV messages. (CM14)

This site was originally managed by World Vision and after their withdrawal from the project the committee purportedly went through a process of slowing down. The situation has since been turned around and key factors in the reinvigoration of the committee have been stronger ties with the church and wider stakeholder engagement. A key driver in building momentum appears to have been the community engagement activities such as the Household population survey: *Site committees have put in a great effort to work tirelessly for a total of six weeks doing Household population survey for Porebada TL site along with other volunteers (Monthly Activity Update – July 2009)*

This survey was a pre-requisite for the community Mobilization activity, which has resulted in greater involvement with stakeholders and other community groups in the Site committee. Under Porebada Tingim Laip, a range of HIV activities are conducted by partner organizations who are now members of the Site Committee or allies in the work related to HIV.

Partner Activity

- Church's Social concern committee airing HIV concerns in monthly church meetings
- VHV assisting CHW in the clinic and at homes/observing for any STI cases reported Home Based Care & Prevention on PPTCT program delivered by Friends Foundation Inc.
- Emmanuel Women's ministry providing food rations for every sick person as a way forward to identifying HIV cases
- Porebada Evangelism Ministry and Deacons delivering home/hospital site visits for spiritual care
- 1st Porebada Girl Guide Unit integrating HIV messages in their GG Child Nutrition program
- 1st Porebada Boy Scouts integrating HIV messages in their BS Child Nurturing Programs
- Porebada Christian Youth fellowship integrating HIV messages during their Fellowship programs
- TL youth Club mobilizing the community through Home Baking and integrating HIV messages
- Porebada Scout Group Camp fire
- Porebada Christian Youth Ministry (PCYM) "Beach Mission" at Malara Beach

Getting the message and condoms out there

When we were involved in the community mobilization program in 2009, that's where it came about that each group was going to work alongside the TL committee. So after the community mobilization we have had about two programs under the TL funding. One was this Beach Mission.

The beach mission is sort of a picnic type outing that's always on the beach, where members participated in sports activities, and writing letter, bible study, quizzes and among those activities we involve the HIV/AIDS awareness in which the TL committees participate. Before the camp fire, during the day we cleaned up the whole village, get all the rubbish from the village and cover the rubbish with fire wood and when it started approaching night we lit up the fire and while the fire was burning we started singing songs relating to HIV/AIDS, women's rights and then dramas, we did performances or dramas. And all those activities related to HIV/AIDS. We had quite a good crowd there – young, small children, teenagers, old men and women, mothers and fathers. I would say probably about 2000+ people were there! It was very big! And during that time we talked about the four pillars and I spoke on the first pillar which is the condom. As I was giving my speech on condoms the committee members are handing out condoms. I think everybody took them. (CM3)

Facilitating access to sexual health services

The information they get from TL gives them a willingness to go for VCT, and when they have the willingness, especially the youth they know that there is somebody that they can go to me and when I come to me I make referrals and they go direct to x clinic. So TL has been very productive in the village. I know that it has been successful because of the statistics that I have in my hand. Every time a person comes to me and asks me for a referral I always ask them why do you want to have a referral and they say oh I got this information from this or that activity. Most of young boys and girls come to me for STI referrals. (CM3)

FOOTNOTE: The Porebada clinic still remains idle and people travel into NCD in order to access services. VCT and STI testing capacity is lacking and an area needing urgent attention (PO report Mar 2010)

4.3 Igam Barracks – Disciplinary forces

Igam Barracks is a Military camp situated on the outskirts of Lae. The camp comprises approximately 200 soldiers and their dependants. Soldiers are permanently based at the barracks but go on duty tours.

Military personnel are known to stand a lot more chance and risk of exposure to STIs, including HIV, than equivalent age/sex groups in the civilian population, due to their risk behaviour. And that also threatens their families and the military community. A study by UNAIDS indicated that —*the most single factor leading to high rate of HIV in the military – worldwide - is the practice of posting personnel far from their accustomed communities and families for varying periods of time, thus freeing them from contact with spouses or regular sexual partners and thereby encourages loose sexual contact to take place away from “home”*. Over the years, the PNG Defence Forces have continued to see gradual escalation in the rate of HIV prevalence on the rise with morbidity and increasing mortality amongst servicemen and their dependents (wives and children), as a result of the HIV infection.

There have been four known cases of HIV in the barracks but all predate the Tingim Laip intervention. The base houses a well functioning Health centre which also serves the surrounding population (there are a number of settlement communities surrounding the barracks). The health centre provides a counseling room to a TL counsellor and conducts all STI and VCT services for TL. It was reported that some soldiers may be put off from accessing this service on site due to concerns about confidentiality however, partnerships exist with external services providers such as the Anglican Church which also provides HIV counseling for TL.

The site committee includes youth and women representatives as well as military personnel and as such utilises a peer to peer approach to bring about behavior change.

As a youth it is easy for me to communicate with my peer youth. The other person, I know him and he know me so I can communicate with him or her. For example I know some person, he is the brother of someone I know so he is like my friend but not really a friend but someone I know. So when I approach him with some information he definitely says it good, it's interesting - they feel like they can open up. (CM10- youth representative)

I never knew about the HIV virus. Because I am a person who can talk freely and openly to others I was nominated to be a representative in this community so I attended this course on HIV Aids. Now I'm an active member of this committee and we have a mothers club so I can talk to them without any shame ... Activities still going on, still sharing with neighbours, mothers club in the barracks is still going on, and of course sit with friends, explain that HIV is still here and we have to look after ourselves. (CM2 -Wife of officer)

This setting has strong support and the site committee is incorporated into the Military structure with the current chairman being a high ranking officer. Management support extends to assistance with logistics and a meeting space for the committee. The Military here has accepted and integrated HIV awareness and supported the placement of condom dispensers on site (14 dispensers on site incl. one mobile dispenser) as well as supporting regular information sessions to soldiers and their families on site on sexual health issues including HIV, STIs and gender-based violence. These sessions have highlighted the role of the committee members as focal points of information as the following quote highlights:

People are talking more openly. Like now when I walk out around here, people come and they feel freely to come and talk about HIV and AIDS. Before they didn't talk about these things, in the open they don't talk about HIV and nowadays they feel that they can come and talk to us, and a lot of people do that, talk to us about HIV. (CM9 – military personnel)

In addition to increasing access to condoms through dispensers, a major BCC activity of Igam Barracks Site committee has been the 'Information Booth'. An Information booth is set up outside the main gate of the barracks every Saturday when the market is on. IEC materials are set up on a table including both male and female condoms and condom demonstrations are also conducted. A referral system has been established for VCT and STI and referral cards are issued to those interested in access the service.

Generating demand for services

The information booth we normally set up a table and have referral cards, condoms both male and female and we explain how to use the condoms and have posters telling people about HIV and AIDS. So people they come up to the table and start asking us questions about how people can contract the HIV virus and STI's, or how to use the male or female condoms so we give them this information and explain things to them. Sometimes we give them referral cards and telling them about are VCT. We normally set up the information booth at the front of the gate, there is a market place there and normally people going to the market or coming back from the town, so we put our information booth there to get information to the people. People use it, that's why the information booth is very good. After the information booth, we put them with the referral cards and many of them come for the VCT services – it's part of the information we provide. Most of the STIs we treat at the health centre, but sometimes, like if we don't have the medicines we sent them to the French clinic or the government hospital. We send them down there with the card, the referral card which we sign. We serve the community from the outside the barracks and from inside as well. The awareness is good, especially inside the barracks and outside. A lot of people are now coming for VCT there, so the results is very good. Before there was no awareness so think TL has made a big difference about the communities here. The impact or the message that they are getting from TL is good. As a VCT attendant I can see that we don't have any new cases of HIV and the number of STI's has decreased down. That's been one of the biggest impacts of TL here. (CM13)

Interestingly, the Site Committee at Igam Barracks has now established a reputation in BCC and played a key role in an awareness campaign launched in response to the recent Cholera outbreak. While this work took them away from their TL activities it demonstrates that the project is building a resource base within the settings in which it is working:

The cholera outbreak happened and they were using us to do the awareness. At that time there was a Morebe emergency and disaster response. And we were working with them and other NGOs. We did door to door awareness and started in Igam Barracks and then for the Lae communities. When this thing happened they thought who can go out and do a proper awareness and because of the experience that we had doing HIV awareness activities they came to us. We went door to door. The people knew us from our previous work. (CM9)

4.4 RD Fishing villages – Private Sector

RD fishing villages comprise a number of coastal communities traditionally inhabited by the Kananam people living around the Sek Harbour area in Madang province. Fishermen by trade, the communities have been heavily impacted by the granting in 1996 by the PNG government of a 20-year fishing agreement for RD Fishing PNG Ltd. Before RD Fishing came to town, Kananam people reported up to 50kg from a night's catch per person. Now they are struggling to get 5kg or at most 10kg.

It is within this context that the RD operations have created another worrying trade - sex for fish. Bartering is a traditional trading practice in PNG. Often village produce such as vegetables, coconut and fruits are traded for other goods or money. However the arrival of the RD fishing vessels saw a shift in this trade. Local women began 'paddling' out to the boats to exchange goods for fish, and when there were no goods to barter, they began exchanging sex for fish.

The social and health impacts of this 'trade' is being played out in the surrounding villages where family conflicts and family break up are now common because of the sex-for-fish trade. This trade has also resulted in a worrying shift in the main income earners from the traditional male fishermen to their 'paddling' wives. A great concern is also the spread of STDs and HIV/AIDS as most people in the community are unaware of the health implications and risks of unprotected sex.

The planned expansion of the RD Cold storage facility and the proposed Marine Economic Zone in Vidar will add to the thriving economic activities of Madang, generate employment and other spin-off activities for the surrounding communities. This however, also increased the threat of the HIV epidemic as a larger mobile population moves into the area and the places further pressure on land and the subsistence way of life of the local people.

The RD Fishing Village site committee has been taking a two pronged approach to addressing the particular challenge of the setting. Community awareness is being conducted to get the message across to the people about the sexual health issues and the importance of using condoms, while at the same time the committee have been working closely with the RD Fishing company to address the issue of paddling (see selected story page 7).

A key driver focusing the work of the Site committee has been a community mapping exercise:

Learning about our community

After the mapping training we come back and I involved in the research work at the company area and our site, the community along the RD fishing site. After the training we went out there in our site and did the mapping and after the mapping we went back to Moresby and reported to the one who trained us, our teacher.

We were asking questions, we used questionnaires to do the mapping. We were talking to the company, RD fishing company then we interviewed them, their employees, the managers the security who are working their protecting the premises of the company. The questions we were asking we like how many sex partners you have, if they use condoms, sometimes we asked questions to the people who were roaming around the area, like are you using condoms when you go for sex. We find out that there were so many young ladies, especially school girls those who are unmarried women go there and exchange what they have like beetle nut, cigarettes, alcohol, fruits, vegetables, they bring there and then they ask for exchange. Sometimes they give them fish, they exchange for fish, but then they went exchange for sex, especially at night they paddle by canoe and they go there for the fish. So they do it sometimes for fish, but also sometimes for money too.

We tried to talk with them, sometimes we talked to community leaders. One way we find it best is to involve them in the committee we form here. So the leaders of that group, they join our committee and we started involving them and they do the job, like they go into their peer groups and then they campaigning or involving them in training, like HIV/AIDS training. We involve them in the committee so they become the members. It was quite hard but we tried to convince them like using somebody whom I know, he or she will talk to that particular person who is involved in that activity. They make changes, they went and then after all when they get the training and we talk to them so they went back to their areas and started campaigning and slowly, gradually their behaviour started to change. Many of them are now employed, like we talked to the company, like RD fishing, to involve them in working so they can stop this particular habit. (CM11)

The RD Committee has also focused their attention on the issue of youth and drug and alcohol use. As with many communities in PNG, the use of drugs and alcohol is common, particularly among young people and increases their vulnerability to HIV. According to the PNG National Aids Council “the relationship between drug and alcohol use and HIV risk and vulnerability is significant.” As in other settings a successful approach in influencing youth has been the use of peer education:

Reaching out to youth

You know one fellow, when I talked with him and helped him he changed very much; it helped him to leave all these bad activities like drugs and alcohol. When I talked with him he was producing home brew to earn his school fees, so I said that this activity is not good and you are not going in the right way of getting money. And then he went to high school, by producing home brew and selling it so I talked with his mother and said you must make bread and sell them so that you can help that fella while he is at school, which she did. Now that particular boy has changed his life and is doing his grade 12, with his mother supporting him and now he has left the alcohol brewing.

Another time we go to the youth and talk with them. Whoever has their interest in music, we try to reach them and find ways that they can have the recording. We have a studio here so we try to help the youths that are interested in music so that they can stop these other bad activities. We told them to compose HIV/AIDS songs like if you want to record you must have two or three songs dedicated to HIV/AIDS and they did it and it's already recorded, our youth. So there is a cassette already produced. It is for sale at the PAC office. We assisted them with the song writing so that they can write meaningful songs that can affect the people so as soon as they can hear the song and the song can make changes, so what people hear can help people make changes. We put the youths in some training and also we guided them. So in the end they knew a lot about HIV. (CM11)

4.5 Kakaruk Market – Highlands, Highways and Ports

The Goroka and Kakaruk Markets (or —World Trade Centre) and Bus Stop are all situated in the same area, close to the centre of Goroka. They are usually very busy with people coming and going from early morning until late afternoon. At the Kakaruk market and bus stop, a number of activities take place. People came to the market to sell and buy vegetables, cooked foods, second hand clothes, and betel nuts. Some were waiting for PMV buses that would take them back to their villages. Others were just hanging around the area for no apparent reason other than to observe people coming and going to the market, to look for wantoks that might give them some money.

It is within this crowd of people that negotiations for sex were take place. Sex work has become a commercial activity, and women are no longer scared or ashamed of what they do. Still, most are concerned with the privacy offered by the crowd. Once negotiations are made, the sex worker and client sneak out in search for a secluded area where they have sex. Market sellers at Goroka said that sex workers were no longer scared or ashamed of what they were doing as sex work had become a commercial activity and a way to earn a living. However, sex workers did not have a special spot where they could be found by clients, as in Lae, and rather they were hiding among the crowds at the main market, Kakaruk market and bus stop, where it was easy to make contact with clients and hide while negotiating for sex.

SCiPNG is a national partner on the Tingim Laip Project and manages work at the Eastern Highlands Province location, the *Goroka Kakaruk Maket*. In contrast to the site committee approach used in other settings, SCiPNG implements its TL activities through a team of youth volunteers. The volunteer team visits the market place three times per week to conduct outreach activities including: male & female condom demonstration, promotion and distribution; discussions on focus issues including safe sex, violence, stigma, etc. facilitated by IEC distribution; support to stall holders, sellers and shop keepers with IEC materials and condoms; referrals to VCT and STI treatment services; basic counselling.

