INDEPENDENT EVALUATION OF TINGIM LAIP

Final Report
November 2007

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ACRONYMS

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
ARVs	Anti-Retroviral drugs
AusAID	Australian Agency for International Development
BCC	Behaviour Change Communications
BI	Burnet Institute
BIMM	Bi-monthly Management Meeting
BSS	Behavioural Sentinel Surveillance
BBSS	Bio Behavioural Sentinel Surveillance
CBO	Community Based Organisation
CIS	Correctional Institutional Services
COMATTA	Community Mapping and Theatre Against AIDS
CPM	Country Program Manager
D&A	Drugs and Alcohol
ET	Evaluation Team
FBO	Faith Based Organisation
FHI	Family Health International
FSW	Female Sex Worker
GoPNG	Government of Papua New Guinea
HBC	Home Based Care
HEMI	HIV/AIDS Epidemic Model Impact
HIV	Human Immunodeficiency Virus
HR	Human Resources
HRSS	High Risk Setting Strategy
IEA	International Education Agency
KAPB	Knowledge Attitudes Practices Behaviours
M&E	Monitoring and Evaluation
MC	Managing Contractor
MSM	Men who have Sex with Men
MTDS	Medium Term Development Strategy
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NCD	National Capital District
NDOH	Department of Health
NFA	National Friends Association
NGO	Non-government Organisation
NHASP	National HIV/AIDS Support Project
NHATU	National HIV/AIDS Training Unit
NSP	National Strategic Plan
ODE	Office of Development Effectiveness (AusAID)
PACS	Provincial AIDS Council
PE	Peer Education
PLWHA	People Living with HIV/AIDS
PNG	Papua New Guinea
PNGSDF	PNG Sustainable Development Fund
PO	Project Officer

PTC	Program Training Coordinator
RC	Regional Coordinator
SC	Steering Committee
SCiPNG	Save the Children (PNG)
STI	Sexually Transmitted Infection
TOTs	Training of Trainers
TOR	Terms of Reference
UNICEF	United Nations Children's Fund
VCT	Voluntary Testing and Counselling
WV	World Vision

ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

<u>INTRODUCTION</u>

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.

Key features of the strategy include: empowering vulnerable communities to develop, implement and monitor their own responses to HIV; and developing partnerships with government departments, the private sector and civil society (non-government organisations, community based organisations and faith-based organisations) in both rural and urban settings.

Designed jointly by the National AIDS Council Secretariat (NACS) and the National HIV/AIDS Support Project (NHASP), the High Risk Setting Strategy (HRSS) commenced in May 2004. It was managed by NHASP until December 2006. The strategy was renamed *Tingim Laip* and has been managed by Burnet Institute during the current transition phase.

Evaluation methodology

The objectives of the evaluation are to:
- assess the strengths and weaknesses of the activity – in terms of relevance, efficiency, effectiveness, impact and sustainability – drawing out lessons learned and options for future support, and
- assess and recommend:
  - preferred management and oversight mechanisms for scaling up *Tingim Laip*
  - value of existing partnerships and potential for future linkages
  - ways to strengthen behaviour change strategies
  - ways to build capacity of local communities and maintain local ownership
  - the value of incorporating or using different community mobilisation approaches
  - ways to strengthen the evidence-base of *Tingim Laip.*

Relevance of *Tingim Laip*

In PNG HIV is now firmly established in the general population, and PNG has the highest incidence of HIV/AIDS in the Pacific Region. The cumulative number of reported cases of HIV had reached 18,484 by the end of 2006, with prevalence estimated to be 1.28% among youth and adults aged 15-49 years. While the epidemic is largely concentrated in urban centres, it extends into every province of the country and is appearing in remote parts of PNG. It is projected that from 2007 prevalence among rural populations will become higher than the urban prevalence.

These figures indicate PNG is facing a very serious epidemic which, if these growth predictions are realised, will have a devastating impact on its communities, the economy, its social fabric, and on government service delivery.

<u>FINDINGS</u>

Effectiveness of the project

"Effectiveness is a measure of the extent to which a specific intervention ……… does what it is intended to do for a specified population".

Component 1 - National level management coordination monitoring & support: Achievements under this component include: An established management structure; the Operational Workplan (OW) has been developed; bimonthly meetings are occurring; the annual symposium completed; the *Tingim Laip* Steering

Committee has been established and is meeting regularly; and a tool has been developed to rate the performance of sites on a quarterly basis.

Applying the site assessment tool to the current quarter, 75% of sites were rated "good" or better which is a positive result. Using this tool and tracking ratings from the first to the second quarter revealed: 49% of sites am decreased rating, 30% had improved, and 21% remained the same. Private sector sites are overly represented in "excellent" ratings in both quarters.

Weaknesses in the delivery of this component included: failure to develop a project M&E framework; lack of a schedule or timeframe against activities in the OW; variable quality of reporting by partners on a quarterly basis; and delayed review of the Procedures Manual.

Component 2 - Continuing basic skills building training provision to sites: Training remains the primary approach to capacity building under *Tingim Laip*. Training has been provided in Basic Facts on HIV & AIDS, Behaviour Change & Communication, Peer Education, and Training of Trainers (in Basic Facts, Peer Education, Care & Counselling). NHATU is the primary training provider.

Demand for training is unable to be met, training is not strategically planned and the process for training approval is complex. Adequate and systematic training evaluations are not being undertaken, particularly for skills-building training (e.g. VCT, Counselling, HBC, Peer Education). Post-training support for BCC training has been limited. Many of the training programs were developed under NHASP, and their contents have not been reviewed since first developed. There is a lack of strategic use of training without clear linkages between the timing of training and the development of programs/activities in communities.

Component 3: Enhancing Community Mobilisation Approaches: Overall, progress with this Component is sub-optimal. Two COMATAA trainings have been conducted by local UNICEF trainers. Three *Tingim Laip* volunteers from EHP participated in Community Conversations training conducted by PNGSDF. Approaches to community mobilisation appear to be occurring in an ad hoc manner without any evidence-based decision as to why a particular approach or approaches are to be included in *Tingim Laip*. Given there are now four such programs available in PNG (COMATAA, Community Conversations, AIDS Competency, Stepping Stones) a more strategic approach is needed in the selection of these programs. *Tingim Laip* had developed its own model and approach for engaging with communities, which seems to have been effective so far.

The two sites visited by the ET where COMATAA training had been delivered reported confusion as to how the COMATAA approach fits in with the *Tingim Laip* approach.

Component 4: Strengthening Youth Leadership in Tingim Laip Responses: Youth leadership activities are progressing. The Youth Forum has been held and the youth intern program is underway. A few sites have demonstrated very effective engagement of youth in project activities.

While a focus on youth is highly relevant, the logic/rationale for the program and the approach being taken is not evident. Moreover, having two partners delivering youth specific activities is not consistent with a coordinated approach. The focus on youth alone addresses only one part of the equation; adults must be engaged as well if youth are to be accepted as partners.

Component 5: Incorporation of Drugs & Alcohol (D&A) Related Harm Minimisation Initiatives into existing Tingim Laip Program Activities: Two D&A inputs have been completed, reports of which highlighted how gender was being addressed in the context of D&A. The Joyce Bay site was a positive example of how a community is addressing D&A issues with youth. The technical support being provided in this area will be beneficial. However, the focus needs to include alcohol *and marijuana;* every site visited by the ET reported poly-drug use (marijuana and home brew) in particular was responsible for sexual violence in communities.

Component 6: Strengthening Mechanisms for Addressing Gender Related Vulnerability: Limited progress has been made with this Component. Gender relations and gender violence is not clearly addressed in the OW as a cross cutting issue, and understanding of its relevance in the project is very superficial. Significant technical support is needed to take gender forward.

Component 7: Technical Skills Building in Advocacy, Policy, Stigma and Discrimination Reduction and Greater Involvement of PLWHA: Progress on this Component has been minimal. The project is only now beginning to engage with Igat Hope. Proposed skills building sessions to address stigma and discrimination have not yet occurred. PLWHA participation was occurring in some sites, but it was unclear that PLWHA were significantly involved in sites committees.

A skills building session has been conducted at one BIMM on the HAMP Act; the Act was a key topic at the symposium.

Component 8: Access to Behaviour Change Materials including Condoms: Every site visited by the ET reported significant problems with maintaining a regular supply of condoms, with inadequate supplies noted as far back as April. Condom shortages are creating a lot of anger and frustration in communities. This has been a huge impediment to the behaviour change activities of the project. The inability of NACS/NDOH to address this issue is having a detrimental impact on prevention efforts nationally. Nearly every site reported dissatisfaction with the condom dispensers: they don't hold enough stock and are not suitable for dispensing generic condoms.