In the market setting as our site, I do condom demos, I briefly explain the different pamphlets and posters that we have, we go through the posters and pamphlets and messages that is there and I emphasize and explain to them more in detail. So that they can understand that poster – it's not just a poster, the message means this! I speak to women, I speak to men, I speak to youth. I just go and say hello, shake hands, say what are you doing around here? They might say I just come here from this place or that and I'm just looking around here. And when they ask me what is that for and they see what I have, I say I have these posters and things for messages and do here every week and I say do you want one, and they say 'Yes I want one I want to take it home to my village' and then I explain the message to him and so the message goes. (VO1)

My village is next to the setting, so we started talking to people in the market place. Very early in the morning we started to talk to them in person, like peer to peer. Sit down and talk to them, eat food, share smokes or beetle nut together and then we started to talk to them. So in Karakuk, in the market place we are very active and people are becoming aware of this HIV. We just moving around in the market place, we move around and talk to different people. The market is like a place where people are coming in and out from all over the province, so they come in and out and we too we started to move around and talk to them. (VO2)

Stall holders and market sellers have also been engaged in the project to support outreach work, and the activities of the youth volunteers at the project site:

Working in the 'setting'

When we go down to the market, you know we have certain sellers table sellers and beetle nut sellers. They stay at the market every day, so they know us. So as long as they see us they feel like they are one of us. So we go down, we talk to them, sensitize them. Some of them, they attend a little half a day session, so they can come and have a workshop to get information and understanding about HIV to give out the information to another person. So that's how we work with the seller; so they know us and we know them and that's how we can work closely together. We give the condom to the sellers and we tell them that if any person wants to buy the condom you must say 'no, we give the condoms free'; so we talk to the sellers about giving the condom free to the people. Many of them we bring them here to the office and we give them basic information about HIV so they can be equip with the information so that any time the question come they can handle the questions. (VO3)

Community leaders, especially from around the Kakaruk market were engaged through a number of activities, including two sets of trainings in basic HIV and AIDS, one training in home-based care, various community meetings around specific issues, and an end of year review meetings for the project

Getting leaders on board

The leaders are the ones they will talk to the community and bring the community together. So I talked to them so that when the community leaders or councilors or magistrates try to talk to their people and bring them out, well they will respond quick to their leaders. But like me I cannot because I am the same person as they are. That's why I work with the community leaders. So then the leaders they started to go out in the community, gather all the people in the community together. Then they started to talk to them. They told them if they need any help to come and see me, and they call my name so the people know who I am. They said to them 'If you need anything about the HIV or STI or any other sickness, you come to us and we will bring you to Peter and he will refer you down to the clinics'. Almost the whole community was there. In my village we have three villages surrounding, so these whole three villages they come together. We have two settlements so the settlements too they come together. (VO2)

Tingim Laip Kakaruk also participates in several public events including maintaining and supporting stalls to conduct outreach activities at the Goroka Coffee festival, the Goroka Show, International Volunteer's Day celebrations, the Mount Zion Silver Jubilee celebrations, and the Lae Community Development Expo (more than ten full days in total). This work aims to influence the wider community and also motivates volunteer involvement in the project.

As well we do mass awareness, once through music festival and also big days like World Aids Day and sometimes during the annual show, the Goroka Show. (VO5)

The work of TL at the Kakaruk site is supported by strong links with local service providers. Formally known as the Eastern Highlands STI Clinical Improvement Project (EHSCIP), the Lusa Numuni Project (House of care/treatment in the local Gahuka language) is managed by Save the Children under its HIV/AIDS Program. LNP is working towards providing quality client friendly services to the targeted groups of other HIV/AIDS projects (such as Tingim Laip) and also to the general public. Under the LNP services for STI and VCT Counselling and Testing at the Lopi Urban Clinic in Goroka have been strengthened and expanded; The Lopi VCT clinic is an extension of the Lopi urban Clinic.

I recently referred three people from where I live. I brought them here (SC) and I took them to North1 for VCT testing and then I took them to LOPI1 clinic for STI treatment. One of these follows, he's a teacher, but he's a womanizer. Now he has changed his ways. Every time I see him he ask me how can I reward you? And I say 'No No! It's not for reward, you are my friend, I don't want you to get STI's and HIV'. So he's happy about that and he knows the work that I am doing. (VO1)

I've brought two 'friends' for VCT testing and treatment. They are now living a positive life now. One has a child now and the child is negative, so that's some good news. (VO4)

5. Factors supporting or hindering success

When considering either replicating or scaling up projects it is important to identify the factors that either supported or hindered the success of the particular intervention. Strengths and weakness of the approach used by Tingim Laip were explored at each site during the evaluation/ data gathering workshop with the Site Committee (or volunteers in the case of Goroka). In addition, the exploratory mode of social inquiry and the inclusion of stories of significant change also allowed for a clearer understanding of the factors supporting or hindering the success of Tingim Laip. The factors identified in this section represent a synthesis of the various data included in this evaluation in relation to what was working well and what were the main challenges faced across all five sites.

5.1 Factors that contributed to the success of the project

TRAINING AND SUPPORT

- **Capacity building of committees/volunteers**
- **Availability of materials and resources**
- **Appropriate/innovative use of ways to communicate message**

MOTIVATION AND COMMITMENT

- **Commitment of committee members**
- **Motivation to bring about change**

PARTICIPATION

- **Effective engagement and participation of stakeholders on committee**
- **Effective engagement and participation of key stakeholders in delivering activities**
- **Ownership of project**

COMMUNICATION AND COORDINATION

- **Good communication between TL staff and committee/volunteers**
- **Cooperation/coordination among committee members/volunteers**

A SUPPORTIVE ENVIRONMENT

- **Support for project in the setting (management/community leaders)**
- **Availability of/and strong links with services**
- **Strong Partnerships and networking**
- **Support from family (of committee members/volunteers)**

Training and support

Capacity building of committees/volunteers The capacity building component has clearly contributed to the success of the project. Respondents felt they were well equipped to implement BCC activities. The BCC training in particular was highly valued as offering a model of identifying target groups and key messages. There were ample examples provided of these skills being put into practice during this study. In addition to providing the technical capacity to conduct outreach, the trainings available through Tingim Laip also had a direct influence on the attitudes and practices of the volunteers themselves. The training also served to build confidence and pride in participants and contributed to them becoming role models in their communities/settings.

Availability of materials and resources One of the key factors enabling and supporting volunteers to apply their skills and knowledge and conduct effective outreach was the availability and stable supply of IEC materials and condoms. This appears to have varied from site to site, but where there was a good supply it was highlighted as a factor supporting success. (Note the converse issue in the section below).

Appropriate/innovative use of ways to communicate message The appropriateness and use of the BCC method together with exposure to a range of tools through such trainings as drama has resulted in a variety of innovative ways to communicate the HIV message and encourage demand for sexual health services. Although there were similarities in some methods across the sites, there were also more setting specific approaches used depending on the particular context. BCC activities have included:

- *Awareness through churches*
- *Camp fire for mass awareness*
- *Involving youth through sports*
- *Training of company representatives to alert them to project*
- *Use of drama at worksite*
- *Use of music competition to engage young people*
- *Use of HIV/AIDS cassette on radio and during awareness*
- *Making of promotional materials i.e. printing, flower bottles*
- *Information booths*
- *Using sellers in the marketplace*

Motivation and commitment

Commitment of committees/volunteers As we have seen, Tingim Laip is a grassroots approach to prevention that is delivered largely through volunteers. A key supporting factor for this type of approach is, as one person put it, a '*Heart to do such job*'. At times activities were dependent on committee members/volunteers using their own resources (an issue that appears in the section below). Often this meant tapping into wontok structures or simply paying their own bus fare to reach the setting. Working as a volunteer on the project also requires significant time commitment from individuals, without which the project would be untenable.

Motivation to bring about change A driving factor in volunteers deciding to become involved in Tingim Laip was their desire to work in their community/setting to bring about a positive change for others. This was often reinforced by an appreciation and understanding of the HIV situation facing their particular populations.

Another important contributor to motivation and commitment was also access to training opportunities. In the case of Save the Children volunteers have also received 'life skills' training as well as technical skills training for the role.

Participation

Effective engagement and participation of stakeholders on committee Site committees tended to comprise a wide cross section of members including representatives from the *Church, Youth, Health, and Women*. This increased their capacity to engage with particular target groups, especially youth and women. Where the church was a prominent actor in the setting the inclusion of church representatives assisted the mainstreaming of HIV messages into other types of interventions. The most successful example of this is in the Porebada setting.

Effective engagement and participation of key stakeholders in delivering activities Broad representation of stakeholders on the committee contributed to engaging them and their networks to deliver activities. There were other examples of including stakeholders in the form of key targets such as PLHIV and sex workers to deliver awareness activities which facilitates access to specific populations and also strengthens the impact of the outreach activities. In some cases, community leaders were also involved in delivering and/or reinforcing key messages (see also supportive environment).

Fostering Ownership of project Active engagement and participation of stakeholder on the committees and in delivering the activities fosters community based ownership of the Tingim Laip project. An example of where this has worked well is that Porebada Tingim Laip demonstrated a higher degree of self reliance with the committee generating own income to fund activities and strong church ownership of the project.

Communication and coordination

Cooperation/coordination among committee members/volunteers Effective and strong working relationships between committee members/volunteers was highlighted as a key factor of a well-functioning project. In one setting the committee members had established buddy teams to support each other in their activities. For both SC volunteers and committee members alike a willingness to work together, hold regular meetings and plan and coordinate activities for the setting was an important factor contributing to the success of the initiative.

Good communication between TL staff and committee/volunteers Of equal importance was the level of communication and coordination between TL staff, particularly Project officers, and the committee members. While this was identified as a factor contributing to success there were more examples of this not working well (see section below). The best example of communication between volunteers and TL staff was in fact at the Save the Children Site, where an open door policy operated and volunteers had weekly contact with the Project Officer. Effective communication and coordination, particularly between committee and Project officers appeared to be a major factor influencing the 'activeness' of the committee and their feeling valued and supported.

A supportive environment

Support for project in the setting (management/community leaders) Strong support from management or leaders within the setting facilitated the implementation of activities. Assistance was often provided in terms of a meeting space for Tingim Laip and also for logistical support for activities. A good example of this is Igam Barracks where Tingim Laip has been integrated into the management structure of the Barracks. Another example of a supportive environment is I Porebada where there is a high level of engagement with community leaders who support and promote the project.

Availability of/and strong links with service providers Generating demand for services needs to occur in a context where there are services available to meet those demands. Where there were strong links with health service providers for VCT and STI services, supported by a referral system

(such as referral cards), there was a more evident increase in take-up of such services. Igam Barracks and Kakaruk Market are examples of this (see previous section). Strong partnerships and networking which are essential to support for the project, particularly for the delivery of the four pillars near the sites.

Effective Partnerships and networks Partnerships can be an important driver for the success of certain Tingim Laip initiatives and the nature and type of partnership tend to vary according to setting. In some cases partnerships with community can be instrumental in using resources/strengths of community to address HIV. Another example of the importance of the role of partnerships is to assist with sharing of resources (such as stocks of condoms) and co-facilitating joint events (such as WAD). Where the setting is based around a private sector, a good partnership with the company is also important in addressing the issues associated with that industry an example being the case of RD Fishing.

Support from family (for work of Committee member/volunteer) The commitment and motivation of committee members/volunteers is central to the implementation of Tingim Laip. This often requires support and encouragement from family members. It is therefore important that they understand the role that their family member has and the value of their contribution.

5.2 Factors that posed challenges/constraints

CULTURAL BARRIERS

- Resistance in setting to HIV message and willingness to discuss sexual health
- Concerns in setting about confidentiality (especially in small settings)

LACK OF HEALTH SERVICES OR LINKS WITH SERVICE PROVIDERS

- Lack of health services in setting area i.e. VCT
- Weak links with service providers

INEFFECTIVE COORDINATION AND COMMUNICATION

- Weak coordination/communication among committee members
- Lack of coordination and/or communication with TL

WEAK MANAGEMENT AND ADMINISTRATION

- Inconsistent funding
- Insufficient resourcing
- Lack of succession planning

CHALLENGES OF VOLUNTEERISM

- Lack of incentives or allowance for volunteers

Resistance to HIV message and willingness to discuss sexual health Papua New Guinea (PNG) is dominated by Christian religious beliefs, cultural values and taboos on sex and sexuality that make addressing HIV and AIDS challenging. In particular the promotion of condoms often goes against religious beliefs regarding premarital sex. As a result admitting or discussing condom use or sexual practices can often be challenging.

Concerns about confidentiality (especially in small settings)

Stigma and discrimination associated with HIV is still prevalent in PNG resulting in fear of disclosure of status or even being tested for HIV may prevent people from obtaining or accessing relevant services. This situation is compounded in small or enclosed communities (such as a barracks) where people fear a lack of confidentiality as ‘word gets around’.

Lack of Health Services or Links with health Service Providers

Lack of health services in area/setting Best practices have demonstrated that individuals and/or specific populations being targeted for behaviour change who do not have easy access to the services being promoted as part of the behaviour change —package (like condom use, STI treatment, and VCT), will soon reverse to high-risk behaviours, and ignore any future preventive measures⁴. An example of a lack of such services is in Porebada where VCT and STI testing capacity not present in the community and people need to travel to Port Moresby to be tested.

No formal links with health services in the area/setting In two settings, VCT and STI testing facilities were available but the project site had not established formal links with them. In order for referrals to function well relationships need to be established and systems put in place to process potential clients seeking those services.

Ineffective coordination and communication

Weak coordination/communication among committee members As highlighted in the previous section a well functioning committee is dependent of strong coordination and communication among its members. In some cases, regular communication proved difficult due to the dispersed nature of the members (not all being from the same location). In one site regionalism among committee members was also cited as being a barrier to effective communication. Another contributing factor to weak coordination was an inactive or absent site coordinator (as was the case in RD Fishing Village). Poor coordination and communication can also be caused by irregular meetings as a result of competing commitments of members such as work, self interest, and family.

Lack of coordination and/or communication with TL Ineffective or inconsistent coordination by the Project Officer or Regional Coordinator was a commonly cited complaint and barrier to the success of the project within particular settings. One setting reported that the site committee was intact but inconsistent support had been received from the Project Officer or national level TL/BI. In one setting the coordinator was accused of ‘running a one man show’. The lack of coordination and communication is also noticeable in the absence of regular and effective reporting or storage of data. It was often the case that site committees indicated that they had completed reports and sent them to the PO or Coordinator who did not seem to have copies. Poor communication between national level and site level was a cause of frustration for many,

⁴ Program Implementation and Scaling-Up: Barriers and Successes, P Teixeira et al, NACP/MOH – Brazil, July 2002 – Barcelona AIDS Conference.

Weak Management and Administration of Project

Ineffective and inconsistent reporting Despite the existence of an M&E framework and the issue of weak M&E having been raised in a previous evaluation, the reporting for the Tingim Laip program was patchy at best⁵. Despite claiming that data was being recorded against the **Four Pillars** I was unable to obtain sufficient data of any consistency for the sites in this review to enable the data to be collated. It was very difficult to track what had actually been done in the settings and there appeared to be no mechanism for recording site based activities. Although training features heavily in the program, data on who had been trained in what was not available.

Inconsistent funding The issues of inconsistent and delayed disbursement of grants was perhaps the most commonly cited obstacle to the success of the project. Planned activities were often put on hold while awaiting funds. This created additional problems in terms of sites losing momentum and motivation. It was difficult to obtain a definite answer as to the cause of the delays. A recent audit acknowledged that strong administrative procedures existed at the national office and policy guidelines exist for settings on requirements of grants. Nevertheless poor communication and confusion over acquittals at the project sites appear to have contributed to inconsistent funding to sites.

Insufficient resourcing The issue of the grant allocation and budget was well highlighted by those consulted for this evaluation. It was suggested that the budget allocation was not sufficient for the growing number of stakeholders/population covered by the project. There was also a concern raised that the grants did not allow for rural-city differences, with the costs in urban areas exceeding those in rural. It was also felt that there was a lack of logistical support to project sites in term of transportation and resources/equipment to conduct activities.

Inconsistent supply of and/or access to IEC materials and condoms Some settings reported an inconsistent supply of IEC materials and condoms which sometimes caused a halt to BCC activities.

Lack of succession planning Almost all of the sites included in this evaluation had seen a change in their Project Officer or Regional Coordinator during the last two years. This had often contributed to a perception of not being supported and coincided with stagnation in activities. In terms of data available for sites, there appeared to have been limited hand over of files or documentation from one PO to the other. Changes in key positions such as the PO clearly impacts in the effectiveness of monitoring and tracking of site committee capacity and needs.

Challenges of Volunteerism

Lack of volunteer incentives – allowance for site visits, transportation This issue of payment of volunteers is a common one and always raises much discussion. A common complaint was the lack of financial allowance available for carrying out their duties. In most cases this related to covering associated costs and not payment for time. While *incentives* do exist (such as training, t-shirts, etc) there is a danger of them being seen as a 'right'. It is however important to ensure that volunteers are recognized for the contribution they make and that being a volunteer does not become a financial cost to the individual.

⁵ The exception being the Kakaruk Market site managed by Save the Children

6. Lessons Leant and recommendations

6.1 The need for meaningful and consistent reporting

Due to the extremely weak reporting and absence of an effective M&E system it is not possible to fully evaluate what has been done at four of the five sites included in this evaluation⁶. There was a lack of consistent activity/output reporting and data against the four pillars was patchy at best. Consequently it was not possible to collate data for these sites for the period of the evaluation (2007-2010). It was difficult to appreciate what had actually been done at the sites, despite a general perception that ‘a lot had been done’ as there were inconsistent records. This issue was raised in the 2007 evaluation and although a standard quarterly reporting format has since been introduced, weak data management and storage appears to have hampered its potential to improve data for the project.

Recommendation 1: Revise the M&E framework to ensure more meaningful monitoring of output as well as outcome data. Program logic should be used to inform the design of the revised framework and sites should be involved in the process to ensure greater ownership of the resulting system.

Recommendation 2: Review the the Quarterly reporting format to ensure consistent and useful data is collected from the project sites and clarify the reporting channels and data storage responsibilities. To build greater accountability, the template should include a format for recording of site based activities and their targets for change. A separate section should be included for reporting on non BCC activities (such as networking and partnerships) in a structured way. A separate reporting format should be developed for the Project officer to track capacity building and support provided to each site. Activities undertaken by the Project Officer to support the site committees should also be listed. This in turn would link to a more robust M&E framework (see recommendation above)

6.2 Importance of effective coordination and support to settings

It needs to be recognized that committees operate on a voluntary basis and require oversight and support from their project officers. The Project Officers and Regional Coordinators need to be accountable to providing this support and coordination and should be assessed against a clear set of guidelines and performance criteria.

Recommendation 3: Develop and implement performance criteria for Project Officers and Regional Coordinators

6.3 Understanding of setting concept

Most sites indicated a frustration that they did not have adequate resources to expand to other communities, despite often receiving requests from the communities themselves. This suggests a lack of understanding of the ‘setting’ concept and the criteria used to identify ‘settings’ for the project. However, it also demonstrates the value being placed on the work that is being done and the need for HIV prevention activities in PNG.

Recommendation 4: Ensure that all stakeholders are familiar and sensitized in the ‘Setting concept’

⁶ The the exception being Kakaruk market in Goroka which is managed by Save the Children

6.4 Understanding and ownership by site committees of their role in HIV prevention

At each of the sites the 'logic' of the project was presented to the committee (or volunteers in the case of Goroka). In each case this was found to be highly valuable to the members and some expressed regret that this had not been explained clearly at the beginning. This raises some questions as to the committees understanding of their role in the bigger picture of HIV prevention and the importance of moving beyond a focus on activities to thinking about 'change' in the context of their particular setting. Some sites demonstrated a high dependency on grants as a means of functioning which raises questions of ownership and sustainability. There was not much sense of the project being 'owned' by the committees⁷.

Recommendation 5: The use of program logic as a tool for better engagement at sites and clarifying their role in HIV prevention should be expanded to all sites. In addition to fostering greater ownership of Tingim Laip in their sites, it would also provide an entry point for discussing and improving M&E (see recommendation 1 above)

6.5 Governance capacity of site committees

Site committees appeared to have had limited training in governance. Community Governance is a concept that recognises that "ownership" of the "wicked issues" rests with the community as a whole. Governance has been defined as how people in organisations, groups, associations and communities organise themselves collectively to achieve their visions or goals. Governance is about how the organisation is run – the structures and systems and understandings that enable members to make the right decisions and set the right course.

Recommendation 6: incorporate training in community governance in the existing training package provided to site committees.

6.6 Ensuring a supportive and enabling environment

Communication for prevention can only be effective if it has a support structure. Promoting condoms, for example, is pointless, if people cannot easily access them. Support structures are not necessarily only related to prevention. They also include structures that focus on men and women infected and/or affected by HIV/AIDS and other STIs. Support structures rely on existing resources, policies and guidelines, and require budget commitments over several years to maintain. While this evaluation did not assess the role of Tingim Laip in supporting an enabling environment to respond to increased demand for services and information, it was clear that such structures did not exist or were limited in some settings.

Recommendation 7: Strengthen and expand the role of advocating for improved support structures near to settings

⁷ The exceptions being Kakaruk, which is seen as a Save the Children project, and also Porebada which has a strong community focus and strong church support

6.7 Clearer definition of roles and responsibilities of volunteers

Recommendation 8: Review/develop terms of reference for TL volunteers - Rationalise expectations of volunteers (i.e. set hours of project work), clear definition of roles and responsibilities, formal recognition processes put in place

6.8 Need for greater clarity regarding care and support to PLHIV

The pillar relating to care and support to PLHIV appeared to create much confusion in terms of how this should be operationalised within the existing site committee structures. Most members felt that they were not best placed to provide such support and often were not aware of who the PLHIV were due to an unwillingness to disclose status due to stigma and discrimination. For some support for PLHIV meant addressing stigma and discrimination while for others it meant direct support in terms of 'caring for' people who were sick.

Recommendation 9: Review the wording and meaning of care and support to PLHIV and better communication expectations under this pillar.

7. Conclusions

Although the absence of effective reporting means that the findings of the evaluation are inconclusive, the evidence collected provides qualitative data to support the claim that the project is bringing about change from the perspective of those consulted. The theory of change helps to explain the pathway to effective prevention at sites where there is a convergence of risk behavior and vulnerability through a community led HIV response to prevention, based on capacity building and support to site committees/volunteers. The BCC model appears to have worked well in providing a framework for conducting outreach activities. The evaluation also highlights the value of a "settings concept" for providing a tailored response to HIV prevention based on context.

However, it should be noted that promoting awareness of HIV and STIs, for example, is pointless, if people cannot easily access counselling and testing and that support structures are not necessarily only related to prevention. They also include structures that focus on men and women infected and/or affected by HIV/AIDS and other STIs. Support structures rely on existing resources, policies and guidelines, and require budget commitments over several years to maintain. More effort needs to be focused on ensuring that structures that support the four pillars are available at or near settings. Best practices have demonstrated that individuals and/or specific populations being targeted for behaviour change who do not have easy access to the services being promoted as part of the behaviour change package (like condom use, STI treatment, and VCT), will soon reverse to high-risk behaviours, and ignore any future preventive measures.

While it is to be expected that site committees are (and have been) in various stages of activeness, as this and a normal process that committees go through, it is important to recognize those factors which help to maintain a functioning committee (such as support from the Project Officer, access to grants, clear understanding of purpose and roles, drive of members, and effective coordination and engagement with other stakeholders at the setting). As far as possible committees will need to be encouraged to maintain an active status so thought needs to be given to how the transition from a the project based support approach to a truly community owned and led HIV response can occur in the longer term.

Annex one: Semi Structured Interview Guide

Interview with committee member

- ❖ Can you tell me a little about yourself?
- ❖ How did you find out about the Tingim Laip project?
- ❖ Why did you decide to become involved in the committee?
- ❖ How often does your committee meet?
- ❖ How useful are these meetings?
- ❖ What's your main role in the committee? What kinds of things do you do?
- ❖ What skills or experience do you have for this role?
- ❖ Has that changed since you became a committee member? What difference has being on the committee made to you?
- ❖ What sort of training have you received?
 - e.g.
 - Introductory HIV and AIDS
 - BCC
- ❖ What difference has this training made **to you**?
- ❖ What has been the biggest /most significant change as a result of the training you received?
 - ⇒Probe for Story about training + why significant
- ❖ What difference do you think you have made **to people in this setting**? What kinds of people have benefited?
 - ⇒Explain, elicit story +why significant
- ❖ What made it successful?
- ❖ What are the main factors that supported the (behavioural) change?

Annex two: Significant Change stories

2.1 Set One

STORY: 1

Site: Karakuk market

Setting: Highways and Ports

Story teller: Tingim Laip volunteer

I decided to become a volunteer, the main reason was because I was doing nothing , I was unemployed so in order to pass my time I better become a volunteer and do something useful. Also I have a religious obligation as a Christian, I want to ensure that I advocate on this disease so that people are saved and in the community advocate on the young people, and also my age group about what is HIV so that they don't go and do risky behaviours. I started in 2007, so that's four years now.

Before I came to the project and before I got any training I thought AIDS and HIV was maybe a sickness spread through the same as the TB or something like that; sitting close to people, talking and eating close with people, shaking hands or something like that. I didn't have any clue about how HIV was transmitted. But after I went to the basic HIV training I began to clearly know how it was spread and what was HIV and what is the difference between HIV and AIDS. First I thought HIV/AIDS was just AIDS, but now I've been a volunteer and I went to training, now I know what is HIV and what is AIDS.

Personally, actually I used to be a womanizer and I used to also drink, but then when I came to the project I learned about HIV/AIDS and I also have a goal. I've seen people affected by HIV/AIDS, people who have had sickness from AIDS and dying and all this. I've picked them up and taken them to the hospital and all this and they've died and I'm scared. I don't want anything to do with this kind of things, like womanizing, again. So I'm completely changed and now I am a Christian. So I live a single life and I've got my family who are away from me in Port Moresby, so I communicate with them and I live a normal life.

Why is this significant?

When I think back to some of the old days when I used to drink and womanize, and all this, pick women up and this and that, I think back and think I would have been dead. If AIDS was around then like now, I would be dead; I would have contacted AIDS and I would be dead already. But very fortunately, that I'm happy that I'm here alive today to advocate on HIV. I always tell my children and my family at home about it, the work that I do. I advocate to my friends and my family about what is HIV and AIDS and even STIs.

STORY: 2

Site: RD Fishing

Setting: Private Sector

Story teller: Tingim Laip youth volunteer

I was involved in 2007. At that time when the chairman was thinking of getting somebody else to help him, so I came to him and we talked together and he told me he was thinking of starting a committee here for the setting of RD fishing. So I was interested and I said I will help you with the work. He asked me to go for the training, for the mapping training. And after the mapping training we come back and I involved in the research work at the company area and our site, the community along the RD fishing site. After the training we went out there in our site and did the mapping and after the mapping we went back to Moresby and reported to the one who trained us, our teacher.

We were asking questions, we used questionnaires to do the mapping. We were talking to the company, RD fishing company then we interviewed them, their employees, the managers the security who are working their protecting the premises of the company. The questions we were asking we like how many sex partners you have, if they use condoms, sometimes we asked questions to the people who were roaming around the area, like are you using condoms when you go for sex.

We find out that there were so many young ladies, especially school girls those who are unmarried women go there and exchange what they have like beetle nut, cigarettes, alcohol, fruits, vegetables, they bring there and then they ask for exchange. Sometimes they give them fish, they exchange for fish, but then they went exchange for sex, especially at night they paddle by canoe and they go there for the fish. So they do it sometimes for fish, but also sometimes for money too.

We tried to talk with them, sometimes we talked to community leaders. One way we find it best is to involve them in the committee we form here. So we take each one of them, like the leaders of that group and they join our committee and we started involving them and they do the job, like they go into their peer groups and then they campaigning or involving them in training, like HIV/AIDS training.

They make changes, they went and then after all when they get the training and we talk to them so they went back to their areas and started campaigning and slowly, gradually their behaviour started to change. Many of them are now employed, like we talked to the company, like RD fishing, to involve them in working so they can stop this particular habit. They are working there now as classifiers. So that's one thing and we started small projects, money making projects like poultry, so they can survive on their own and stop going to the ships, but that one didn't work out.

Why is this significant?

Most of them they stopped going to the ships. I think it is important because at this site we don't have enough land to have cash crops and most of us are struggling to survive on our own so what we need is financial support. That's why the women, the mother and father are struggling to get the money to pay the school fees. So these are some of the reasons why they are going to the ships so we need to address these issues.

STORY: 3

Site: Porebada

Story teller: Site Committee member

Setting: Place where people negotiate
sex

In 2005 the chairman, currently our PO, came after BCC training came and visited me and asked if I can join him in establishing this group. So that's how I first got involved. Volunteerism is part of me, I do a lot of volunteering, it's a system I work in. My family are church goers, so they do volunteering, so it's inherited.

At that time I didn't really know a lot about HIV/AIDS, until I was selected to join in the basic introduction to HIV, and that's where I learnt so much about HIV/AIDS, after that I did some Book keeping that was organized b/w TL and World Vision, that was 3 days and after that Peace and good order, after that I went for Home based care training, and then after that I went for BCC training, The BCC one has been the most useful. We see that we have target areas, we have the primary targets we have the secondary the tertiary so it is good to know those ideas about reaching those targets and how to work with them. Changing the behaviours of people is not an overnight thing to do, but like I used to do in the youth program, reaching the young people, talking to them about the issues which are really facing the community, so like I'm really enjoying it. Working with the young people is really good.

We did a music competition – getting the youths to organize themselves to compose their own songs - HIV songs, HIV lyrics. And then after that we have to short list who were the winners and then the winners go into another competition where they have to be selected and go for the symposium (in Madang), in which one of my sites, groups were selected to participate in the national symposium.

We had about 8 groups – girls and boys. We did an announcement through the church also we did notices which we put on walls around the place. After that people started asking is there an event coming up? So we had to get ready for that. So prior to that event that was actually what happened, so we had a night for all the groups to come together just to practice their songs and then we as leaders we had to listen to them and try to listen to the words, are they meaningful etc.

We gave them pamphlets, we gave them booklets about HIV so they can have a fair understanding to write their own songs/compositions. In the same manner they are learning – they are reading it, they are writing it, they are discussing it among themselves – they had a really great fun!

Why is this significant?

Today I can see that music is the best for the youth. If you look around the community there's youth carrying boom box around, so that means youth loves music. So we have to ride on that, so we get them involved in the music. So this is the reason why we took music as a strategy for the youth to learn HIV messages. HIV doesn't have respect. If somebody contracts HIV, and if he doesn't know how to live with HIV then life can be shortened, so this is some of the areas where we are really trying to get the youth to understand about HIV, so they can protect themselves.

STORY: 4

Site: Karakuk market

Setting: Highways and Ports

Story teller: Tingim Laip volunteer

The difference is when I started to work with Tingim Laip and Save the Children, then they started to get me involved in their trainings and involve me to go around and make awareness in the communities, the settlements. Then I started to build up my confidence so then I started to talk with the community. So I'm very happy with that. I did BCC training, I'm a BCCer. I did Home Based Care, Peer Education TOT, Gender, Child rights, Basic HIV and Theatre training.

In the BCC training, it was very useful. I learnt to talk with the people in the community especially I am working very, very closely with the leaders; the community leaders, councilors, Police Officers, village Court Magistrates. So I started to talk with them, stay with them, and so they started to realize what is BCC. In the training they give me the materials so I use the materials to talk with the community leaders. So I started to bring them up, or sometimes I go visit right into their house and then I started to talk with them using these materials.

The leaders are the ones they will talk to the community and bring the community together. So I talked to them so that when the community leaders or councilors or magistrates try to talk to their people and bring them out, well they will respond quick to their leaders. But like me I cannot because I am the same person as they are. That's why I work with the community leaders.

So then the leaders they started to go out in the community, gather all the people in the community together. Then they started to talk to them. They told them if they need any help to come and see me, and they call my name so the people know who I am. They said to them *'If you need anything about the HIV or STI or any other sickness, you come to us and we will bring you to Peter and he will refer you down to the clinics'*. Almost the whole community was there. In my village we have three villages surrounding, so these whole three villages they come together. We have two settlements so the settlements too they come together.

Why is this significant?

After that, people, they started to come forward, especially the married couples and ask for the referrals, but the youth they feel shy a little bit so then in the night they started to come into my house and say 'I want to go to the VCT, I want to go for this and that'. So the youths were not so open but the married couples, yes, they stand and speak and say 'okay, I will go to the clinic. Me and my wife will go, and my children, we all will go' and so in that way they started to talk. We bring the vehicle down to their community and then take them down to the hospital, the clinic.

STORY: 5

Site: Karakuk market

Setting: Highways and Ports

Story teller: Tingim Laip volunteer

Before I joined TL I don't know any information about HIV. I know nothing about HIV, the only thing that was in my mind was I was scared to stay close with a person with the virus, and to try to share things with him or talk with him. During that time that I come and join TL, the first of the training that I attend was Basic HIV. So during this training I learnt a lot more about AIDS and HIV and I began to understand that I should have got this virus already, but thank you. So I'm lucky to be in this project, it's for my own good. Around me many young youths are infected with this virus so when I saw it, I just thank god for put me in this organization. As soon as I joined the project I understand how HIV work and affect people, how it can destroy individual and a family. I learn a lot and I feel such like a responsibility in me to carry out this awareness, to some youths like me. They don't know the message, they don't know even what AIDS is, what it mean or anything. So when I come into TL and attend such program it really encourage me to do a lot more. Making more awareness so all PNG must be aware of preventing HIV and AIDS.