Other achievements

Data is being collected weekly by sites that provide proxy measures of behaviour change likely to contribute to achievement of the national goals. These data demonstrate how *Tingim Laip* is progressing in supporting behaviour change in relation to the 4 pillars.

Condom Distribution: Despite supply problems, a possible "condom culture" is emerging. Between January-August 2007, 426,804 condoms were distributed through site activities. A breakdown of the date reveals a high degree of variability between sites. Had there been a consistent supply of condoms these numbers would have been much higher. However, given the number of *Tingim Laip* sites and the size of the communities they are reaching, are 426,000 condoms going contribute to sufficient sexual behaviour change to have a positive impact on the transmission of HIV?

Referrals to STI Services: A total of 915 referrals between January-August 2007 are low relative to the populations being reached. One site (HOP & OPIC combined) accounts for nearly half of all STI referrals for the entire project.

Referrals to VCT Services: 1,150 VCT referrals are lower than expected at this stage of the project, the majority occurring at just a few sites (60% from HOP & OPIC (combined) and Milne Bay Estate). For both STI and VCT referrals, *Tingim Laip* needs to develop regular reporting and tracking, identifying problems and strategies to address these low numbers.

Care & Support for PLWHA: This is the weakest pillar in the program. There seems to be some confusion in the documentation as to what this pillar is about. More recent documents refer to communities providing support and care for PLWHA in the community, yet the *Tingim Laip* Procedures Manual states that this pillar is to promote access to user-friendly services (referrals). This is the most challenging pillar to address as the availability of care and support services within communities remains very limited.

Impact assessment

Impact refers to the long-term effects of a project or program. It is difficult to assess at this stage the likely impact of *Tingim Laip*. Appropriate surveys will need to be undertaken to determine if this project has contributed to achievement of national goals.

Sustainability

Sustainability can be defined as: *the continuation of benefits after major assistance from a donor has been completed.* For *Tingim Laip* comment on sustainability requires an examination of the capacity of the PNG health system and NACS to sustain activities that will halt the continued increase in HIV, without any further external assistance.

Financial sustainability: The bulk of funding for PNG's HIV/AIDS response continues to be provided by AusAID, with still limited contributions by GoPNG. This situation is unlikely to change in the short to medium term.

The *technical sustainability* of *Tingim Laip* is variable in GoPNG agencies and between sites/provinces. Lack of sound management, lack of financial and human resources, and lack of basic organisational capacity continue to hinder progress.

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.

DISCUSSION

The ET is of the clear view that *Tingim Laip* will make a valuable contribution to the National Response. Its *potential* to be effective is high. The concept underpinning *Tingim Laip* is still relevant: focusing on strengthening the 4 pillars for effective behaviour change. However, as *Tingim Laip* has "evolved" from its inception under NHASP to its current Transition arrangements, it has lost this conceptual focus.

Overall, *Tingim Laip* has been somewhat successful. Key achievements have included:
- harnessing the energy and commitment of many people including volunteers;
- the development of a useful tool for rating performance of sites;
- close working partnerships between the site, the PO and PACS;
- targeted capacity building efforts to sites, including some (though not enough) follow-up and support;
- successful mobilisation of communities to initiate local responses to the epidemic;
- creation of a "condom culture";
- significant engagement of youth;
- introduction of drug and alcohol discussion into the program;
- some successful attempts to include PLWHAs in the program; and
- many strong partnerships have been established: with some PACS, private sector, other government sectors, other donors and providers.

Factors are creating barriers to the effectiveness of *Tingim Laip* and are identified as weaknesses include:
- the absence of a program logical framework, with a clearly defined purpose and components/objectives, and indicators to measure achievement of these;
- nonexistent reporting on outcomes;
- no monitoring and evaluation matrix for the project;
- an incoherent conceptual framework with limited or no understanding of the relationships between each of the 4 pillars and how they are mutually dependent;
- conceptual drift and a loss of focus in the project;
- a skewed emphasis on one pillar (access to condoms);
- widespread condom stock out;
- a management structure that reduces accountability, and increases the burden on NACS/AusAID;
- insufficient human resources to deliver the project;

- the steering committee is not functioning well in an oversight role in and in providing strategic direction to the program;
- sub-optimal communication between implementing partners that weakens coordination and cooperation;
- no standardised reporting formats consistently reporting against essential information;
- important data collected at the site level not being analysed or reported against in progress reports;
- a training supplier (NHATU) with limited capacity to meet the demands of all stakeholders, lack of follow-up to training and inadequate evaluation of training;
- lack of analysis of problems and follow-up activity to remedy situations;
- inadequate inclusion of gender vulnerability into the program, including in training;
- referrals to STI testing and VCT is occurring but not in large numbers - the enabling environment constrains this; and
- inadequate focus on the synergy between prevention and the continuum of care.

During the transition phase there was potential for scaling up of Tingim Laip. It is the ET's view that further strengthening of current sites needs to occur before scaling up is considered.

NEXT STEPS

It is the view of the ET that "business as usual" is not acceptable. There are a number of issues undermining the project that need to be addressed immediately. Discussion will need to be undertaken around who takes responsibility for each of these, and how realistically they can be achieved in the short term. It is recommended that they are prioritised as outlined below.

Immediate responses (October 2007-March 2008)

It is recommended that the following be undertaken between now and March 2008. Organisation/s responsible are indicated in brackets:
- Strengthen the *Tingim Laip* brand, commencing with removal of all other non-PNG organisation logos (all *Tingim Laip* partners);
- Review 2008 Activity Plans of *Tingim Laip* partners to ensure consistency with recommendations of the Evaluation;
- Where partner submissions incoude funding for multiple programs/project, it would be helpful to Tingim Laip from other projects;
- Review the composition and TOR of the Steering Committee (NACS, Sanap Wantaim);
- Remedy the condom distribution problem (NACS, AusAID, NDOH);
- Develop a logical framework for the project and M&E framework using the current Operational Workplan as a starting point (BI);
- Finalise the BCC strategy (NACS);
- Develop a simple training database for all *Tingim Laip* training (BI);
- Undertake a gender audit of the whole project including training programs (Sanap Wantaim, NACS);
- Implement the gender audit recommendations (Implementing partners);
- Undertake a training audit (externally contracted);
- Implement the Knowledge Management recommendations (Sanap Wantaim, NACS);
- Consolidate/strengthen site programs examining factors that contribute to successful sites (implementing partners);
- Re-evaluate approaches in sites that are proving challenging
- Revisit job descriptions, induction procedures for volunteers (BI);
- Ensure there is a code of conduct for all staff & volunteers (BI);
- Appoint additional staff – PTC, M&E Officer (BI);

- Develop parameters of cooperation between ADB funded Rural Enclaves Project and *Tingim Laip* (Sanap Wantaim, NACS, ADB);
- Repeat social mapping to inform the future program (BI);
- Prepare TOR for the new design (Sanap Wantaim, NACS).

Some of these activities may require additional resources; this will need to be discussed. Responsibility for undertaking these activities will need to be confirmed.

Design of a new program

There is some urgency to having a new program in place, to demonstrate a commitment to a better and more effective way forward. Some preparatory work will assist the expediency with which this can be done.

It is extremely important that there are no gaps between the transition phase and a new program. Changes to programs, particularly in the stage when a new phase is being tendered out, creates uncertainty among staff and can be a de-stabilising factor in the program. This needs to be addressed during the remainder of the current project and staff need to be given assurances about job security.

Various options in moving toward a new design will be discussed by NACS and Sanap Wantaim. Depending on the decision made, a Concept Paper may need to be developed to inform the design process.

The following principles will underpin a new program design:
1. The vision of *Tingim Laip* is clearly articulated,
2. The findings of the independent evaluation inform the program;
3. The focus is on support to sites, with sites as the "main event";
4. The program is flexible and able to respond to emerging needs;
5. The program is informed by the findings of the BSS;
6. The program focuses on outcomes;
7. Selection of new sites is based on evidence of being at higher risk for HIV;
8. The focus of the program is to enable and support communities to change behaviours that are related to the four pillars.
9. Capacity building occurs at every opportunity;
10. Ongoing monitoring and evaluation of *Tingim Laip* is paramount, with systems built in to the program to do this; and
11. Application of lessons learned are applied - use what works, discard what doesn't.

A new design will put the focus back on the *Tingim Laip* concept and strategy, and how it responds to National priorities.

Management model

It is recommended that there is *one single managing contractor (MC)* with clear responsibility for coordination and final accountability to a Steering Committee or another oversight body; all partners would report directly to the MC.