During these three years, almost four, the first training that I attend is Basic HIV, second one is Home Based Care, third one is theatre training, the fourth one is Child Rights, another one was counselling. All those trainings have build us up, but we also need some life skills training because after this we might go on to do our own working. So we get some life skills training. The first one we attend was bee keeping, and second one was organic gardening. These are two life skills training that I have attended and myself I practice this organic gardening.

So what make a difference for me is I attend many of these trainings. During the trainings I feel more confident and more courageous to stand and talk to people about HIV. So in my life, the thing that changed my behavior and all this is training. Only attending the training, it build me up so I can see through this training it's done a lot for me. With my education, I lose my education some years ago but with this Tingim Laip, it trying to bring my knowledge and all this education that I throw it away a long time ago, try to bring it back to me to build me up. It's part of educating me and giving me more good understanding so I'm very proud to me in this Tingim Laip.

Why is this significant?

When I don't come in the project, you know the community they don't respect me or recognize me; they look me as a normal person on the street, something like that. But when I come into the project it's a big change. Now my family they respect me. Also the community around me, neighbours they start to understand and respect the work that I'm doing. One of them just only a week ago told me that 'you are too young but in this community we are living we look to you like you are an elder man'. He said, you bring the service that the community needs. So I appreciate what he's saying. It's like the community is starting to recognise what I'm doing.

STORY: 6

Site: RD Fishing

Setting: Private Sector

Story teller: RD fishing manager

When I was working for RD Tuna Cannery, currently I'm with RD Fishing, I underwent training in behavior change communication (BCC), so I think that is what alert me to Tingim Laip.

The women paddling, this is the problem with RD Fishing, and that was our main focus of our community relations department, we had a program to eventually put a stop to that paddling, because we understood from the start it was a common thing for the mother to look for money. Our purpose was to eventually to get the message across to the women that we can try to help them in some other way. So now we've stopped that by employing them, and convincing them that there is a better way. If not better, then at least some options, so we've engaged them and now they are all working as classifiers, so the fish unloading is done by the male and when it comes down the women are engaged to classify into size. That's where the former paddlers are now working, so that is a mother's group working there now.

So that was done from last year and this year we've managed to control the paddling issue, because the paddling alone brings a lot of issues related to sex trade and all that. But that doesn't mean that we've stopped the sex problem, its common everywhere, but the actual paddling mothers are slowing down now as they are being engaged with the work here. They may still go back if they wish to, because the work is only subject to the unloading of fish when the ship comes in. and when the unloading is finished the classifiers job is also finished, so they can go back home. If they do go back home, if they are not concentrating on the garden or other things they may go back. But our idea was to engage them to give them some income and opportunity.

We had some advice from Tingim Laip and they were also working with them, so we try to do the best we can and then we came up with this proposal for management. So we came up with the proposal together, because we have a lot of interaction together, between myself in Community Relations and Tingim Laip. So we sat down together and I said *'give me some of your thoughts'*. So while they are concentrating on distributing the condoms and other things, I said you do that while I put in a submission to the management if they gonna accept these mothers to come and work here. So that was what happened with the coordinator [of TL]. Normally they come around and when they hold a meeting they invite me so we discuss these things. So that is what happened to the paddling mothers.

Why significant

It is important for them because if they continue going paddling, which they had been doing I think since day one, then if they continue to do that then the idea of sex trade it comes on and we want to take that out of their minds. So we told them that the better option is to come and work. If you work and you can probably interact in a different way, you've got women especially working together and then you can form a partnership then in terms of working relationship and then at the end of the day you have more options, you collect your pay and you can go home. So they eventually change their way of living and that's where behavior change communication comes in. We've been holding several meeting with them just to reinforce the ideas into their minds, because they are only local women, and probably their level of understanding is not so high, so they probably know a little bit, but then if you're not consistently encouraging and helping them, they would probably go back to their former ways.

STORY: 7

Site: Karakuk market

Setting: Highways and Ports

Story teller: Tingim Laip volunteer

I've brought two 'friends' for VCT testing and treatment. They are now living a positive life now. One of them she is one of my neighbors and she was very sick. I don't think she knew that she had HIV/AIDS, probably she might know but she had never had the test. So she was sick I know, but after attending this HIV/AIDS training I get some information from there and I began to think when I saw her child was less than 18 months old and she died. Without knowing I just thought that the child might have been killed by the virus.

One day, after that I saw the mother was very sick and I went and talked with her, talked to the husband and the relatives and I said 'I just want to help her, and take her to the hospital' and the first time they told me she's on herbs and she'll be fine. The second time I went they told me the same. The third time, they told me the same.

And then one day she sent her son who said that my mother wants to see you, so I went and saw her and she said she had decided that she need my help. So I said, 'Ok you get yourself prepared and tomorrow morning I'll bring the vehicle and take you to the hospital. That afternoon, I sat down and I counselled her, told her what to do and what would happen. I helped here with organizing things, because she's got a lot of kids. The next day I got our vehicle, from Save the Children, and I went there and take her down to the hospital and admit her to 'Ward Three'. She was hospitalized for three months or so and then she recovered, but at that time she was very sick.

Then after a year or so she's got a child now. She has a child now and the child is negative, so that's some good news. This one is ok, as I've said she lives a positive life and when she was thinking of having a baby she went to the hospital, the Clinton Foundation I think, and talked with them. So the baby and the mother are healthy.

What is this significant?

I saved her life and also prolonged her life to look after her children, because they are not grown up, they are less than 10 years, some 6, 5 and 8 years old, so she has to be alive to keep her children, look after her children and help them grow up. So it was something food for her family. Also in the community around there, they've seen that and they know what we are really doing, I mean what this program is doing. They know she almost died, but that it doesn't have to be that way. More people are coming out to be tested for HIV and STI. I've been doing quite a lot of referrals to the STI clinic from where I am living after seeing that woman.

STORY: 8

Site: Porebada

Story teller: Site Committee member

Setting: Place where people negotiate
sex

I am with the Porebada Christian Youth Fellowship and I'm very happy and excited that TL is involving us. When we were involved in the community mobilization program in 2009, that's where it came about that each group was going to work alongside the TL committee. So after the community mobilization we have had about two programs under the TL funding.

One was a camp fire with the scouts. Before the camp fire, during the day we cleaned up the whole village, get all the rubbish from the village and cover the rubbish with fire wood and when it started approaching night we lit up the fire and while the fire was burning we started singing songs relating to HIV/AIDS, women's rights and then dramas, we did performances or dramas. And all those activities related to HIV/AIDS. We had quite a good crowd there – young, small children, teenagers, old men and women, mothers and fathers. I would say probably about 2000+ people were there! It was very big! And during that time we talked about the four pillars and I spoke on the first pillar which is the condom. My proudest moment was when I was invited to speak on one of the pillars – which was the condom - and I just spoke confidently about the information on condoms and like after finishing my speech I went out feeling really nice. That was during the camp fire. I was saying to myself, now I can speak about HIV and AIDS and everything concerned about it.

As I was giving my speech on condoms the committee members are handing out condoms. I think everybody took them. Whenever there is an activity we hand out condoms or young boys especially, when they, when it comes to weekend, like Friday or Saturday they want to go and have a good time with their girlfriends, or anybody else, they come to me and ask for condoms. I always have a supply of condoms with me which I distribute to young boys when they come and request them. It means that they can access them more easily.

Why is this significant?

Since 2007 up til now they have been, the success that I would say is that the information has reached almost everybody, actually I would say everybody in the village because they've also done house to house awarenesses. I think I can say this because I am an ART specialist, the information they get from TL gives them a willingness to go for VCT, and when they have the willingness, especially the youth they know that there is somebody that they can go to me and when I come to me I make referrals and they go direct to [x] clinic. So TL has been very productive in the village. I know that it has been successful because of the statistics that I have in my hand. Every time a person comes to me and asks me for a referral I always ask them why do you want to have a referral and they say oh I got this information from this or that activity. Most of young boys and girls come to me for STI referrals.

STORY: 9

Site: Waipa Zone

Story teller: Staff at entertainment venue

Setting: Place where people negotiate sex

As far as I can remember they [TL] came here twice for awareness, but maybe the times they chose were not appropriate for the audience, for the customers here in the bar and the dancing area. When they were trying to do their awareness people were already drunk and like when they were trying to talk they talked back and they did not really accept what they were saying. So at that time it was not really good, the awareness. It would be better to start before people really get drunk so that they can hear the message, but once they are already drunk it's no good, it's hard to communicate the message. If they want to do awareness they should come earlier, say before 10pm. What I think TL should do they should put up a notice or whatever, to tell us or let us know that there will be an awareness and we can let people know. A lot of people I know would accept it, but if they come without telling and the people are already drunk they talk back, they do not really accept them.

Tingim Laip also provide us with condoms and this is very good, it's working well...we put condoms in all our rooms, all the 18 rooms and pamphlets, but the pamphlets they used to take it away so we ran out of pamphlets now. But condoms, one box of condoms will last for three to four weeks. In one room we put six condoms. Every time we clean the room we make sure that there are six condoms, because we found out that one man can use two to three condoms, they put them double, put them together at once. At other times only one. Sometimes in one room where there are six condoms, they come back and ask us for more condoms again in the night. We have condoms either in our office or in our laundry room so we given them condoms again in the same night.

And the customers passing through they come and stop and ask for condoms and like boys on the street they come and ask, because other places they sell the condoms, but here they are for free, we give them free. We also have condoms in the bar area, the public bar, so when people come for a drink at the same time they ask for the condoms.

Why significant

A lot of youth, now they come here and pick up condoms, like when they are going out and do some risky business, they come here and get the condoms. So it's a change. Previously they were not using condoms, but now they are using condoms, I think because it is accessible. Before I think that they know they should use but they don't have or cannot buy them because they don't have money for this. A lot of the customers as well they tell us 'we like coming here because you have condoms', where they went before they had to buy condoms, and when they can't afford to buy condoms and buy rooms at the same time, they prefer coming here because condom is free and that encourage them to come here.

STORY: 10

Site: Igam Barracks

Setting: Disciplinary Forces

Story teller: Site Committee member

I have never been on a committee before and for me I think it's a very important thing to change the behaviors and attitudes of young people because they are very vulnerable to HIV. I've been to training, basic introduction to HIV, BCC and youth leadership.

I like doing the prevention, because if you're not talking about prevention, something can happen behind your back that you will not know. Before the training I didn't know much about HIV, only from the TV and the radio and they always say that HIV it exist here and I didn't know what to do, I didn't know really what HIV is. So when I joined the Tingim Laip committee now I know what it is and about prevention. For example I learn how to, how you can monitor the behavior of young people and make them aware of risky activities and when you have STI or HIV, what place would you go, what is the best way to get help with that, these are the things that I have learned in the trainings.

In the Youth Leadership I learn about how youth can involve in any activities and can extend to what big people do, like writing a report and facilitating and organizing activities. I have done sensitizing - organize people and sensitizing them with HIV message and information, how you can be a good person. I was sensitizing youth and unmarried youth. The difference is the youth are mainly people where they always involved in risky behavior. So for young married youth the message I was trying to teach them was to look after your family, look after yourself and look after your partner, whichever partner you have and when you have a partner you must not have another partner again. The partner you have is the only one you have, if you have another partner you are in a big, big trouble. So when I was sensitizing the youth only I have the feeling that the youth are the more, more people that are ending up with these problems.

Some of them are now, they change already their behavior. Some of them are now married with only one partner – they always see me and they say 'your work is very good' and they drop their habits already. The ones I am working with are mainly in the camp. I can see that they are changing their ways. Normally when they are sitting in a group and when they see ladies they always chase them, before they throw bad words at them. Now it's changing and now when they see girls they treat them more like sisters, call them sisters – before it was not like that, they chase them and go with them.

Why is this significant?

As a youth it is easy for me to communicate with my peer youth. The other person, I know him and he know me so I can communicate with him or her. For example I know some person, he is the brother of someone I know so he is like my friend but not really a friend but someone I know. So when I approach him with some information he definitely says *it good, it's interesting* - they feel like they can open up.

STORY: 11

Site: RD Fishing

Setting: Private Sector

Story teller: Tingim Laip youth volunteer

After I joined Tingim Laip I got some trainings, like BCC and basic HIV. From Basic HIV/AIDS I understand how to protect myself from getting HIV/AIDS and also to help other people to give them better information on HIV/AIDS during awareness. When I went to courses I understand, but before I didn't know and now I can help others. BCC helped me to understand people's behavior and now I understand how to approach people and talk with them. The activities in which I involve BCC is I try to improve or talk to people, especially the young or youth who are involved in drugs or are involved in other activities which is not good. I try to approach them and find ways that I can change what they are practicing.

You know one fellow, when I talked with him and helped him he changed very much; it helped him to leave all these bad activities like drugs and alcohol. When I talked with him he was producing home brew to earn his school fees, so I said that this activity is not good and you are not going in the right way of getting money. And then he went to high school, by producing home brew and selling it so I talked with his mother and said you must make bread and sell them so that you can help that fella while he is at school, which she did. Now that particular boy has changed his life and is doing his grade 12, with his mother supporting him and now he has left the alcohol brewing.

Another time we go to the youth and talk with them. Whoever has their interest in music, we try to reach them and find ways that they can have the recording. We have a studio here so we try to help the youths that are interested in music so that they can stop these other bad activities. The studio was owned by somebody and we try to negotiate and talk with the owner of that studio.

We told these youth to compose HIV/AIDS songs; like if you want to record you must have two or three songs dedicated to HIV/AIDS and they did it and it's already recorded, our youth. So there is a cassette already produced. It is for sale at the PAC office. We assisted them with the song writing so that they can write meaningful songs that can affect the people so as soon as they can hear the song and the song can make changes, so what people hear can help people make changes. We put the youths in some training and also we guided them. So in the end they knew a lot about HIV.

One youth has gone on and done it on his own and now he is collecting his own money and has stopped his habit of going around with other youths and involving in trouble. That is one good thing about Tingim Laip. So he first made some songs for our program and it encouraged him and he went on and changed his ways and started making music.

Why is this significant?

Why I think it's important is because it changed a lot for the youths. Also, the songs we use for promotion in our activities, it's on the radio on FM radio and also the cassette is sold in stores. All the songs on this project cassette are about HIV/AIDS and getting the youth to do it themselves get a lot of benefit for them in changing their behaviours and understanding about HIV.

STORY: 12

Site: Karakuk market

Setting: Highways and Ports

Story teller: Tingim Laip volunteer

We, the volunteers do awareness, and personally I do awareness to my close friends and the community that I live in, and also I emphasize on the use of condoms and also I advise on the ABC method. I do peer to peer and even to small groups of 3 or 4 people, sometimes in churches when I go for the men's fellowship, I speak to my fellow people. I tell them that you also have to emphasize about HIV/AIDS in our churches. There are people living with HIV in the church and there are people with risky behaviours also in the churches.

In the market setting as our site, I do condom demos, I briefly explain the different pamphlets and posters that we have, we go through the posters and pamphlets and messages that is there and I emphasize and explain to them more in detail. So that they can understand that poster – it's not just a poster, the message means this! I speak to women, I speak to men, I speak to youth. I just go and say hello, shake hands, say what are you doing around here? They might say I just come here from this place or that and I'm just looking around here. And when they ask me what is that for and they see what I have, I say I have these posters and things for messages and do here every week and I say do you want one, and they say *'Yes I want one I want to take it home to my village'* and then I explain the message to him and so the message goes.

A lot of people have now come to know what is the difference between HIV and AIDS and also when I talk about that HIV/AIDS is spreading and at the same time there is also STIs that are spreading. I then explain about the different STIs that is around in PNG today. Sometimes people get scared and say I might have got some of these STIs. So that's when I tell them, if you are scared, If you know you have some risky behaviours recently, then you come to us and we refer you to the clinic. So I give my name, I tell them where to come to the clinic here in Goroka and mostly they come and see me around and they say 'I want to go for this testing'. So they just feel free to come.

I recently referred three people from where I live. I brought them here (SC) and I took them to North⁸ for VCT testing and then I took them to LOPI⁹ clinic for STI treatment. One of these follows, he's a teacher, but he's a womanizer. Now he has changed his ways. Every time I see him he ask me how can I reward you? And I say 'No No! It's not for reward, you are my friend, I don't want you to get STI's and HIV'. So he's happy about that and he knows the work that I am doing.

Why is this significant?

He himself came to me and said listen, I feeling some things in my genital area that I'm ashamed to go down to the clinic down there. And I told him, you come to me and I'll take you to a proper clinic for treatment. I explained that 'you have had a lot of women partners and there could be a disease in there'. I explained to him about a lot of STIs, that some show sign and some don't show signs for a long time. This fellow was really amazed he said 'I thought there was only gonorrhea and syphilis'. Anyway, he did have some STI and he got the treatment and he was very happy.

⁸ A VCT clinic run by St Josephs Catholic Mission

⁹ A VCT clinic run in partnership with Save the Children

STORY: 13

Site: Porebada

Story teller: Site Committee member

Setting: Place where people negotiate
sex

I was involved in 2007 in the sports activities. They [TL] approached me if I could help out, because I am an umpire, a netball umpire. So they were trying to do some awareness through sports and asked me – can you help us out as you organize the games. They explained ‘we bring people together and while they play we do our awareness’. I agreed. It was for a good cause so I said I’ll join with you. And after that every time they did their awareness they always invite me, I was always invited. Because I told them, I am involved in sports so I deal with a lot of youth so if there was any possibility of my assistance I am prepared to assist them. I am a sports administrator and a women’s leader in the church.

There is a village netball competition, but at that time the competition was not on yet, so they filled in that gap with these other matches and used the opportunity to do the awareness. The netball association normally runs the competition so when there was a break, I think for five or six weekends, they [TL] did it. And then later on the actual competition games were on again. So it was an opportunity to for the girls to practice and on the other hand it promoted the netball court as well, so it was helping us in sports administration.

It was done nicely, because when you do sports activities the whole community sort of comes together. So it was done nicely because as they were playing sports they had a little band that was playing and doing awareness, people who were trained, they would come out and talk about these awarenesses. And most people, as I said, in normal situations they would stay in the house but when there is a sports activity they come out – some are players, some are spectators, some are family, and it was an opportunity where they would listen to what TL was trying to pass to them.

They gave little prizes or refreshments to the people who were playing. So the band was playing and people would come to watch the game and the band too. And while we were watching they [TL] would say, *‘actually this is for awareness, we want to do this HIV awareness’* and then they’d start to go about what it was about. People would be listening to the band, and because they wanted to hear the next song, they’d be - all ears were on them. So after each song, someone would come and say a few words on this HIV. And this was very good! And I was very fortunate to be part of that thing. I really enjoyed it. Afterward the girls, in the netball, they were talking about it, because if you want to be a sports player you have to be healthy and the community, as generations go, we need to be healthy.

Why is this significant?

As they were looking for avenues to get the message across and I think they did it well through sports because if you do anything there might not be any people, but when it came to sports Porebada is a sports loving community. When there’s a sports activity, really it’s always full, people come out to watch.

STORY: 14

Site: Karakuk market

Setting: Highways and Ports

Story teller: Tingim Laip volunteer

I was working as a volunteer somewhere else when I heard about Tingim Laip, when it was first started here in Goroka. Then, one of the project staff from Save the Children she know me and asked me to join with Tingim Laip and I stay with Tingim Laip 6 years now and this year will be 7 years now.

My village is next to the setting, so we started talking to people in the market place. Very early in the morning we started to talk to them in person, like peer to peer. Sit down and talk to them, eat food, share smokes or beetle nut together and then we started to talk to them. So in Karakuk, in the market place we are very active and people are becoming aware of this HIV. We just moving around in the market place, we move around and talk to different people. The market is like a place where people are coming in and out from all over the province, so they come in and out and we too we started to move around and talk to them.

It's making a big difference because the people coming in and out, we started to talk to them and they started to respond and said to us 'can you come along with us and we go to our village, and then you can make awareness in the community, in my village'. They started to request, asking us to go. So it depends on our bus fare, so if we find that we have the money then we go with them, just jump in a vehicle and go with them to their village and stay and start to talk about this awareness. But we are using our own money for that, for the bus fare; my own money from selling somethings, like water, in the market.

Why is this significant?

It's about my own way of thinking. I started to think I cannot stay like this doing all sorts of bad things around. I must try to change my life now, change my behavior, sit down with my family, so I really changed. It started with me and then my family in my own household and then it stated to go out. No I cam becoming like a role model in my own community. So from there the community saw that this guy is doing this, he is changing, he is stopping to go to a party or whatever, and they think we must follow him and try to change our life, our way of living.

In fact, some of the volunteers here are from my village, so through that work then they started to follow me and come, especially Jack, Ben and Joel. Joel especially he used to stay in the village smoking drugs and doing bad things, but with that we bring him up here [to SC] and started to counsel him and talk to him and he started to change.

STORY: 15

Site: Waipa Zone

Story teller: Site Committee member

Setting: Place where people negotiate sex

This is my success story, and this is what we should be doing in our awareness, especially when times are tough and we might not have funding as it's very simple, there's no cost. This is a tool that I think we should be doing at this Tingim Laip site.

So I was at the site, Waipa Zone and there were these two PLHV women that I know and I asked them to do this awareness with me. I booked a room at the hotel and I got these two ladies and groomed them up and then sent them in to the Pokies, all the men were playing Pokies. While they were watching Pokies, they were asked for sex by the men and they said 'No, we just come to watch the game' and the men asked 'what are you doing here?', and they said 'we just coming around here to have a beer and play some pokies'. Next the men asked them where are you staying and they told them we have got a room here at the hotel. So the next thing, the boys asked them 'can we go to your room?' And all this time I was just watching and observing what was going on. It happens that they were my nephews from the village.

And then I gave them a little bit of time, and they went to the hotel room and after 5 minutes later I walked to their room and knocked on the door. The boys said do not answer the door and the girls said 'No it's our friend coming in'. These two boys they didn't know and when the door was opened they were surprised to see me. They call me Aunt and said 'Aunt what are you doing here?' so I said I just came to see my friends. Then I said to Joan and Judy do you know these two guys, and they said they had just met up in the bar. So then I said, 'ok, can you introduce yourselves to the two boys?' and they said 'sorry, we are doing awareness on this virus and we are positive' and then the boys were shocked and said you have saved our lives. And they are converted now, they never go out into night clubs anymore or do anything like that.

Why is this significant?

I thought that was a very proud moment for me. This boy he became a Christian and he completely changed and he is doing good things and has completely changed because it had a big impact on him.

STORY: 16

Site: Karakuk market

Setting: Highways and Ports

Story teller: Tingim Laip volunteer

For the prevention awareness I distribute condoms and I tell all the communities and all the youths that I'm working with this; there is no other way to prevent, only the way is to use the ABC method or the condoms. You can be faithful or abstain, but if you are not going to be faithful, then OK you must use condoms. I try to tell them that condom is the best way for prevention. We have our own site activity, so every Monday, Wednesday and Friday we come and collect materials and condoms from the office to our site at Karakuk so that we distribute condom and at the same time we ask people that '*you guys know how to use condoms?*', and some say they know, but some they don't understand, so we do the demonstration there, of male and female condom so they understand. So our main thing there is doing awareness with condoms. So condoms is our on-going thing since the day I came in, in 2007; it's the normal work we do until now.

When we go down to the market, you know we have certain sellers table sellers and beetle nut sellers. They stay at the market every day, so they know us. So as long as they see us they feel like they are one of us. So we go down, we talk to them, sensitize them. Some of them, they attend a little half a day session, so they can come and have a workshop to get information and understanding about HIV to give out the information to another person. So that's how we work with the seller; so they know us and we know them and that's how we can work closely together. We give the condom to the sellers and we tell them that if any person want to buy the condom you must say 'no, we give the condoms free'; so we talk to the sellers about giving the condom free to the people. Many of them we bring them here to the office and we give them basic information about HIV so they can be equip with the information so that any time the question come they can handle the questions.

People in the market, the sellers, they live in all sorts of settlements in Goroka, but during the daytime, the market is like a place where everybody meet there, and they know each other very well. Like us as a volunteer, we go down to the site we got our own uniforms, so they recognize us and say those guys are coming, and in front of people they are shouting '*hey give us a condom here!*' They know that we have the condoms and it's very free to get condoms from us. It's the same place we are travelling around and we know each other very well.

Why is this significant?

Now it's a challenge that we face, this need of condoms. Sometimes they don't see us down there, they come right here in the office and they ask one of the PO's and they give them. Nowadays, the awareness and message about HIV is spreading so all the people they are afraid of their health. I think that now, condoms it's like an important thing to them. Because they know that without condoms there is not prevention. So they see, like condom is one of the things that is important to them to look after themselves. Many of the couples they are not faithful with each other, or they cannot abstain so they see it, that they need to use condoms. That's why we have to talk with them and encourage them.

STORY: 17

Site: Porebada

Story teller: Site Committee member

Setting: Place where people negotiate
sex

The site committee we organised a big forum in the village. That forum was about HIV awareness and anti-social issues which we selected a few people to be our panelist. So comments which came from the crowd - we had the panelists to address them. That was an open forum, a big open forum. It's held in the middle of the village and most of us stakeholders were there. Some were invited from Port Moresby, police personnel were also there, some organizations.

The difference it made was people coming to know and understand the real issues affecting the community. They started coming up with lots and lots of comments about the issues affecting the community. While the resource people were there disseminating the information. So after that when the activity was wind down all the stakeholder went back to their own settings again and came up with some of the positive comments, some of the negative comments.

There was also other cross cutting issues coming up. So as most of us we didn't have the capacity to provide feedback, so we have to get the resource people out there, get them ready, wherever the crowd throw a hard spear, they are there to respond. Also the media was there. Also we involved a resource person from SAM (social Alcohol Model). She came out to address the drug and alcohol; she had a big chart to show the youth the disadvantages, the dangers of alcohol and drugs.

Why is this significant?

I should say the main importance or key points for having this event was the community to know that TL is on the ground, is preaching about HIV, and HIV is already here so people have to really be careful and consider that HIV among us – getting people to recognize that. And also the working in partnership with others, this was a good thing because we can share our knowledge and our areas of interest.

STORY: 18

Site: Igam Barracks

Setting: Disciplinary Forces

Story teller: Site Committee member

When I first found out about Tingim Laip was during my counseling course as part of High Risk Settings Strategy. At the time I was a volunteer. I am currently working in the health post as a VCT attendant and counsellor, and I am also a committee member. I was on the committee before but went away to work at a different barracks and was called back to Igam Barracks last year so came back to being on the committee.

The best things about being on the committee is exploring and finding out about new things. Normally HIV changes constantly so I keep updated. Normally I have a lot of information and people when any questions pop up in their mind they come to me. I've done peer education, BCC and VCT training with Tingim Laip. All the training has been useful, sometimes like in counselling if I am talking to a couple having a domestic violence I can use my skills to sit down and talk to them individually and then I can bring them both together, so I can see that the training that I've have got is very useful both for VCT and other things. During the peer education, what I've learnt is to sit down with friends and talk, and how to discuss HIV and to feel comfortable doing that for me and also for them.

The BCC has really helped me. I have learnt a lot from BCC like the information booth, setting up the booth, the 4 pillars – that was also one of the things that was very interesting to me. The training helped me to sit down and see how people react; you can see if they are in trouble or they are not and pick up on signs. It's been very good, especially for me as a counsellor.

The information booth we normally set up a table and have referral cards, condoms both male and female and we explain how to use the condoms and have posters telling people about HIV and AIDS. So people they come up to the table and start asking us questions about how people can contract the HIV virus and STI's, or how to use the male or female condoms so we give them this information and explain things to them. Sometimes we give them referral cards and telling them about are VCT.

We normally set up the information booth at the front of the gate, there is a market place there and normally people going to the market or coming back from the town, so we put our information booth there to get information to the people. People use it, that's why the information booth is very good. After the information booth, we put them with the referral cards and many of them come for the VCT services – it's part of the information we provide. Most of the STIs we treat at the health centre, but sometimes, like if we don't have the medicines we sent them to the French clinic or the government hospital. We send them down there with the card, the referral card which we sign. We serve the community from the outside the barracks and from inside as well.

Why is this significant?

The awareness is good, especially inside the barracks and outside. A lot of people are now coming for VCT there, so the results is very good. Before there was no awareness so I think Tingim Laip has made a big difference about the communities here. The impact or the message that they are getting from Tingim Laip is good. As a VCT attendant I can see that we don't have any new cases of HIV and the number of STI's has decreased down. That's been one of the biggest impacts of Tingim Laip here.

STORY: 19

Site: Karakuk market

Setting: Highways and Ports

Story teller: Tingim Laip volunteer

I'm a volunteer of Tingim Laip in Save the Children. I join in 2006. I've been a volunteer in Tingim Laip for about three years; this year, 2010, will be my fourth year. Volunteering has been a part of my life since I left school. At the time when I come down here [to Goroka] I asked if there is a position for volunteers here. I came for interview and was selected to be a volunteer. I decided to get involved because HIV is a killer virus which kills human beings which are God's image, so we have to help with our willing heart and my own. So I came to join the project to help others.

We educate people to abstain and the usage of condoms. Every day I distribute condoms, doing awareness through theatre, coffee nights where I normally use my sister's daughter, she's a youth here, to sensitize the community. I also conduct awareness at our site, Karakuk Market. Also at home, in my own house because I must start small with my own family and give them the right information so that they must not get infected with HIV. With theatre, I'm with the Covex Theatre Group (Covex is the road construction company owned by Korren). We normally travel out the highways when doing their construction work. At the same time we do our awareness on the impact of HIV. We started as Kassam and finish at Dolopass. From theatre most people are very interested and challenged from the drama performance. It happens that a policeman who was really touched and cry during that time. We also bring drinks or refreshment which made people to come and listen to the awareness activity and we also provide IEC materials like pamphlet, leaflet and with specific needs like VCT and STI counselling we consult service providers and do referral.

Why is this significant?

All my families are fully aware of HIV/AIDS transmission and most women do come for me for VCT and STI referral. They [my community] also know that I distribute condom so they come and ask for condoms. Before they don't know who is a Tingim Laip volunteer but now they know and I'm focal point at my house where they always come and ask for condoms. I also provide counseling so when women need counselling they come to me to get counseling. Because of that one woman has already settled down with her husband.

Annex 5: Tingim Laip Transition Strategy May–June 2010

Introduction

This document outlines the transition strategy for the Tingim Laip (TL) project from the interim management phase (Burnet Institute) to the new Managing Contractor (MC) for Tingim Laip Phase 2 (TL2). Contractually, the Burnet Institute is responsible for the oversight of the TL project until 30 June 2010 or an earlier date as negotiated with AusAID.

This strategy has been developed in accordance with the interim management contract and collaboratively with TL management, staff and key stakeholders. This document reflects key recommendations detailed in the recent Request for Tender (RFT) and Project Design Document (PDD) for TL2.

1. Recommended timeline for transition (2010)

▪ Submission of Transition Strategy to AusAID	28 February
▪ 2011 Annual Planning Seminar	8-12 March
▪ TL2 Proposal Submissions to AusAID	4 March
▪ TL Private Partners Briefing	15 March
▪ TL 2 TAP Port Moresby	22 April
▪ AusAID TL2 approval and contract negotiations commence	Late April
▪ Personnel appraisal under TL1	Mid April
▪ Recommendations on personnel to AusAID	May
▪ TL 1 Independent Impact Evaluation	13-20 May
▪ TL staff/stakeholder TL2 briefing (<i>conducted by new MC</i>)	Early May
▪ NSP submission for 2011 to NACS	June
▪ Final TL2 contract negotiations and awarding of contract	Prior to 1 May
▪ Briefing with MC and AusAID re transition arrangements	Early May
▪ Support new MC for re-contracting of novated staff for TL2	By 30 June deadline
▪ Preparation for hand-over	May-June
▪ Hand-over of TL site offices and assets	Late June
▪ Tingim Laip Project Completion Report	31 July

2. Personnel

All current TL personnel are contracted to the Burnet Institute with the majority of the team based in the Port Moresby project office. The balance of the staff, mainly Project Officers, is based in the provinces. Only positions nominated in 4.2 (b), Section 1, Part 3 of the TL 2 RFT document will be novated, for a period of six months, under the terms and conditions of current staff contracts. Any extension of staff contracts for non-novated positions is at the discretion of the new MC.