This would provide a strengthened management structure to enhance accountability, strengthen coordination and cooperation, and manage resource allocation more effectively. The MC would be responsible for submitting a consolidated report to the SC which would cover progress made by all implementing partners.

RECOMMENDATIONS

Activity Design

- The design for the next phase of *Tingim Laip* has gender and its associated issues clearly represented to ensure delivery in the program and evaluation.
- It is strongly recommended that the development of services and methods for creating linkages between the 4 pillars be included in the TOR for the new Program Design.

Technical

- Complete the review and updating of the Procedures Manual before the end of the current transition phase. As BI is the major implementing partner implementing, it would be more appropriate that this activity is undertaken by the BI management team. This could be supported with external technical assistance if needed.
- Ensure the Procedures Manual is made available to all site committees once the revised manual is available. RCs and POs should spend time with site committees to ensure that the key elements of the manual are understood.
- *Tingim Laip* considers how the various community mobilisation approaches will work for the project, and develops a position on which approach (there maybe more than one) will be utilised and in what context. For example, there would seem to be little benefit in targeting established and well functioning sites. These approaches should be reserved for engaging with communities where *Tingim Laip* is struggling ("poor" or "very poor" rated sites) or where new sites are identified for expansion. Approaches to community mobilisation endorsed by *Tingim Laip* and the SC should be incorporated into the *Tingim Laip* Procedures Manual.
- Youth interventions need to be delivered from one technical source only unless there is a clearer logic and rationale otherwise.
- D&A: Incorporate a greater focus on marijuana and poly drug use into D&A activities.
- Develop a strategy for engaging PLWHA that creates a safe and enabling environment for them to participate while respecting their right to confidentiality.
- *Tingim Laip* should seek regular information from the NACS Resource Centre on available condom stock (i.e. how many currently in warehouse; how many in PACS offices, when is next shipment due and of what quantity). This information will enable *Tingim Laip* to anticipate when supply will become problematic for sites.
- While *Tingim Laip* has no direct control over the procurement and supply of condoms, it could be more proactive in reducing the impact of irregular supply on sites. This could be achieved by developing mechanisms to maintain up-to-date information on available condom stock (i.e. how many currently in warehouse; how many in PACS offices, when is next shipment due and of what quantity). This information will enable *Tingim Laip* to anticipate when supply will become problematic for sites in advance. It may be possible to shift stock from one site to another depending on stock availability.
- Consider alternatives to the current condom dispensers. A more universal method that is not restricted to a specific form of packaging would be more useful. Dispensers need to hold greater quantities of stock, particularly in sites where dispensers are emptied frequently.
- It has been recommended elsewhere to develop an M&E framework that would incorporate indicators to measure the progress against the 4 Pillars. It is further recommended that BI develop formulae for calculating targets for each of the above indicators to enable *Tingim Laip* to more effectively target support to sites.

Knowledge Management

- Given the expertise within the new Sanap Wantaim Program Office, it would be of great benefit if the Knowledge Management Advisors were able to provide support and assistance to strengthening this aspect of the project. This should be addressed in the remainder of the transition phase, and be completed before the program is taken to a new stage.

Monitoring and Evaluation

- Develop an M&E matrix that is based on a more appropriate logical framework for the current transition program.
- Have more than one staff member do the assessment of each site to minimise subjectivity in ratings; include a self assessment component in the process where sites have an opportunity to assess their own performance (similar to an employee performance appraisal process); provide direct feedback to sites on their most recent rating and reasons for that rating (positive reinforcement for achievements and identifying areas for improvement).
- Middle level managers examine the data generated during this evaluation on key intermediate outcome data (e.g. condom distribution figures), and put in place interventions to address areas of underperformance.
- Ensure the development of an M&E framework for the next phase of the project.
- Examine opportunities to strengthen impact evaluation when scaling up is being planned.

Gender

- Sanap Wantaim Gender Advisors conduct a complete gender audit of the project, training packages and site Activities. The gender audit will inform the development of a gender framework for incorporating gender activities/interventions into *Tingim Laip*.

Human Resources

- Appoint a Program Training Coordinator (PTC). The PTC would take responsibility for developing a training plan based on the needs of the program; coordinate training delivery with training providers; ensure training evaluations are completed and training outcomes are reported on; manage the training budget (with support from the Finance Manager). The PTC would be at a similar level to the Regional Coordinator and report to the Program Manager.
- Appoint an M&E Officer. The M&E Officer would be responsible for coordinating M&E reporting and systems based on the M&E Framework (yet to be developed); liaise with RCs to ensure relevant data/indicators are collected from POs; synthesise information into standard formats; ensure timely reporting on M&E to the Program Manager. The M&E officer would be at the level of a Project Officer.
- Amend the CPM TOR and appoint an additional position of Technical Director. Options would include: (i) formalising a role for Sanap Wantaim Advisors to provide this support; or (ii) create a funded Technical Director position that has pre-determined inputs in the Operational Workplan.

Management, Coordination and Oversight

- Standardise the Quarterly reporting format so all partners are using the same template for reporting. This template should include a table specifying what activities under the work plan were planned to be delivered during that quarter with a commentary on their progress (e.g. was planned activity delivered or is it being rescheduled to the next quarter).This in turn would link to a more robust M&E framework (see recommendation above).Reporting should also make comment on the quality of the outputs and activities and how these are contributing to outcomes or higher level

objectives. Future Quarterly Progress Reports should also incorporate progress on implementing the recommendations from this evaluation.

- A more streamlined management approach is adopted for the next phase of Tingim Laip. At the very least, reporting mechanisms need to change so that all implementing partners submit progress reports directly to *Tingim Laip* management. *Tingim Laip* project office will in turn be responsible for submitting one progress report to the *Tingim Laip* Steering Committee that reflects progress against the workplan and the achievements of all partners in their respective areas of responsibility.
- Revise the composition and TOR for the SC within the remaining period of the transition project to ensure a refocus on providing strategic oversight to *Tingim Laip*. SC composition should include representatives from NACS (Managers from Peer Education, Provincial Programs and M&E Unit), Sanap Wantaim (Senior Program Officer and First Secretary, perhaps key Advisors) and senior personnel of *Tingim Laip* (*Tingim Laip* Program Manager and senior Representative of the principle contractor). This representation would bring the authorised delegation to commit to decisions that are required. The timing of SC meetings should be Quarterly and within two weeks after a BIMM so that issues emerging from the BIMM are reported up to the SC. Minutes from the SC should in turn be reported on in the following BIMM, thus maintaining an effective communication loop.
- The SC puts the issues of access to condoms and STI testing and VCT on the agenda for discussion
- This situation (poor condoms supplies) needs to be redressed as a matter of urgency with consideration given to outsourcing condom distribution until government systems (NDOH) can establish a reliable and consistent supply chain.
- BI undertakes a mapping exercise identifying where current STI and VCT services are and develops some basic information about access issues (drug supply, testing kits, services fully functional, staff sensitised to client needs).

Behaviour Change Communications

- Ensure the revised Procedures Manual takes an expanded focus to the behaviours that need to be changed. Emphasis should be on gender based violence, drugs & alcohol, stigma and discrimination and health seeking behaviours, in addition to encouraging consistent condom use.
- Finalise the NACS BCC Strategy.
- Reduce the conceptual drift in *Tingim Laip* by ensuring activities such as income generating activities; sports and music are evidence-based with a clear link to the reduction of HIV transmission.
- Provide more frequent technical support to sites for BCC activities. Local capacity to provide this support should be developed to reduce the reliance on international technical assistance.

Training

- The *Tingim Laip* project would be strengthened by bringing coordination of training back within the program. It would also be of greater benefit if *Tingim Laip* was able to manage its own training budget and have the flexibility to procure training from more than one primary provider. This would include the appointment of a full-time training coordinator to work closely with the program manager and the Regional Coordinators (refer Section 5.6.5)
- Develop a training plan for sites and *Tingim Laip* staff based on recommendations in the Procedures Manual.
- Conduct an audit of the training program (NHATU) and review all training materials.
- Replicate the 2006 BCC site follow-up annually and incorporate information into broader site reporting.

- Consider translating BCC training materials into Tok Pisin.

Youth

- Youth interventions need to be delivered from one technical source only unless there is a clearer logic and rationale to do otherwise.
- Tingim Laip needs to reduce the strong focus on youth and ensure that attention is given to aspects of the project that are clearly greater priorities in the context of factors contributing to the transmission of HIV in PNG (e.g. gender based violence).