Since the release of TL2 RFT, Burnet has been conducting regular staff meetings and one-on-one briefings to ensure all staff are prepared for and understand the transition processes in addition to any implications for their respective roles in the project team.

Steps for transition and retention of project personnel

- i. Pre-transition support is to be provided to all project staff by Burnet PNG's Senior Program Manager and HR Manager. This support will be provided in consideration of the on-going impact of delays the TL2 tender process which has created stress for local staff both in the project office and at the sites. The counselling and psychosocial support services of the Mandala Foundation will be made available to staff as requested.

- ii. Burnet continues to conduct fortnightly transition updates with all staff.
- iii. Based on most recent performance appraisals (late April), Burnet is to prepare a comprehensive assessment of all personnel and provide recommendations to AusAID on novated and non-novated positions in late April. Relevant considerations include staff's preferred working location, and overall contribution to the outcomes of TL1.
- iv. Attached to the recommendations will be a staff status report to be included in the report to the new MC/AusAID to facilitate contracting of positions nominated for novation in the RFT.
- v. Staff not offered ongoing employment under TL2 will receive termination payments in accordance with contractual entitlements and provided with guidance and support in seeking employment opportunities.
- vi. As agreed with AusAID, all TL1 personnel (novated and support staff) are to be provided a bonus payment equivalent to one month's salary contingent upon service until the end of the interim management phase (currently 30 June). The additional salary costs (estimated to be AUD 27,000) are to be absorbed by a re-programming of the current budget.

3. TL Project office and Assets

The project office is currently located in the BSP Building in Boroko, Port Moresby. However, BSP have recently notified that due to on-going security concerns all tenants will need to leave the building by the end of March 2010.

It is recommended the TL2 office be located in Madang or Lae, subject to the outcomes of the tender process. The timing of any proposed TL1 office move will be dependent on the new MC. Burnet is confident it has the flexible mechanisms in place to support transition of operations to the MC, noting this is complicated by the need to move the office during the transition period and decreasing availability of suitable office space. Further information on office location and timing for the relocation will be discussed with AusAID as it becomes available.

Current arrangements require asset transfer to NACS/GoPNG upon project completion. However, AusAID is seeking support from NACS to review this process and have TL1 assets transferred for use during TL 2. A letter for TL1 asset transfer to TL2 is with NACS for endorsement. Contingent upon NACS agreement with the proposed approach, during TL2 contract negotiations, AusAID, Burnet and the new MC will negotiate a process for asset transfer and agree upon allocation of associated costs for the relocation of assets to the TL2 office. A review of expenditure under the TL1 interim management contract, to be undertaken in consultation with AusAID, based on expenditure to the end of March. The objective of the review is to calculate funds available for re-allocation across budget lines to cover the costs of asset transfers.

Steps for office and assets hand-over

- i. TL1 project asset register reviewed and finalised by 30 April 2010. Asset register to include report on condition and recommendation for treatment of assets upon transition.
- ii. Review and compile all project and office files. Project files prepared for hand-over (see below table for delegated responsibility for project file compiling). All non-essential files will be disposed of appropriately.
- iii. All required and agreed project assets/files quarantined and maintained in accordance with contractual obligations. To be handed-over by 1 July 2010.

- iv. Discussions will be held with AusAID and new MC regarding the handover of TL1 assets during TL2 contract negotiation (approx. 1 May). Currently, the majority of assets, including 2 vehicles, are held in Port Moresby. Provincial office assets will remain in the custody of Project Officers. Project Officers will receive written correspondence regarding asset handling during the transition process.
- v. As required, tenancy, phone and electricity contracts, accounts for site offices re-contracted to new MC or discontinued as appropriate.

Files for Handover	Responsibility
- TL site management: office leases, insurance - AusAID project reports - QAI reports	Senior Program Manager
- BIMM minutes - Key project documentation: workplan, M&E	TL National Manager
- Final staff performance reviews - Assets register and associated documentation	HR/Office Manager
- List of project bank accounts & authorised signatures	Finance Manager
- List of outstanding site/OPEX acquittals - Grants tracking reports	Grants Administrator
- Training history report	Training Coordinator

4. Program oversight during transition

It is anticipated that the managing contractor for TL2 will be assigned by 1 May, and transition of the project office, management function, personnel and administration of the program will also need to take place prior to 30 June. It is anticipated that details of this transition will be confirmed by AusAID once the procurement process for TL2 is completed.

Oversight of the transition plan implementation and day-to-day monitoring will be assigned to a Transition Coordinator (TC) based in-country full time for the period 1 May – 30 June 2010; working closely with the current team (Terms of Reference as per Attachment 3.).

Key components of the current phase will be continued and monitored closely throughout the transition phase to support a smooth process and ensure continuity into TL2.

5. Financial considerations

Costs associated with the transition period have been incorporated into the interim management contract budget for January – June 2010, under output 1.1 – TL Coordination. A final financial report will be submitted to AusAID by 31 July 2010 which will include project and transition expenditure for the complete contracted period.

Key financial considerations for transition are detailed below:

1. Grants Management: The disbursement and management of site grants and operational funds (OPEX) to sites require particular consideration. Site grants and OPEX are currently advanced to TL1 sites under the interim management to the project bank accounts held in the provinces. In particular it will be crucial to maintain funds to sites for operations and activities throughout the transition period. There is potential that TL2 negotiations and

mobilisation of the new MC may experience delays resulting in a flow-on effect to sites and implementation of TL2. To support this process:

- The Grants Administrator will produce the monthly grants tracking report by 28 April. This will allow management to decide what funds can be sent to sites and establish a realistic schedule for expenditure to be approved and acquitted. It will also allow realistic planning for bridging and acquitting grants from the Interim Phase (TL1) to Phase 2.
- A final disbursement for the interim period will be made by mid-May. To receive the final disbursement, sites must report on all outstanding funds, and acquit in accordance with standard procedures. At the end of the transition period the balance of unexpended and any unaccounted for funds will be reported to the appointed MC and remain in the site bank accounts to cover operations during the end of transition and start of TL2.
- Audit: The audit will cover the period 1 January 2007 – 31 March 2010. Guidance on the audit has been provided by AusAID, a full audit scope has been finalised with KPMG. An audit report will be provided to AusAID from KPMG upon completion of the audit, this is due to AusAID by 1 May.
- Bank accounts: all sites have project bank accounts. All accounts have 3 signatories and we foresee no difficulties involved with sites accessing funds during transition. Bank accounts at site level will be transferred to the appointed MC.

6. Risk Management

Burnet has identified a number of potential risks for the March-June transition period which may have adverse effects on project implementation and transition to TL2. These risks are outlined below. It will be the responsibility of the Transition Coordinator to monitor, identify and respond to emerging risks to ensure there is minimal disruption.

Risk	Impact	Mitigation	Responsibility
1. Awarding of TL2 contract delayed	* Transition period delayed	* Interim contract extended to cover gap	AusAID Burnet
2. Project staff resign before transition period due to uncertainty of TL2 office location and non-novated staff	* Novated and support positions vacant * Loss of project knowledge through loss of staff * Low resources available to support transition period	* Fortnightly staff briefings * Staff retention strategy for all staff – support and novated	Burnet
3. Site grants and OPEX not acquitted by sites on a timely basis	* Reports not comprehensive	* Records are updated monthly until 1 July * Monitoring by GA	GA Project Officers

7. Work Plan

A workplan for the transition period has been provided in Attachment 1. The workplan details each activity against the areas considered above in this document and anticipated time for implementation.

Annex 6: Project Staff 2007-2010

In-Country Team

Name	Position	Commencement	Completion
Annette Coppolla	SP Manager	Feb, 2007	Jan, 2009
Ume Mairi	Driver	Jan, 2007	May, 2007
Jacob Gubi	Project Officer	Jan, 2007	Oct, 2007
Joseph Abani	Regional Coordinator	Jan, 2007	Oct, 2007
Lazarus Pomo	Project Officer	Jan, 2007	May, 2008
Terence Kassman	Driver	Nov, 2007	Sept, 2008
Iruna Sagah	Driver/Security	May, 2007	Oct, 2008
Fidelis Jogamup	M&E Coordinator	April, 2008	Jan, 2009
Arthur Amot	Finance Manger	April, 2007	Nov, 2007
George Willie	Assistant Finance	April, 2007	June, 2007
Ronald Kwenama	Project Officer	Aug, 2007	Jan, 2008
Grand Wavine	IT (Part time)	Jan, 2008	
Norah Luanda	Receptionist	Feb, 2008	May, 2008
Morris Wainetti	Driver/cleaner	May, 2007	July, 2007
Lesley Bola	TL Manager	Jan, 2007	Jan, 2008
James Sakul	Project Officer	Feb, 2007	2009
Tanya Mossman	Regional Coordinator	Jan, 2007	Aug, 2009
Joan Usan	Regional Coordinator	Jan, 2008	Jan, 2010
Erica Ogoba	Training Coordinator	Apr, 2008	Sept, 2009
Meredith Tutumang	Project Officer	Apr, 2007	Feb, 2010
Freda Joup	HR/Admin Officer	Jan, 2006	Mar, 2010
Benson McRubins	Project Officer	Jan, 2007	Jul, 2010
Jim Benn	Country Manager	2008	Aug, 2010
Morea Isaiah	Project Officer	Apr, 2009	Aug, 2010
Ako Maniana	Grants Administer		Apr, 2008

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Name	Position	Commencement	Completion
	TL Manager	Apr, 2008	Aug, 2010
Joanne Ganoka	Regional Coordinator	Jan, 2007	Aug, 2010
Judy Tokeimota	Regional Coordinator	2008	Aug, 2010
Jeremiah Konga	A/Project Officer	Apr, 2009	Aug, 2010
Paul Weriya	Project Officer	Jan, 2007	Aug, 2010
Joseph Mocke	Project Officer	Jan, 2007	Aug, 2010
Simon Kange	Project Officer	Jan, 2007	Aug, 2010
Denys Waibauru	Project Officer	Apr, 2008	Aug, 2010
Rose Mauyat	Project Officer	Sep, 2007	Aug, 2010
Kelvin Rompia	Project Officer	Sep, 2009	Aug, 2010
David Dena	Project Officer	Sep, 2009	Aug, 2010
Bridgette Taimbiri	Project Officer	Aug, 2007	Aug, 2010
Norman Bisai	Project Officer	Jan, 2010	Aug, 2010
Beranice Reuben	Admin Manageress	Jan, 2007	Aug, 2010
Naomi Vele	Finance Assistant	Sept, 2007	Aug, 2010
Raymond Nambate	Driver	Jan, 2009	Aug, 2010
Caroline Bunemiga	Logistics Officer	Aug, 2008	Aug, 2010
Jenna Rekon	Admin Assistant	Sep, 2009	Aug, 2010
Kathleen W Kema	Finance Manager	Nov, 2007	Aug, 2010
Lester Bisibisera	Comm Mobilization	2007	Aug, 2010
Inara Udia	Cleaner/Assistant	Sept, 2007	Aug, 2010
Harry Fong	Driver	Oct, 2008	Aug, 2010
Bettie Matonge	Grants Administrator	Aug, 2009	Aug, 2010
Lillian Tau	Receptionist/Admin	May, 2008	Aug, 2010
Pilly Mapira	Technical Advisor	Oct, 2009	Aug, 2010

In-Australia Team

Name	Position	Commencement	Completion
Mike Toole		Feb, 2007	Jan, 2009
Chad Hughes	Technical Director Youth Adviser	Jan, 2007	Mar, 2009
Lisa Renkin	Youth Adviser	Jan, 2007	Aug, 2007
Satoko Kiyota	Project Manager	Jan, 2007	Mar, 2008
Sarah Thomson	Finance Manager	Jan, 2007	Dec, 2007
Andrea Fischer	Drug and Alcohol Adviser Technical Director	Aug, 2007 Mar, 2009	Aug, 2010 Aug, 2010
Tansie Jarrett	Project Manager		Apr, 2010
James Lawson	Finance Officer		Aug, 2010
Molly Anggo	Project Officer	Apr, 2010	Aug, 2010
Lucina Schmich	Project Manager	Apr, 2010	Aug, 2010

Short-Term Advisers

Name	Position	Commencement	Completion
Tracey Delaney	M&E Adviser	May, 2010	June, 2010

Annex 7: Asset Register

Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
Morobe	2/12/2007	Theodist	Cabinet Slide Door	1			440.00	350	Good
Morobe	2/12/2007	Theodist	Filing Cabinet 4 Drawer	1			522.50	420	Good
Morobe	14/02/2007	Theodist	Cabinet Slide Door (M)	1			440.00	310	Good
Morobe	14/02/2007	Theodist	Filing Cabinet 4 Drawer	1			522.50	370	Excellent
Morobe	25/03/2007	Datec	Fax Machine	1			539.00	0	Not Working
Morobe	25/03/2007	Datec	17" Monitor	1	Proview			300	Good
Morobe	9/05/2009	Morobe Stationery	Magazine Holder	2			256.00	230	Excellent
Morobe	9/05/2009	Pharmacy	Frames (large)	2			24.00	0	Excellent
Morobe	9/05/2009	Pharmacy	Frames (Medium)	1			9.00	0	Excellent
Morobe	9/05/2009	Pharmacy	Frames (Small)	7			42.00	0	Excellent
Morobe	9/05/2009	Shou Trading	Chairs (plastic)	30			1 050	950	Excellent
Morobe	9/05/2009	Morobe Stationery	Chairs (Office)	5			640.00	580	Excellent
Morobe	9/05/2009	SVS	Tables Cloths	8			268.80	200	Excellent
Morobe	9/05/2009	SVS	Rubbish Bin (Small)	3			12.00	0	Excellent
Morobe	9/05/2009	Papindo	Flower Vase (medium)	2			18.00	0	Excellent
Morobe	9/05/2009	Papindo	Flower Vase (Small)	12			72.00	0	Excellent

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
Morobe	9/05/2009	Brian Bell	Urn	1			675.00	600	Excellent
Morobe	9/05/2009	Shou Trading	Round Tray (Large)	3			24.00	0	Excellent
Morobe	9/05/2009	Shou Trading	Round Tray (Medium)	5			45.00	0	Excellent
Morobe	9/05/2009	Shou Trading	Rectangte Tray (large)	5			45.00	0	Excellent
Morobe	9/05/2009	Shou Trading	Cups	30			30.00	0	Excellent
Morobe	9/05/2009	Shou Trading	Plates (Medium)	30			30.00	0	Excellent
Morobe	9/05/2009	Shou Trading	Round Bowls (Small)	15			15.00	0	Excellent
Morobe	9/05/2009	Shou Trading	Round Dish (Medium)	3			24.00	0	Excellent
Morobe	9/05/2009	Shou Trading	Knives	2			2.00	0	Excellent
Morobe	9/05/2009	SVS	Saucer Plates (small)	6			11.70	0	Excellent
Morobe	9/05/2009	Shou Trading	Water Jar (small)	3			3.00	0	Excellent
Morobe	9/05/2009	Shou Trading	Drinking glasses	30			36.00	0	Excellent
Morobe	9/05/2009	Shou Trading	Storage container (small)	4			4.00	0	Excellent
Morobe	9/05/2009		Conference Tables	8			250.00	200	Excellent
Morobe	14/12/2009	Datec	Deasktop Computer	1			2,805.00	2,500	Excellent
Madang	pre 2007		Monitor –Proview	1	Proview	F1DE640189518		50	Poor
Madang	pre 2007		PC	1		C9424-QYRCJ-KDYCT-BQ4YM-QF8+8		500	Poor
Madang	pre 2007		HP laser Printer	1	HP Laser 5440	TH644141P7		300	Poor
Madang	pre 2007		UPS	1	LCD 650VA			100	Poor
Madang	pre 2007		Printer/Fax/Scanner	1	Canon	1RIO22F		200	Poor