Volunteers

- Address the high attrition rate by developing a greater understanding as to why volunteers are leaving. This could be achieved by implementing simple tools to follow up with exiting volunteers.
- Place greater emphasis on the induction of volunteers as documented in the Procedures Manual.
- Develop more cost effective ways to provide on-going technical support to *Tingim Laip* sites.
- NSP Steering Committee to establish a standardised scale of incentives for volunteers that will apply to all projects/programs utilising volunteers.
- Develop and implement a Code of Conduct for volunteers.

1.   INTRODUCTION

1.1   Background and development context

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.

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

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

2.   EVALUATION METHODOLOGY

2.1   Objectives

The objectives of the evaluation are to:
- assess the strengths and weaknesses of the activity – in terms of relevance, efficiency, effectiveness, impact and sustainability – and to draw-out lessons learned and options for future support, and
- assess and recommend, in line with AusAID and PNG policies and strategic frameworks,[1] international best practice and the principles of community development:
    - preferred management and oversight mechanisms for scaling up *Tingim Laip* to meet the needs of vulnerable communities in PNG;
    - value of existing partnerships and potential for future linkages;
    - ways to strengthen behaviour change strategies;
    - ways to build capacity of local communities and maintain local ownership;
    - the value of incorporating or using different community mobilisation approaches[2]; and

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[1] National Strategic Plan on HIV/AIDS 2006-2010; Responding to HIV/AIDS in Papua New Guinea: Australia's Strategy to Support Papua New Guinea 2006-2010; Promoting a Comprehensive Response (from NHASP ICR)
[2] UNICEF's COMATAA approach, UNDP's Community Conversation approach, proposed PNG Sustainable Development Fund approaches.

- ways to strengthen the evidence-base of *Tingim Laip.*

The Terms of Reference (TOR) for the evaluation are found at Annex 1.

2.2   Methodology

2.2.1 Evaluation Team membership

The evaluation team (ET) comprised:
- Dr Alison Heywood – Team Leader & Community/Social Mobilisation Expert;
- Mr Shane Martin - Behaviour Change Expert;
- Ms Julie Airi –Manager – Peer Education, NACS;
- Mr Steven Ilave – Senior Program Officer, Sanap Wantaim, AusAID; and
- Mr Lesley Bola – *Tingim Laip* Manager.

2.2.2 Evaluation Activities

Standard AusAID evaluation methods were used to evaluate *Tingim Laip*. The evaluation had three clear stages:

(1)   *Desk study*: The desk study was conducted prior to the in-country mission to review available documentation, to identify key informants and potential field sites, and to plan the field work component of the study. Based on key planning and strategy documents a data matrix was developed and evaluation questions were derived. A list of all documents consulted is found at Annex 2.

(2)   *Field study:* The evaluation team held consultations in NCD and the following provinces: Eastern Highlands, Western Highlands, Morobe, Madang, Sandaun, and Milne Bay. A complete list of organisations, *Tingim Laip* sites and people met is found in Annex 3. Interviews were conducted and activities and locations visited to collect documents and other relevant data that was of value for the evaluation.

(3)   *Reporting:* Analysis and reporting were conducted during and following the field visits. Preliminary findings were presented at the *Tingim Laip* Bi-monthly meeting (BIMM) and the Annual Symposium to which all stakeholders who had been consulted were invited. These forums provided opportunity to comment on preliminary findings and offer further information. A debriefing with AusAID and NACS provided the opportunity to present the Aide Memoire. The draft report was prepared for peer review and a final report prepared based on peer review feedback.

3.   RELEVANCE

3.1   Relevance of Tingim Laip

In PNG HIV is now firmly established in the general population, and PNG has the highest incidence of HIV/AIDS in the Pacific Region. The cumulative number of reported cases of HIV had reached 18,484 by the end of 2006, with prevalence estimated to be 1.28% among youth and adults aged 15-49 years.[3] While the epidemic is largely concentrated in urban centres, it extends into every province of the country and is appearing in remote parts of PNG. It is projected that from 2007 prevalence among rural populations will become higher than the urban prevalence.

These figures indicate that PNG is facing a very serious epidemic which, if it continues to grow as predicted, will have a devastating impact on its communities, the economy, its social fabric, and on

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[3] NACS 2007 Estimation Report on the HIV Epidemic in Papua New Guinea.

government service delivery. In response to this situation the *National AIDS Council Act 1997* established the NAC as a statutory authority. At the national level, the NAC and its secretariat, NACS, are responsible for the formulation, review and revision of the national policy for the prevention, control and management of HIV/AIDS and for monitoring and coordinating the implementation of the National Strategic Plan for HIV and AIDS (2006 – 2010) (NSP). At the provincial level, Provincial AIDS Committees (PACs) are responsible for coordinating the implementation of provincial activities to address HIV/AIDS.

Recognising the threat posed by the HIV epidemic to its development and economic growth prospects PNG has placed HIV and AIDS as one of five priorities in its *Medium Term Development Strategy 2005-2010* (MTDS). GoPNG has committed itself to taking every step possible to arrest the epidemic. PNG has developed its National Strategic Plan for HIV/AIDS 2006-2010 (NSP), and donor programs support the implementation of this. The PNG *National Health Plan, 2001- 2010* identifies HIV/AIDS as a top priority program within the health sector *Medium Term Expenditure Framework 2004-2006.*

Australia has made an explicit commitment to the PNG NSP for HIV/AIDS by using it as the foundation document for *Australia's Strategy to Support Papua New Guinea's Response to HIV//AIDS 2006-2010.* It also demonstrates Australia's support for the Three Ones principle of 'one agreed HIV/AIDS Action Framework that drives the alignment of all partners', as articulated by the Joint United Nations Program on HIV/AIDS (UNAIDS).

3.2   Clear, realistic and measurable objectives

The ET is of the view that the objectives of *Tingim Laip* (and its predecessor HRSS) have never been adequately stated, or accompanied by realistic and measurable indicators to measure their achievement. The report *High Risk Settings Strategy Report - Moving beyond Awareness* (NHASP Milestone 90) is a very detailed report of the HRSS strategy. The stated *goal* for the strategy - *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 -* is appropriate but has no indicators attached to it. The specific objective statement - *To increase safer sex practices among members of the following high risk settings by the end of 2006 -* is not adequate nor is it probably any different to the goal statement; it has no indicators attached to it, and no defined components. There is no clear logic to show how the goal will be achieved. There is reference to a proposed Monitoring and Evaluation (M&E) system for the HRSS but this doesn't ever seem to have been developed.

4.   EFFECTIVENESS

4.1   Introduction

 "Effectiveness is a measure of the extent to which a specific intervention, procedure, regimen, or service, when deployed in the field in routine circumstances, does what it is intended to do for a specified population". [4]

In the absence of a clear statement of objectives at the component level, and a purpose statement at the program/project level it is not possible to say with any degree of confidence whether *Tingim Laip* has been effective. The only guiding framework for the program is the Operational Workplan (OW) January 2007- March 2008. This document is limited to describing activities and outputs and is not linked to a clear purpose with corresponding outcomes and objectives with clearly defined indicators

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[4] *Report on government service provision.* Australian Government Publishing Service, 1995

4.2   Findings

Given the above limitations the findings are therefore discussed: (i) in relation to activities and outputs for each component, based on information provided in various reports and confirmed with managers and implementers of the program (a summary of progress against each output/activity is presented in Annex 4); and (ii) using data collected at the provincial level (though not systematically collated centrally) that the ET believes (in the absence of more robust indicators) provide proxy evidence of behaviour change that is likely to contribute to achievement of the national goals.

4.2.1   Delivery of component activities and outputs

Component 1: National level management coordination monitoring & support

Achievement of Outputs under this component is mixed, with some Outputs ongoing (Outputs 1.1, 1.2 and 1.3) and others planned to be completed in the current quarter (Outputs 1.4 and 1.5). Output 1.6 has been reported to have been delivered (FHI quarterly report for May), but this has not resulted in a revised Procedures Manual – as specified in the OW.

The Steering Committee (SC) provides an important oversight role for *Tingim Laip*. It is not clear, however, as to how effective this mechanism has been and it appears the SC is getting involved in more operational aspects of the program rather than focusing on strategic oversight. The lack of effective reporting within the project is a handicap to the SC maintaining its oversight function.

Recommendation: Refer to Section 5.6.2.

The ET noted the M&E framework has not been developed despite this being a deliverable under the OW. This greatly hinders the ability of the project to demonstrate its effectiveness. As one of the largest funded prevention interventions under the NSP, it is disappointing that the project is unable to determine its contribution to the overall National Response. In addition, the quality of Quarterly reports by all partners is mixed and does not provide a strong sense of how the program is performing. Reporting on progress of activities/outputs is not linked to time-bound targets or a statement of expected outcomes. It would be helpful if each partner's activity/workplan specified the month or quarter in which the activity is to be delivered so that progress can be tracked. It is difficult to know whether some proposed activities are on schedule or delayed. The ET is of the view that a change to the reporting format would enable greater coordination of the project.