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
Madang	2007 - 2008	Papindo	Sewing machine	5	Singer			250	Good
Madang	2007 - 2008	Papindo	DVD	2	DVD			200	Good
Madang	2007 - 2008	Papindo	Sewing machine	10	Singer			500	Good
Ramu	13/02/2008	Abel Computing	Flash Drive 4 Gb	1	Toshiba	7501J926113NM8N	165.00	80	Good
Ramu	13/02/2008	Abel Computing	Zoom Digital Camera	1	Canon	4973404965	1, 300.00	650	Good
Ramu	14/03/2008	Brian Bell	Left Desk Ergonorac 1500m	1			988.90	600	Good
Ramu	14/03/2008	Brian Bell	Presidential Chair H/Back	1	C318		379.50	200	Good
Ramu	14/03/2008	Brian Bell	General purpose Chair	10			693.00	320	2 poor and 8 good
Ramu	14/30/8	Brian Bell	3 Drawer filing Cabinet Grey	1			515.90	400	Good
Ramu	14/03/2008	Brian Bell	Paper tray	1			44.00	0	Good
Ramu	14/03/2008	Brian Bell	Cordless kettle 1.7Ltrs	1			135.30	50	Good
Ramu	14/03/2008	Brian Bell	Bullet bin blue 25Ltrs	1			82.50	40	Good
Ramu	14/03/2008	Brian Bell	Pedestal fan 16"	1			126.50	40	Good
Ramu	14/308	Brian Bell	Extension lead heavy duty 20m	1			89.10	40	Good
Ramu	14/308	Brian Bell	Mop head 350 gram	1			24.20	0	Good
Ramu	14/03/2008	Brian Bell	Multi fit handle 22mm	1			14.25	0	Good
Ramu	14/03/2008	Brian Bell	Floor mat rub back	1			14.25	0	Good

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
Ramu	14/03/2008	Brian Bell	Dust pan set plastic	1			6.90	0	Good
Ramu	14/03/2008	Brian Bell	Bucket mot 9Ltrs Galv	1			97.90	40	Good
Ramu	27/30/8	Datec	JX200 Phone/Fax	1	Canon	AARX10290	577.50	350	Good
Saudaun	18/01/2007	Daltron	HP Printer	1	HP Laserjet1320	CNMJC79301	1,300.00	300	Good
Saudaun	18/01/2007	Daltron	Niulogic UPS	1	NIULOGIC 650V	2006278930	160.00	40	Good
Saudaun	18/04/2007	Daltron	Keyboard	1	niulogic	6.9682E+12	-	0	Good
Saudaun	18/04/2007	Daltron	ACER LCD Monitor	1	Acer	4C9394F	718.18	100	Good
Saudaun	7/05/2007	Datec	HP Printer 4 in 1	1	Office Jet 4355	CN6CCGD1R4	467.50	100	Good
Saudaun	7/05/2007	Datec	Digita Camera	1	Kodac C633	3133050	715.00	0	Broken
Saudaun	7/05/2007	Datec	Camera Charger Kodac	1	K6100-C+4	3133072	145.20	0	Good
Saudaun	7/05/2007	Datec	Flash Drive Apacer	1	Apacer	4406674	324.00	80	Good
Saudaun	28/05/2007	Anselem C	Shelf	1	Wooden		435.60	200	Good
Saudaun	14/05/2007	V.Sup.Marke	4-Way Power Board	1			39.30	0	Good
Saudaun	14/05/2007	V.Trading	5 Mtr Power Lead	1			22.00	0	Good
Saudaun	2006	Datec	Laser All in one Copier	1	Canon	RBB02324		0	Poor
Saudaun		CBM Vani.	Executive Chair	1				50	Good
Saudaun		Anselem C	Office Table	1	Wooden			50	Good
Saudaun		V. Trading	Filing Cabinet	1	Metal			100	Good
Saudaun	2/09/2008	Datec	Digital Camera & Accessories	1	Kodak	KCGGV74847483	685.03	400	Good
Saudaun	2/09/2008	Datec	Apacer SD Card 2GB	1	Apacer	N/A	125.03	50	Good

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
Saudaun	28/01/2009	Datec	CPU	1	A Open	82400271NF AA	1, 650.00	800	New
East Sepik	11/09/2007	Buhe Constru	Cupboard Shelf	1			390.50	150	Good
East Sepik	2/12/2007	More Stationery	Document Tray	2	H813		56.10	0	Good
East Sepik	2/12/2007	More Stationery	Plastic Chair	6			327.69	180	Good
East Sepik	2/12/2007	More Stationery	3 Drawer Filing Cabinet	1			589.40	400	Good
East Sepik	2/12/2007	More Stat.	CD Case	1			51.40	0	Good
East Sepik	3/05/2008	Tang Mow	2 Drawer Office Desk	1			977.90	500	Good
East Sepik	27/03/2008	Datec	Canon A460 Digital Camera	1	Canon	5246101030	550.00	0	Broken
East Sepik	1/07/2008	Daltron	19" LCD Monitor (3)	1	P193W Acer	ETLAU0C022810040F14035	990.00	400	Good
East Sepik	1/07/2008	Daltron	CPU-NiuLogic (3)	1	H425B	81202216NFAA	1, 760.00	800	Good
East Sepik	1/07/2008	Daltron	UPS 650VA (2)	1	NiuLogic	2007308578	198.00	100	Good
East Sepik	2/09/2008	Datec	Digital Camera	1	Kodak C713	KCGHP74409741	595.01	350	Good
East Sepik	2/09/2008	Datec	Apacer SD Card 2 GB	1	Apacer	N/A	125.04	50	Good
East Sepik	2/09/2008	Datec	Belkin Camera Case	1	Belkin	N/A	25.03	0	Good
East Sepik	2/09/2008	Datec	Battery Charger Kodak	1	Kodak	N/A	46.02	0	Good
East Sepik			Office Chair	1				100	Good
Western Highlands	7/05/2007	Datec	HP Printer 4 in 1	1	Office Jet 4355	CN6C1GC23N	467.50	100	Good

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
Western Highlands	16/07/2007	Datec	Computer Housing H360	1	H360	70900213	852.50	0	Poor
Western Highlands	16/07/2007	Datec	Acer AL1716S 17' LCD	1	Acer	ETL 460C2957	275.00	100	Good
Western Highlands	16/07/2007	Datec	Powerware 3105	1	Leaton	JZ194A1053	192.50	50	Good
Western Highlands	2/12/2007	More Stationery	Document Tray	2	H813		56.10	0	Good
Western Highlands	2/12/2007	More Stationery	3 Drawer Filing Cabinet	1			589.40	400	Good
Western Highlands	2/12/2007	Brian Bell	Presidential Chair H/Back	1			414.70	200	Good
Western Highlands	2/12/2007	Brian Bell	Coffee Table	1			441.20	150	Good
Western Highlands	23/06/2009	-	Mouse	1	A Open	83700655NF.	-	0	Excellent
Western Highlands	25/06/2009	Datec	Flash Drive	1	Rundisk (4 Gb)	4.71042E+12	77.00	0	Excellent
Oro	7/05/2007	Datec	HP Printer 4 in 1	1	Office Jet 4355	CN6C1GC1XK	467.5	100	Good
Oro	1/07/2008	Daltron	19" LCD Monitor (2)	1	P193W Acer	ETLAU0C02281003DCF4035	990	200	Good
Oro	1/07/2008	Daltron	CPU- NiuLogic (1)	1	H425B	81202041NFAA	1, 760.00	800	Good
Oro	1/07/2008	Daltron	UPS 650VA (3)	1	NiuLogic	2007308581	198	50	Good
Oro	2006		Wheel chairs	2				60	Good
Oro	2007	Popondetta	Plastic Chairs	6			327.69	180	Good

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
Oro		w/sale	Filing Cabinet	2				500	Good
Oro			Office Tables	2				200	Good
Oro			White Board with stand	1				100	Good
Oro			Filing Tray	2				0	Good
Oro			Office Curtains	2				0	Good
Oro			Notice Board	1				0	Good
Oro			PPTL Banner	1				0	Good
Oro			Office Clock	1				0	Good
Milne Bay	18/04/2007	Daltron	HP Printer	1	HP Laserjet 1320	SCHHJ6551DP	1, 430.00	0	Poor
Milne Bay	18/04/2007	Daltron	NiuLogic XXP Hard drive	1	NiuLogic	200731830	2, 970.00	0	Poor
Milne Bay	18/04/2007	Daltron	NiuLogic UPS	1	NiuLogic	2006278134	176.00	0	Poor
Milne Bay	18/04/2007	Daltron	Keyboard	1	NiuLogic	6.97E+12	-		Poor
Milne Bay	18/04/2007	Daltron	Acer LCD Monitor	1	Acer	4C9394F	790.00	300	Good
Milne Bay	7/05/2008	Datec	HP Printer 4 in 1	1	Office Jet 4355	CN6C1GC22H	467.50	300	Good
Milne Bay	28/09/07	Datec	Digital camera & accessories	1	Sony Cyber-shot	49055244060	1,349.00	0	Poor
Manus	2/01/2008	datec	1Gb Flash Drive	1	Rundisk USB		130.70	50	Good
Manus	27/03/2008	datec	Digital camera	1	cannon	5146008952	500.00	250	Good
Manus	3/03/2010	Daltron	Desktop Computer	1	HP		2,749.00	2,700.00	

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	15/1/2007	Theodist	Desk with Locking Drawers and File Cabinet	1	NA	NA	235.00	150	Good
POM	16/1/2007	Theodist	Pedestal hanging 2 Drawer Filling type	1	NA	NA	235.00	150	Good
POM	16/1/2007	Theodist	Table writing gray	1	NA	NA	315.00	180	Good
POM	9/1/2007	Theodist	Chairs	6	NA	NA	1,410.00	850	Good
POM	9/1/2007	Theodist	Stand Alone Locking file drawers	2	NA	NA	500.83	300	Good
POM	9/1/2007	Theodist	Two door locking cupboard	1	NA	NA	210.00	120	Good
POM	12/1/2007	Daltron	Printer	1	HP	none	280.50	100	Good
POM			Digital camera	1	Canon Power Shot S200	6123710396		0	Broken
POM	30/1/2007	Theodist	Bookcase 3 shelf lion	3	Lion	LX33	1,230.00	750	Very Good
POM	2/6/2007	Theodist	Table writing Grey	1		SL1500WT	315.00	180	Good
POM	28/03/07	Daltron	Acer AL1716S 17' LCD	1	LCD 18ms	ETL480B05170203452394 1	655.00	150	Very Good
POM	28/03/07	Daltron	Acer AL1716S 17' LCD	1	LCD 18ms	ETL480BB0517203448394 1	655.00	150	Very Good
POM	28/03/07	Daltron	Acer AL1716S 17' LCD	1	LCD 18ms	ETL480B05170203443941	655.00	150	Very Good
POM	28/03/07	Daltron	Acer AL1716S 17' LCD	1	LCD 18ms	ETL480B0517020343F394 1	655.00	150	Very Good
POM	28/03/07	Daltron	UP-SBU-001	1	NIULOGIC 650V	2006279158	155.00	50	Good

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	28/03/07	Daltron	UP-SBU-001	1	NIULOGIC 650V	2006279155	155.00	50	Good
POM	28/03/07	Daltron	UP-SBU-001	1	NIULOGIC 650V	2006279157	155.00	50	Good
POM	28/03/07	Daltron	DK-NIU-053	1	Niu/Discovery XPP	200731664	2,150.00	500	Good
POM	28/03/07	Daltron	DK-NIU-053	1	Niu/Discovery XPP	200731662	2,150.00	500	Good
POM	28/03/07	Daltron	DK-NIU-053	1	Niu/Discovery XPP	200731659	2,150.00	500	Good
POM	28/03/07	Daltron	DK-NIU-053	1	Niu/Discovery XPP	200731663	2,150.00	500	Good
POM	28/03/07	Daltron	Acer Laptop NB-	1	Acer 5620Z Laptop	islxe98060268212361C2000	2,900.00	0	Broken
POM	28/03/07	Daltron	Acer laptop	1	Acer Travelmate 2480 Laptop	LXTH3060057050CEC02505	2,900.00	0	Broken
POM	28/03/07	Savitec	Richo copier,fax,scanner.printer	1	Aficio 3030	K8662100105	32,990.00	5,000	Poor
POM	18/04/07	Daltron	acer XD 1170DProjector	1	PJ-ACR -005	EYJ2475912	2,900.00	1,000	Good
POM	4/1/2007	TE (PNG)	COM UHF RADIO	1	IC41F	8502265	1,399.95	750	Good
POM	29/5/2007	Courts	Philips CD / Radio player	1	A21016		219.00	100	Good
POM	5/8/2007	Theodist	CHAIR - OFFICE TYPIST	4	TL-3015GOF		945.00	500	Very Good
POM	8/.5/07	Theodist	SHREDDER 5518 - CROSS CUT	1	4x30mm	5518	810.00	600	Very Good
POM	8/.5/07	Theodist	CHAIR PLASTIC STACKABLE	12	BLACK		1,144.80	720	Very Good
POM	8/.5/07	Theodist	BINDING MACHINE	1	DSB PUNCHES		870.00	500	Very Good

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	21/06/07	BRIAN BELL	LG MICROWAVE OVEN	1	LG	702BAWM05361	899.09	500	Very Good
POM	21/06/07	BNBM	SMALL FREEZER(MINI BAR)	1	MIDEA BRAN	A7X2068148B	544.55	350	Very Good
POM	21/05/07	BRIAN BELL	COFFEE URN	1	10LITER HELLER	GAFURSS100	371.82	250	Very Good
POM	3/02/2007	CHM	Panasonic vacuum cleaner	1	MC3920	20060176-0175	299.00	150	Good
POM	16/07/07	Datec	speed booster	1	Linsky wireless	CGN91FBD4888		0	Poor
POM	30/07/07	Theodist	Chair Platic stackable	3	BLACK		318.00	180	Very Good
POM	30/07/07	Theodist	Whiteboard mobile s/stand	2	UH4		480.00	300	Good
POM	30/07/07	Theodist	Pedestal mobile 3 Drawer	1	SMP3D536F		328.00	200	Very Good
POM	30/07/07	Theodist	Pedestal mobile 3 Drawer	1	SMP3D536F		328.00	200	Very Good
POM	30/07/07	Theodist	Pedestal mobile 3 Drawer	1	SMP3D536F		328.00	200	Very Good
POM	30/07/07	Theodist	Pedestal mobile 3 Drawer	1	SMP3D536F		328.00	200	Very Good
POM	30/07/07	Theodist	Pedestal mobile 3 Drawer	1	SMP3D536F		328.00	200	Very Good
POM	30/07/07	Theodist	Cabnet ex filing	1	SL800EFC		500.00	350	Very Good
POM	30/07/07	Theodist	Table folding round	1	RFT900		527.00	350	Very Good
POM	11/08/2007	TE (PNG)	UHF Mobile Transreceiver (Ford)	1	ICF210	0106435	3,027.62	2,000	Very Good

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	11/08/2007	TE (PNG)	UHF Antenna Base	1	RFMB10		510.47	250	Very Good
POM	21/11/07	Esco LTD	Fan Pedestal Rounding	2	BERB5C160P		485.82	80	Good
POM	28/11/07	BRIAN BELL	Jug Bev 5GAL Faucet 19L	1	COLE5655BLUE		180.91	0	Broken
POM	28/11/07	BRIAN BELL	Cooler 150QT w/SGL Lid Blue	1	COLE5297B		544.55	350	Good
POM	29/11/07	BRIAN BELL	Water Cooler Bottle 19L	1	TLCBOTTLE19L			0	Good
POM	29/11/07	BRIAN BELL	Water Cooler Bottle 10L	1	TLCBOTTLE10L		65.91	0	Good
POM	12/04/2007	BRIAN BELL	TV LCD 26 Star Vision	1	STARLTV2768		2,631.82	1,200	Good
POM	12/04/2007	BRIAN BELL	DVD Player	1	SHROXDVSL1500W		517.27	300	Good
POM	12/04/2007	BRIAN BELL	Powerboard 6 Outlet	1	LCESYUNYA36Z		15.00	0	Good
POM	27/10/2007	Niuford	Ford Ranger	1	BCG : 258		72,000.00	45,000	Good
POM	5/2/2008	Datec	Colour Printer	1	HP Laserjet 2600N	CNGJ77Q05X	1,500.00	1,000	Very Good
POM	2/07/2008	Theodist	Pedestal mobile 3 Drawer	3	SL5002D1F		1,080.00	700	Very Good
POM	27/03/2008	Datec	Canon A460 Digital Camera	1	Canon	4946014328	500.00	350	Very Good
POM	27/03/2008	Datec	CBK4-300 Charger	5	Canon		201.82	100	Good
POM	27/03/2008	Supreme Indust	Cabinet 4 Drawer Filing	1			425.00	300	Very Good
POM	27/03/2008	Supreme Indust	Cabinet 4 Drawer Filing	1			425.00	300	Very Good