Recommendation: Develop an M&E matrix that is based on a more appropriate logical framework for the program.

Recommendation: Standardise the Quarterly reporting format so all partners are using the same template for reporting and accountability is strengthened. This template should include a table specifying activities under the work plan intended to be delivered during that quarter with a commentary on their progress (e.g. was planned activity delivered or is it being rescheduled to the next quarter).This in turn would link to a more robust M&E framework (see recommendation above).Reporting should also make comment on the quality of the outputs and activities and how these are contributing to outcomes or higher level objectives. Future Quarterly Progress Reports should also incorporate progress on implementing the recommendations from this evaluation.

The *Tingim Laip* team has developed a very useful tool to rate each site on a quarterly basis. The site assessment for the most recent quarter is attached in Annex 5. During the current quarter, 5 sites were rated as excellent, 23 rated good, 7 rated fair, 1 was rated poor and 1 was rated very poor. On the whole, over 75% of sites were rated good or higher, which is a positive result (assuming the robustness of the rating process). This could be further strengthened, however, with some minor adjustments. The ET suggested developing a tracking tool that compares ratings for sites in cumulative quarters, which was

subsequently developed by *Tingim Laip* management (Annex 6). This information revealed that 18 sites (49%) had a lower rating in the second quarter compared with the first, 11 sites (30%) had increased their rating from the previous quarter and 8 sites (21%) remained the same. Disruptions due to the recent national election and personnel problems were cited as common reasons for decreases in ratings. Private sector sites are overly represented in "excellent" ratings in both quarters. This information should be guiding the *Tingim Laip* management on how it provides support to sites and when this support is most needed.

Recommendation: Have more than one staff member do the assessment of each site to minimise subjectivity in ratings; include a self assessment component in the process where sites have an opportunity to assess their own performance (similar to an employee performance appraisal process); provide direct feedback to sites on their most recent rating and reasons for that rating (positive reinforcement for achievements and identifying areas for improvement).

The final Output under this component stated that a review of the Procedures Manual was to take place. The indicator – *number of community members participate in discussions of procedures manual* – is not a sufficient indicator for this Output. Community discussions would be one of several steps in reviewing the Procedures Manual and the indicator should be "*Procedures Manual reviewed and updated*". The FHI May quarterly report mentions that discussions were held, but does not specify with whom, or what was discussed. The only valid information arising from this progress report was that communities reported not being exposed to the Procedures Manual.

The ET believes the Procedures Manual developed under NHASP is a very useful tool and should be applied as intended. As discussed later, there is considerable conceptual drift in the program from its original intention. The Procedures Manual would be a useful tool for addressing this and it gives a logical and detailed rationale for every aspect of the program and its concept. As the Procedures Manual was only current to December 2006, the review and revision of the manual should have been a priority during the first quarter of this transition phase.

Recommendation: Review and update the Procedures Manual before the end of the current transition phase. As BI is the major implementing partner, it would be more appropriate that this activity is undertaken by the BI management team. This could be supported with external technical assistance if needed.

Recommendation: Ensure the Procedures Manual is made available to all site committees once the revised manual is available. Regional Coordinators (RCs) and Project Officers (POs) should spend time with site committees to ensure that the key elements of the manual are understood.

Component 2: Continuing basic skills building training provision to Tingim Laip sites

Training remains the primary approach to capacity building under *Tingim Laip* (Output 2.1). There is some concern as to whether the current arrangements for training are meeting the needs of *Tingim Laip*. Progress reports have revealed that demand for training is exceeding supply (75% of training requests for Basic HIV course were met; 70% for Peer Education (PE) and 65% for Care and Counselling) and appears to be presenting a capacity issue for the National HIV/AIDS Training Unit (NHATU). Refer to Section 5.7.3 for further discussion on training.

Output 2.2 is being delivered by FHI. The ET was unable to site the recent quarterly report so it is somewhat difficult to state achievements against this Output. Progress in FHI's May quarterly report appears to have some inconsistencies when compared to the stated activities for this Output in the OW. The OW stated that the FHI advisers would visit 20 well established BCC sites once during the year and 14 average-to-poor functioning sites a minimum of twice to provide on-site TA. The May progress report stated that 2 sites were visited in NCD, 1 in Central and 9 in Oro. This is somewhat confusing to assess as: (i) there is no breakdown as to what category the sites belong to (well-functioning or average-poor); (ii) the

report stated that 9 sites were visited in Oro, yet there are only 2 *Tingim Laip* sites in Oro; and (iii) the selection of sites does not appear to be linked to the site criteria assessment tool developed by *Tingim Laip* project management.

The OW also specifies that FHI would deliver one advanced and one beginners BCC training with 30 participants in each. This was changed by the FHI trainer prior to the training to 2 "refresher" BCC courses. The rationale for the change in the quarterly report was not adequately explained. The study tour under this Output has not been delivered yet and the *Tingim Laip* project office was not aware as to when this might be scheduled, if at all.

Component 3: Enhancing Community Mobilisation Approaches

Overall, progress with this Component is sub-optimal. Output 3.1 only commenced in August with the appointment of a Social Mobilisation Project Manager to coordinate this activity. The study tour (Output 3.2) has been cancelled as activities are to be increased under Output 3.1; and no requests for activity funding (Output 3.3) have been received from sites to conduct community mobilisation activities (as advised by the *Tingim Laip* Program Manager).Two COMATAA trainings have been conducted by local UNICEF trainers. Three *Tingim Laip* volunteers from Eastern Highlands Province participated in the Community Conversations training conducted by PNG Sustainable Development Fund (PNGSDF).

Component 4: Strengthening Youth Leadership in Tingim Laip Responses

Output 4.1 is progressing and the second input by the youth advisors was completed in late August. During this input the youth leadership training workshop was delivered. The evaluations of this input are positive. Progress on other Outputs under this Component is mixed: the planned study tour (Output 4.2) has been cancelled; the requests for activity funding from sites (Output 4.3) for youth-specific activities are not evident; the national youth forum (Output 4.4) is scheduled for October and is well underway in its planning; the youth intern program (Output 4.5) is progressing; and further youth programming (Output 4.6) by FHI has commenced.

Having two partners (BI and FHI) delivering youth specific activities is not consistent with a coordinated approach and inputs for this area should be delivered by one party to ensure consistency. When this issue was explored with stakeholders by the ET, it was disappointing to find that the inclusions in the OW were the result of a compromise between FHI and BI who could not reach agreement on the issue. This technical territorialism is not conducive to effective development and the SC should have intervened on this issue.

Recommendation: Youth interventions need to be delivered from one technical source only unless there is a clearer logic and rationale to do otherwise.

Component 5: Incorporation of Drugs & Alcohol (D&A) Related Harm Minimisation Initiatives into existing Tingim Laip Program Activities

Output 5.1 commenced in August with a workshop for *Tingim Laip* staff and selected volunteers. The quality of this report is one of the better ones seen by the ET and presents a clear logic on the linkage between the activity and the workplan, the outcomes achieved and the next steps to be undertaken. It was also one of the few reports to specifically highlight how gender was being addressed in the context of D&A. The study tour (Output 5.2) will no longer take place and it's not clear whether sites have submitted any requests for activity grants to conduct D&A activities within their communities (Output 5.3). The site visit to Joyce Bay was a positive example of how a community is addressing D&A issues with youth.

D&A issues are clearly a significant factor contributing to risk within communities and the technical support in this area will be beneficial. Discussions with the technical advisor indicated that alcohol will be the primary focus, based on evidence from the rapid assessment conducted in 2006 on D&A use in PNG. While alcohol is clearly a significant factor, the role of marijuana use cannot be under-estimated. Every site visited by the ET reported that marijuana was a significant issue in almost every community, with poly-drug

use (marijuana and home brew) being particularly responsible for sexual violence in communities.

Recommendation: Incorporate a greater focus on marijuana and poly drug use into D&A activities.

Component 6: Strengthening Mechanisms for Addressing Gender Related Vulnerability

This is by far the weakest Component, with limited progress made in the program. Gender relations and gender violence is not clearly addressed in the OW as a cross cutting issue; this may explain the superficial attention that it receives in delivery of the project. Participation rates by gender, gender representation in committees is about the extent of understanding. It is the ET's view that neither of these Outputs have been delivered. Refer to Section 5.7.2 for further discussion on gender.

Component 7: Technical Skills Building in Advocacy, Policy, Stigma and Discrimination Reduction and Greater Involvement of PLWHA

Progress for this Component has been minimal. The ET noted comments in the most recent Quarterly Report (in draft) that *Tingim Laip* worked with Igat Hope to provide technical assistance to National Friends Association (NFA) in Lae. While this is an important initiative, it does not fit within the specified Outputs of the OW. The focus in the OW (Output 7.1) is to engage local technical support to engage in partnerships that will be developed between *Tingim Laip*, Igat Hope and *Tingim Laip* sites.

The proposed skills building sessions on addressing stigma and discrimination have not yet occurred. It was reported by *Tingim Laip* that this was to feature in both the national Youth Forum and the *Tingim Laip* symposium.

The ET noted that PLWHA participated in some sites (e.g. Lae, Joyce Bay, Madang, Mt Hagan, and Vanimo) but was unable to say with any certainty the extent to which voices of PLWHA were a significant part of the site committee. When asked about the inclusion of PLWHA in several other sites, representatives stated that there were no PLWHA in the local community. It is difficult to determine whether this was indeed the case or whether stigma was forcing PLWHA to remain anonymous within their local community.

Recommendation: Develop a strategy for engaging PLWHA that creates a safe and enabling environment for them to participate while respecting their right to confidentiality.

A skills building session has been conducted at one BIMM on the HAMP Act (Output 7.2) and is scheduled for inclusion at the *Tingim Laip* symposium as a key topic.

Component 8: Access to Behaviour Change Materials including Condoms

Every site visited by the ET reported significant problems with maintaining a regular supply of condoms, with inadequate supplies noted as far back as April (see Table 1 below).

Table 1: Tingim Laip Condom Supply Shortages by Province

Province/Site	Sufficient supply	Insufficient supply	Date stock out commenced
NCD	Yes		
WHP		Yes	June 07
Morobe		Yes	April 07
ESP		Yes	June 07
Sandaun		Yes	July 07
Milne Bay Estate		Yes	Not reported
Madang		Yes	June 07
Central		Yes	April 07
Western		Yes	April 07
Higaturu/OPIC		Yes	Jan 07

The lack of regular and consistent supplies of male and female condoms has been a huge impediment in the behaviour change activities of the *Tingim Laip* program. The inability of NACS/NDOH to address this issue is having a detrimental impact on prevention efforts nationally. This was highlighted in the May Quarterly Progress Report. The ET was informed that a large shipment of condoms has been received in the last two weeks and is being distributed to PACS presently.

Nearly every site reported dissatisfaction with the condom dispensers as: (i) they do not hold enough stock and require constant re-filling (when condoms are available); and (ii) they are not suitable for dispensing generic condoms.

Recommendation: While Tingim Laip has no direct control over the procurement and supply of condoms, it could be more proactive in reducing the impact of irregular supply on sites. This could be achieved by developing mechanisms to maintain up-to-date information on available condom stock (i.e. how many currently in warehouse; how many in PACS offices, when is next shipment due and of what quantity). This information will enable Tingim Laip to anticipate when supply will become problematic for sites in advance It may be possible to shift stock from one site to another depending on stock availability.

Recommendation: Consider alternatives to the current condom dispensers. A more universal method that is not restricted to a specific form of packaging would be more useful. Dispensers need to hold greater quantities of stock, particularly in sites where dispensers are emptied frequently.

4.2.2 Achievement of unstated component objectives and project purpose

Notwithstanding the limitations posed by the absence of an M&E framework, data is being collected on a weekly basis at the site level that provides some indication as to how well *Tingim Laip* is progressing in supporting behaviour change in relation to the 4 pillars. While condom distribution counts and numbers of referrals to VCT and STI services do not provide a robust indicator of behaviour change in settings, it is the only data available in the absence of more appropriate measures. It is surprising that this information is not being reported on summarily in quarterly progress reports (with the exception of SCiPNG).

The ET requested the *Tingim Laip* management team compile these data from site activity reports. Unfortunately data were not available for 2006 as essential NHASP records were not available to the current *Tingim Laip* management. This matter has also impacted on the ET's ability to draw comparisons on effectiveness between these two phases of the project. These data would enable management to monitor trends by comparing data between years (e.g. January 2006 and January 2007, etc). The trends

should be demonstrating an increase in all indicators related to the 4 pillars in subsequent years. Where decreases are evident, this enables management to explore possible causative factors and develop appropriate strategies and interventions to counter problems. This is a very simple and basic management tool yet it is not being utilised. It is about being responsive and proactive in supporting sites in areas that need supporting, as well as being more judicious in how and where program resources will be targeted.

It should be noted that the data presented below may not be accurate and caution should be used interpreting the data. The primary reason for including this information here is to demonstrate the value in data collection and analysis to support more effective program management.

Condom Distribution

For the period January to August 2007 426,804 condoms were distributed through *Tingim Laip* site activities. A breakdown of condoms distributed by site is shown in Figure 1 below. This graph reveals a high degree of variability between sites. Given the significant gaps in maintaining consistent condom supply, however, this figure would be much higher. While variation between sites can also be accounted for by the relative variations in population sizes covered by each site, the data suggests that some sites are more effective than others in distributing condoms.

Figure 1: Condom Distribution by Site (Jan – Jun 2007)
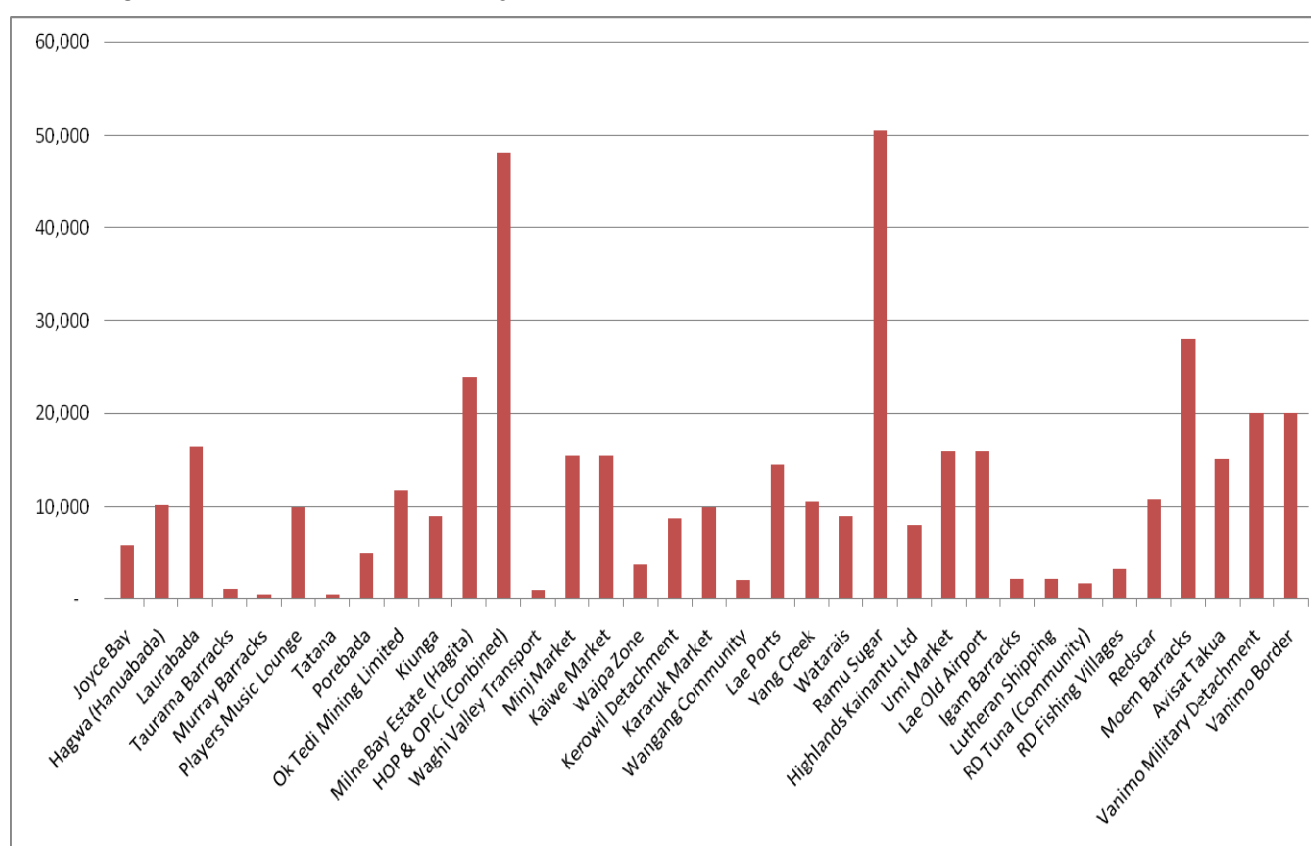
Condom distribution in itself does not tell us the degree to which sexual behaviours are changing, or to what extent changed behaviours are being maintained consistently, in line with the objectives of *Tingim Laip*. Several sites have reported on the emergence of a "condom culture" within their community and that condom shortages are creating a lot of anger and frustration.