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	27/03/2008	Supreme Indust	Cabinet 4 Drawer Filing	1			425.00	300	Very Good
POM	27/03/2008	Supreme Indust	Cabinet 4 Drawer Filing	1			425.00	300	Very Good
POM	27/03/2008	Supreme Indust	Cabinet 4 Drawer Filing	1			425.00	300	Very Good
POM	20/03/2008	Able Computing	17" LCD Monitor W/O SPK	1	Acer	ETL 460C271734034E3404B	635.45	350	Very Good
POM	22/04/08	Security Systems	3 UHF Handheld Radios	1	Icom IC-F60 UHF	0604890	1,866.00	1,000	Good
POM	24/11/2008	Data nets	Toshiba Laptop	1	Toshiba	98470243Q	3,881.90	2,000	Very Good
POM	24/04/08	Datec	Targus TCG650 Backpacks	4	Targus		1,381.80	600	Excellent
POM	5/06/2008	Datec	HP Photosmart C4280	1		SMY7C3QQ0PW	359.09	180	Very Good
POM	2/07/2008	Daltron	Laptop	1	Acer Extensa 5620Z-4A1G12Mi	82114505120	3,190.00	1,700	Very Good
POM	20/10/2008	Brian bell	Hot water URN	1	Heller 30 litres		827.00	500	Very Good
POM	11/08/2009	Theodist	office chair	1	typist chair		265.00	100	Very Good
POM	11/08/2009	Daltron	UPS - 650 LCD	1	niu logic	2009100918	209.00	100	Very Good
POM	26/08/2009	Ela Motors	Toyota Sedan	1	Camry		21,000.00	20,000	Very Good
POM	26/08/2009	Daltron	External super slin DVD Burner	1	Nu esw860	9esw860gs010930ch02144	300.00	150	Very Good
POM	26/08/2009	Theodist	Office safe	1			400.00	250	Very Good
POM	26/08/2009	Datec	External Drive 250 GB	1	Seagate 250GB	2ge2wc32	300.00	150	Very Good

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	26/08/2009	Datec	External Drive	1	Lace		300.00	150	Very Good
POM	20/10/2009	Brian bell	Loud Hailer (large)	1	ER-332		164.00	100	Very Good
POM	20/10/2009	RH Trading	Loud Hailer (small)	1	C-888		30.45	0	Very Good
POM	10/11/2009	Daltron	Laptop	1	Acer	LXEAV002016924E6	4,235.00	3,500	Very Good
POM	26/11/2009	Data Nets	Toshiba laptop	1	Toshiba Satellite Pro L500	99303807K	3,388.00	2,500	Very Good
POM	21/10/2009	Datec	Battery backup/surge protector	1	Eaton 5110700VA	JC482A0415	100.00		Excellent
POM	3/3/2010	Daltron	Destop computer and accessories (new in box)	1	HP Compaq dx2355	AUDAo408Y	2,749.00	2,700.00	Excellent
POM	3/3/2010	Daltron	Monitor	1	HP	CNCt9161D2			Excellent
POM	3/03/2010	Daltron	Mouse	1	HP	FATSK08FEHJL			Excellent
POM	3/03/2010	Daltron	Keyboard	1	n/a	434821-L32			Excellent
POM		GC maintenance	disassembled workstation materials	34	n/a				Broken
POM		Datec	USB HDD Black 320 GB	1	seagate free agent go	2ge6ecwr	416.36	250.00	Excellent
POM		GC maintenance	glass walls	8pieces					Dismantled
POM	30/04/2008	TradeCorp	Container	1			6,315.00	5,500.00	Unknown
POM	31/05/2009	unknown	Dell Laptop	1	Latitude AL-630N	CH-OHN341-844-1671	5,046.00	2,500.00	Unknown
Asset Register: Items Disposed									
POM	4/1/2007	TE (PNG)	COM UHF RADIO	1	IC41F	8502261	1399.95	0	Stolen

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	4/1/2007	TE (PNG)	COM UHF RADIO	1	IC41F	8502305	1399.95	0	Stolen
POM	4/1/2007	TE (PNG)	UHF MOBILE TRANSRECEIVER	1	ICF210	105145	1862.64	0	Stolen
POM	4/1/2007	TE (PNG)	UHF MOBILE TRANSRECEIVER	1	ICF210	105352	1862.64	0	Stolen
POM	19-03-07	F/WAY MOTRS	HYUNDAI STATION WAGON	1		BCC 064	56000	0	Written off
POM	25/06/07	PRG AUTO	NISSAN CEFIRO	1	2003 MODEL	ENJ#20249683A	31289.95	0	Sold by Tender
POM	30/08/07	NGI TECH	Gateway Centrio Laptop	1	450 ROG	0030243829	3627.27	0	Stolen
POM	22/11/07	Datec	Digital Camera	1	Kodak C763	KCGHB71821142	970	0	Stolen
POM	20/03/2008	Able Computing	Digital Camera	1	Canon	5146000006	477.28	0	Stolen
POM	20/03/2008	Able Computing	1GB SD Memory Card	1	Kingston		62.9	0	Stolen
Morobe	25/03/2007	Datec	1 System DC2	1			2 365.00	0	Broken
Morobe	25/03/2007	Datec	MS Window XP Pro OEM	1			434.50	0	Broken
Madang	2007 - 2008	Papindo	DVD	2				0	Lost
Madang	2007 - 2008		DVD	2				0	Lost
Ramu	-	Bera's old Keyboard	Keyboard	1	HP	B94350LVBTH2EH	-	0	Broken
Ramu	-	Bera's old Mouse	Mouse	1	A Open	60900801MSPB	-	0	Broken

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
Ramu	2007	Bera's old PC	PC	1	Proview			0	Replaced
Saudaun	18/01/2007	Daltron	Niulogic XPP Hardrive	1	C2DE 6300	200731833	2, 700.00	0	Broken
Saudaun	7/05/2007	Datec	Memory Card	1	Apacer	4406630	214.50	0	Broken
East Sepik	7/05/2007	Datec	HP Printer 4 in 1	1	Office Jet 4355	CN6C1GC23N	425.00	0	Broken
East Sepik	2/12/2007	More Stationery	Flash Drive	1	Toshiba		155.00	50	Stolen
East Sepik			HP scanjet 2400	1	Scanner			0	Broken
Western Highlands	16/07/2007	Datec	HP Printer	1	office jet 4355	94548610500	2, 216.50	0	Lost
Western Highlands	16/07/2007	Datec	Flash Drive Apacer	1	HA2023			0	Lost
Western Highlands	11/09/2007	Buhe Constru	Cupboard Shelf	1			390.50	150	Lost
Western Highlands	2/12/2007	More Stationery	Flash Drive	1	Toshiba		155.00	0	Lost
Western Highlands	2/12/2007	More Stationery	Plastic Chair	6			327.69	0	Lost
Western Highlands	2/12/2007	Brian Bell	Conference Chair	5			1, 127.50	0	Lost
Western Highlands	2/12/2007	Brian Bell	Wooden B/shelf	1			880.00	0	Lost
Western Highlands	2/12/2007	Brian Bell	TV Rack	1			421.60	0	Lost
Western Highlands	3/05/2008	Tang Mow	2 Drawer Office Desk	1			977.90	0	Lost

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
Western Highlands	27/03/2008	Datec	Canon A460 Digital Camera	1	Canon	5246101030	550.00	0	Lost
Western Highlands	27/03/2008	Datec	SD Card 1 Gb	1	Apacer	2.10803E+11	145.00	0	Lost
Western Highlands	2/12/2007	More Stat.	CD Case	1			51.40	0	Lost
Western Highlands	2/12/2007	Brian Bell	Side Return	1			456.50	0	Lost
Western Highlands	27/03/2008	Datec	JX200 Phone/Fax	1	Canon	AARX00634	577.50	0	Broken
Oro	27/03/2008	Datec	Canon A460 Digital Camera	1	Canon	5146032410	550	0	Broken
Items Identified in Office, not listed on Asset Register									
POM	unknown	unknown	LCD monitor	1	Q7T4	ETA8614564SLO			Fair
POM	unknown	unknown	Laminator	1	230 Super	0705--064818			Fair
POM	unknown	unknown	n/a						Fair
POM	unknown	unknown	Desktop PC	1	DK NIU 103	200835899			Fair
POM	unknown	unknown	LCD Monitor- 19 inch	1	P193W	ETLAUOC02281003FF44035			Fair
POM	unknown	unknown	Battery backup/surge protector	1	Powerware 3105	0Z194A0310			Fair
POM	unknown	unknown	Printer	1	Laserjet 1010	SGFB53K03Q			Fair
POM	unknown	unknown	Battery backup/surge protector	1	UPS650D	2006033601			Fair

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	unknown	unknown	n/a						Fair
POM	unknown	unknown	Desktop computer	1	NLDC2.5GWX	200939046			Fair
POM	unknown	unknown	LCD Monitor	1	V193W bd	ETLBP0C02291600C414012			Fair
POM	unknown	unknown	n/a						Fair
POM	unknown	unknown	UPS	1	Powerware 3105	jz194a1053			Fair
POM	unknown	unknown	UPS	1	65	none visible			Fair
POM	unknown	unknown	n/a						Fair
POM	unknown	unknown	n/a						Fair
POM	unknown	unknown	n/a						Fair
POM	unknown	unknown	Swivel chair	6	No model number, various colours	none visible			Fair
POM	unknown	unknown	3 drawer mobile pedestal	1	No model number				Fair
POM	unknown	unknown	3 shelf grey metal rolling table	1	No model number				Fair
POM	unknown	unknown	Desktop computer	1	no model number	AA028572			Fair
POM	unknown	unknown	UPS	1	Powerware 8110	JV283A1257			Fair
POM	unknown	unknown	Radio base station	1	SEC1212CE				Fair
POM	unknown	unknown	3 shelf wooden bookcase	11	No model number				Fair
POM	unknown	unknown	Grey office desk	6	No model number				Fair

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	unknown	unknown	3 drawer grey metal filing cabinet	1	No model number				Fair
POM	unknown	unknown	4 drawer grey metal filing cabinet	3	No model number				Fair
POM	unknown	unknown	Grey laminate desk	1	No model number				Fair
POM	unknown	unknown	brown wooden desk	1	No model number				Fair
POM	unknown	unknown	4 drawer grey metal filing cabinet	1	No model number				Fair
POM	unknown	unknown	3 drawer pedestal	1	No model number				Fair
POM	unknown	unknown	1 drawer filing cabinet	1	No model number				Fair
POM	unknown	unknown	whiteboards without stands	6	No model number				Fair
POM	unknown	unknown	guillotine	1	No model number				Fair
POM	unknown	unknown	1 drawer filing cabinet	1	No model number				Fair
POM	unknown	unknown	2 drawer filing cabinet	1	No model number				Fair
POM	unknown	unknown	Laptop computer	1	Extensa 5630G	No serial visible. Microsoft OEM serial is 00144554819760			Fair
POM	unknown	unknown	3 drawer pedestal	1	No model number				Fair
POM	unknown	unknown	3 drawer 1 door cupboard- grey	1	No model number				Fair
POM	unknown	unknown	pigeonhole unit	1	No model number				Fair
POM	unknown	unknown	mobile phone- nokia 1110i		1110i	No serial visible.			Fair

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	unknown	unknown	Server	1	No model visible	No serial number visible			Fair
POM	unknown	unknown	switch, patch panel and cabinet	1	No model visible	No serial number visible			Fair
POM	unknown	unknown	monitor for server	1	F1713	9001502A46507000CDE00			Fair
POM	unknown	unknown	wireless adapter	1	DWL-G122	drwf172002550			Fair
POM	unknown	unknown	wireless adapter	1	Senao EUB-362 EXT	91261801			Fair
POM	unknown	unknown	wireless adapter	1	Senao EUB-362 EXT	07b213698			Fair
POM	unknown	unknown	wireless adapter	1	dwa-110	p1za196004819			Fair
POM	unknown	unknown	wireless adapter	1	dwl-g122	drwf172002548			Fair
POM	unknown	unknown	wireless adapter	1	dwa-110	p1za196004804			Fair
POM	unknown	unknown	Laptop computer	1	Extensa 5220-301G08Mi	LXE830623825033322000			Fair
POM	unknown	unknown	Label Maker	1	letra tag	k61803383965s			Fair
POM	unknown	unknown	Laptop computer	1	Extensa 5220-301G08Mi	LXE88040027481DB5E2000			Fair
POM	unknown	unknown	Desktop computer	1	desktop computer- no model name	20040819			Fair
POM	unknown	unknown	Desktop computer	1	no model no	no serial no			Fair
POM	unknown	unknown	UHF radio	1					Fair
POM	unknown	unknown	Printer	1	Deskjet D2360	TH67115083			Fair
POM	unknown	unknown	Printer	1	photosmart 7260	cn39m3c36x			Fair
POM	unknown	unknown	Printer	1	cx3100	1021 1031 210			Fair

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Location	Purchase Date	Supplier	Description	Quantity	Brand/Model	Serial #	Purchase Price including GST (Kina)	Estimate of Current Value (Kina)	Status of Asset
POM	unknown	unknown	Printer	1	pixma ip1000	K30232			Fair
POM	unknown	unknown	Desktop computer	1	tsunami	203527			Fair
POM	unknown	unknown	Printer	1	office jet all in one	cn6cig23n			Fair
POM	unknown	unknown	Phone system PABX unit	1	SV8100/8300 CHS2u-AU	SN1750 CYGMA			Fair
POM	unknown	unknown	Laptop computer	1	Extensa 5220	LXE88Y0378261BA3E2000			Fair
POM	unknown	unknown	Laptop computer	1	travelmate 2483wxmi	LXTH3060057050CEB02505			Fair
POM	unknown	unknown	UPS	5					Fair
POM	unknown	unknown	Camera	1	Easyshare c633	not legible			Fair
POM	unknown	unknown	Projector	1	EMP-SH1	FWHG450194F			Fair
POM	unknown	unknown	Desktop computer	1	no model	2004...remainder not legible			Fair
POM	unknown	unknown	water cooler	1	kelon	ylsr2-5/2ch(e)	ay0205000002hte4asa0369		Fair

Annex 8: References

Airhihenbuwa CO, Makinwa B, Frith M and Obregon R (1999) *Communication Frameworks for HIV/AIDS: a new direction*. UNAIDS.

AusAID (2007), *Papua New Guinea - Australia Development Cooperation Strategy 2006 - 2010*. AusAID.

AusAID (2009) *Intensifying the response: halting the spread of HIV*. Commonwealth of Australia.

Heywood A and Martin S (2007) *Independent Evaluation of Tingim Laip*. AusAID.

NAC, AusAID, WHO and UNAIDS (2010) *Papua New Guinea HIV Prevalence: 2009 Estimates*. UNAIDS.

NAC (2004) *HIV and AIDS Management and Prevention Act, 2003*. NACS.

NAC (2006) *National Gender Policy and Plan on HIV and AIDS, 2006-2010*. NACS.

NAC (2006) *National Strategic Plan on HIV and AIDS 2006-2010*. NACS.

NAC (2010) *National HIV and AIDS Strategy 2011-2015*. NACS.

NHASP (2005), *High Risk Settings Report, Milestone 90*. AusAID.

Papua New Guinea Ministry for National Planning and Monitoring (2004) *Medium Term Development Strategy 2005-2010*. NPM.