Knowing the approximate population size covered by sites enables us to develop a broad understanding about the reach of the 4 pillars within communities and the degree to which a "condom culture" is taking place. Annex 7 provides an estimate of the population covered by each site (total population covered is approximately 211,400). Given the number of *Tingim Laip* sites and the size of the communities they are reaching, is 426,000 condoms (assuming they were used appropriately) at a level needed to support the degree of sexual behaviour change required to make a positive impact on the transmission of HIV?

This information would be best presented on a month by month basis to determine trends. Some sites are collecting and collating this data, but this does not seem to be universal practice. As an example Figure 2 below illustrates trends in condom distribution at Ramu Sugar on a monthly basis for the years 2006 and 2007. Disruptions to a consistent supply of condoms have been the primary factor in the drop in distribution rates in the 2007 figures.

Figure 2: Condom Distribution at Ramu Sugar for 2006 and 2007
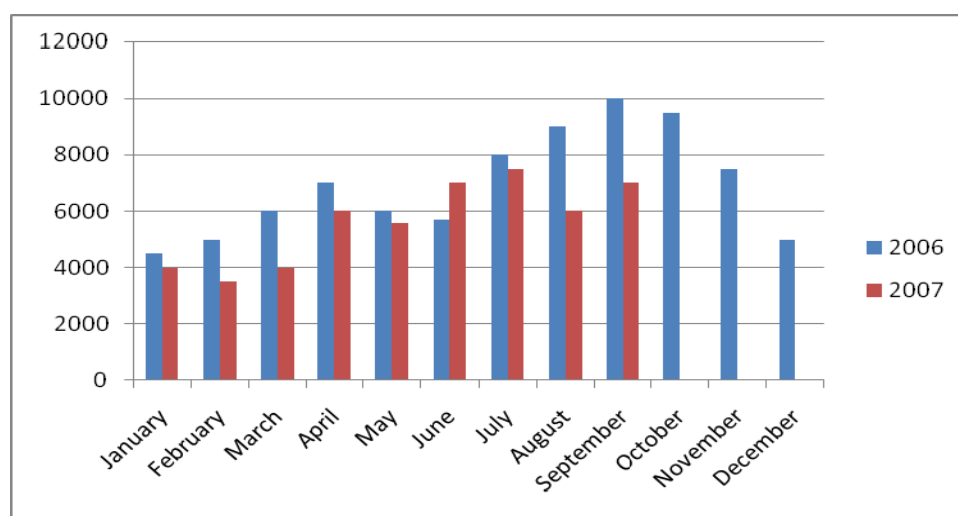
Referrals to STI Services

A total of 915 referrals were made from January to August 2007. The breakdown by site is seen in Annex 8. One site (HOP & OPIC combined) accounts for nearly half of all STI referrals for the entire *Tingim Laip* project. The total number of referrals is very low relative to the populations being reached. The *Tingim Laip* project needs to invest more in developing strategies and activities to strengthen this pillar. Reporting needs to reflect the barriers that are preventing the successful achievement of this pillar (e.g. is it due to: no STI service within reasonable geographic reach of the community; hostile or negative attitudes by staff at the local STI service towards certain groups within community; etc).

Referrals to VCT Services

As with STI referrals, the number of VCT referrals at 1,150 is lower than expected at this stage of the project. Annex 9 provides a breakdown of VCT referrals by site. Again, the majority of VCT referrals are coming from only a few sites (60% of VCT referrals were from with the HOP & OPIC (combined) site and Milne Bay Estate). As for referrals to STI services, *Tingim Laip* needs to develop regular reporting and tracking on VCT referrals and identify problems and strategies to address these.

Care & Support for PLWHA

This is the weakest pillar in the program. There seems to be some confusion in the documentation as to what this pillar is about. More recent documents refer to communities providing support and care for

PLWHA in the community, yet the *Tingim Laip* Procedures Manual states that this pillar is to promote access to user-friendly services (referrals). This is the most challenging pillar to address as the availability of care and support services within communities remains very limited.

Recommendation: It has been recommended elsewhere to develop an M&E framework that would incorporate indicators to measure the progress against the 4 Pillars. It is further recommended that BI develop formulae for calculating targets for each of the above indicators to enable Tingim Laip to more effectively target support to sites.

5.   Discussion

The ET is of the clear view that *Tingim Laip* will make a valuable contribution to the National Response and its *potential* to be effective is high. *Tingim Laip* is having a positive effect in some sites across the country.

The concept underpinning *Tingim Laip*, developed when the HRSS was originally formulated on clear evidence from the Social Mapping exercise, is still relevant. The concept focus on strengthening the 4 pillars for effective behaviour change presents a well articulated and concise framework to guide the implementation of the project. However, as *Tingim Laip* has "evolved" from its inception under NHASP to its current Transition arrangements, it appears to have lost this conceptual focus. This has been clearly evident in all program reports omitting any reference to the 4 pillars, and more particularly the lack of reporting on how activities are making a contribution to the strengthening the 4 pillars.

The factors that are contributing to the potential effectiveness of *Tingim Laip* are:
- highly motivated and committed volunteers driving the program at the community level;
- close working partnerships between the site, the PO and PACS;
- targeted capacity building efforts to sites, including follow-up and support (when this occurs).

Factors that are creating barriers to the effectiveness of *Tingim Laip* include:
- the absence of a program logical framework, with a clearly defined purpose and components/objectives;
- an incoherent conceptual framework with limited or no understanding of the relationships between each of the 4 pillars and how they are mutually dependent;
- a skewed emphasis on one pillar (access to condoms) (see Annex 10);
- widespread condom stock out;
- no standardised reporting formats consistently reporting against essential information;
- data collected at the site level not being analysed or reported against in progress reports;
- a management structure that reduces accountability and increases the burden on NACS/AusAID;
- sub-optimal communication between implementing partners; and
- a training supplier (NHATU) with limited capacity to meet the demands of all stakeholders.

These issues and others are discussed in more detail below.

5.1   Design

A design document describes the structure and elements of the program and clearly articulates the expected outcomes of the project, identifying indicators to measure these achievements. This in turn informs an M&E framework. There is no one clear design for *Tingim Laip*. The High Risk Setting Strategy Report of July 2006 described a framework that included a Goal and Specific Objective for the Strategy, and useful information about implementation, partnerships, etc, but was limited in terms of articulating expected achievements/outcomes of the HRSS, and indicators to measure those. It is the ET's view that the goal and specific objective statements found in this report were imprecise. No indicators were attached to them. Further strategy documents for *Tingim Laip* are devoid of this detail.

The OW for the Transition Strategy now guides the implementation of *Tingim Laip.* It is not conducive to readily supporting and strengthening the 4 pillars. Only two of the eight Components make reference to the 4 pillars (Components 7 & 8) and these were generally the weakest components in terms of achievement. Nor does the OW clearly identify the sites as the focus of the program. The ET suggests that there are too many components in the Workplan and many of these should be more appropriately categorised as cross-cutting issues (youth, D&A, gender).

Reporting occurs at the Activity and Output level only, with indicators limited to process and no time-bound targets for when activities will be delivered. This jeopardises the ability to manage the project effectively. By design there is no requirement for any collection of data or reporting about whether those combined activities have contributed to changes in behaviour. This is a serious limitation. Fortunately some very useful data are being collected at the provincial level that provide a good measure of likely behaviour change (see Section 4.2.2 of this report). As a matter of urgency, a logical project framework needs to be developed (building on the current OW, despite its limitations), and an M&E Framework which includes component objectives, immediate purpose, and the indicators to measure achievement of these.

A clearly conceptualised design for the next phase has the opportunity to overcome the current limitations.

5.2   Monitoring and Evaluation of *Tingim Laip*

Tingim Laip is one of many projects/activities that comprise the national response to combating HIV/AIDS. It is useful to understand the logic whereby the outcomes for *Tingim Laip* fit into the expected achievements of the national response, and the logic within the project that leads to immediate achievements of the *Tingim Laip* purpose.

Figure 3: Monitoring and evaluation of *Tingim Laip* project

Levels of M&E	Timing of Measurement	Responsibility
Impact - national response goal Surveys and surveillance	After program completion	NDOH
Final outcomes - *Tingim Laip* purpose Not stated - not reported	End of project	*Tingim Laip*/NDOH
Intermediate outcomes - *Tingim Laip* component objectives Not stated in Operational Workplan	During/end of project	*Tingim Laip* management
Key Outputs and activities Stated in Operational Workplan	Lifetime of project	*Tingim Laip* management
Inputs Personnel, Resources	Lifetime of project	*Tingim Laip* management

As a matter of urgency *Tingim Laip* needs to articulate key indicators at the purpose and component levels, the methods for collecting this information and who is responsible for collection and reporting.

The BSS Round 1 Survey, reported in 2006, appears to form "baseline" data for HRSS/*Tingim Laip*. Problems with the methodology are noted in the report, and these will quite seriously limit the extent to

which comparisons can be made between baseline and the next time period that the survey might be undertaken. There is also no information about sample size selection and the power of these samples to demonstrate significant changes over time. These limitations can't be ignored if the survey is considered to be an evaluation instrument.

For the national response NDOH has responsibility for surveillance, and NACS has responsibility for monitoring, process evaluation and some outcome evaluation. As M&E data is collated at the provincial level by PACS and forwarded to NACS, this mechanism does not enable the contribution of *Tingim Laip* to the National Response to be determined. At the time of this evaluation the M&E unit in NACS was noted to be far from functional. The ET was unable to secure an appointment with its Manager to get an understanding of its role, activities and capability. All M&E documents produced by *Tingim Laip* consistently referred to this unit as the sole reference point for monitoring and evaluation of the project. Given the above comments the ET considers this problematic.

In the absence of a functional M&E unit in NACS, and with little likely progress in the foreseeable future, it is incumbent upon *Tingim Laip* management to establish its own *simple* monitoring and evaluation system, using data collection forms (developed by NACS and used to report up to NACS via the PACS) for its own process and outcomes monitoring and evaluation. *Tingim Laip* needs to be able to report against a stated purpose, and stated objectives of each component. This is also essential because it is unclear that these data, when provided by *Tingim Laip* POs to the PACS, remain attributable to *Tingim Laip* activities.

All M&E documents produced by *Tingim Laip* consistently referred to this unit as the sole reference point for monitoring and evaluation of the project. Given the above comments the ET considers this problematic.

At the moment *Tingam Laip* can't answer the question: **Are we making a difference** (against the 4 pillars)? Have we been effective?

For *Tingim Laip*, the key question that needs to be asked is: what are the pre-requisites for the desired longer term behaviour change to occur? These are usually articulated in the logical framework and M&E Matrix. The following are put forward for consideration:
- condom distribution/access (pre-requisite to condom use);
- referral/uptake of referral to STI clinics (pre-requisite to STI testing);
- referral/uptake of referral to VCT centres (pre-requisite to HIV testing); and
- attitude toward PLWHA (pre-requisite to working with, caring for PLWHA).

A good design document with a clear logic informs the M&E framework or performance matrix for the project. While there is reference to monitoring and evaluation in the activities of the OW (see Output 1.1) an M&E framework for *Tingim Laip* has not been developed. This is reminiscent of management of NHASP when the M&E framework was not developed until well into the fourth year of the project. There was no close monitoring of the HRSS during NHASP, and monitoring of *Tingim Laip* in the transition period has essentially only covered the activity and output level.

There are opportunities to strengthen impact evaluation of *Tingim Laip* when sequencing the rollout to new sites as scaling up occurs. Planning can generate comparison groups. This has been highlighted in the ODE report of March 2007. For example, this could be achieved if there is further expansion to include more PNG ports. Currently there are only two PNG ports in *Tingim Laip*; there are 14 ports in the country.

Recommendation: Develop an M&E framework for the current transition period.

Recommendation: Middle level managers examine the key intermediate outcome data (e.g. condom distribution figures) generated during this evaluation and put in place interventions to address areas of underperformance.

Recommendation: Ensure the development of an M&E framework for the next phase of the project.

Recommendation: Examine opportunities to strengthen impact evaluation when scaling up is being planned.

5.3   Consolidation

The 2007 transition period for *Tingim Laip* was intended to be a year of strengthening and stabilising for *Tingim Laip*, the underpinning principle being one of c*onsolidation*. During this period there was opportunity for reasonable but limited growth to increase coverage to new sites, introduce innovation and strengthen existing sites/interventions.

There is evidence that consolidation has been occurring, albeit with limitations in some areas:
- Some limited skills building through training at site and provincial levels (see Section 5.7.3);
- Inclusion of drug and alcohol-related harm reduction initiatives. Training appears to be appropriate, but it is disappointing that it has taken so long to become part of the project, given it was identified as far back as the social mapping exercises. It is also unclear how this training is going to be integrated into site activities.
- Youth leadership and youth empowerment/mobilisation skills building is being undertaken. Leadership roles and opportunities for young men and women at all levels of the project are being created, though the success of this is variable from one site to another (see Section 5.7.5);
- New approaches to community mobilisation are being introduced (see Section 5.4).

Attempts are being made to strengthen some important mechanisms that underpin *Tingim Laip* delivery:
- While the functional status of site committees is variable, probably about 75% are working quite well. *Tingim Laip* management has been making efforts to address problems associated with site committees, though this has often been difficult where inappropriate people have been appointed as members, particularly in the leadership role. It suggests that selection of site committee members needs to be undertaken very carefully with as much guidance from the project as possible, without undermining the community ownership factor.
- *Tingim Laip* management has provided significant assistance to improve the management of activity funds.

5.4   Community Mobilisation

The approach to community mobilisation for HRSS and *Tingim Laip* has been documented in the Procedures Manual. This primarily focused on: engaging key stakeholders/leaders within communities identified in the social mapping exercise; training the site committee; developing a strategic communication plan and action plan; forming strategic partnerships; and getting technical assistance and financial support. As over 75% of sites have been rated as "good" or higher, it would appear that approaches to mobilising communities at the start of the HRSS were effective.

In recent months several development partners have or are in the process of introducing programs for engaging and strengthening communities (Stepping Stones, Community Conversations, COMATAA, AIDS Competency). Two COMATAA trainings have been conducted by local UNICEF trainers, and three *Tingim Laip* volunteers from EHP participated in the Community Conversations training conducted by PNGDSF. The *Tingim Laip* sites that received COMATAA training reported being confused as to how this fits in with *Tingim Laip*, particularly as they have already successfully mobilised their communities.

Component 3 of the *Tingim Laip* OW specifies that "*program partners will look into options for linking Tingim Laip with other development programs offering skills building in community mobilisation*". This approach to enhancing community mobilisation appears to be ad hoc, without any evidence-based decision making as to why a particular approach/approaches are to be included in *Tingim Laip*. Given there are now four such programs available in PNG there needs to be a more strategic approach in the selection of these

programs. The ET does not advocate one method over another but sees great benefit in *Tingim Laip* management/NACS developing a mechanism for coordinating these activities.

Recommendation: Tingim Laip considers how the various community mobilisation approaches will work for the project, and develops a position on which approach (there maybe more than one) will be utilised and in what context. For example, there would seem to be little benefit in targeting established and well functioning sites. These approaches should be reserved for engaging with communities where Tingim Laip is struggling ("poor" or "very poor" rated sites) or where new sites are identified for expansion. Approaches to community mobilisation endorsed by Tingim Laip and the SC should be incorporated into the Tingim Laip Procedures Manual.

5.5   Partnerships

There are a number of types of partnerships occurring, each with varying degrees of success. All have the potential to contribute to a strong project.

The ET observed problems between **partners in implementation**, mainly related to lack of communication and protecting "turf", which undermined cooperation. It was noted that implementing partners do not always communicate with NACS and PACS about their activities, resulting in activities occurring of which neither NACS or PACS have knowledge. All key implementing partners need to recognize NACS and PACS as clear players in *Tingim Laip* and the national response.

The ET noted that **partnerships at the provincial level** (with other players) had been well developed in some provinces, and could be attributed to significant efforts on the part of Project Officers. The benefit of these partnerships is that they can fill gaps/complement/provide additional benefits to *Tingim Laip*.

The ET acknowledges the important contribution that the above two groups of partners have brought to the program, and their ability to bring to *Tingim Laip* other aspects of their own programs to strengthen *Tingim Laip*. Where there have been human resource gaps those partner organizations have been able to continue key activities by juggling their own resources.

Partnerships between PACS and Tingim Laip varied by Province. Where these partnerships were strong, and where the Project Officer was co-located with the PACS, there were obvious benefits that contributed to a much stronger project in those provinces.

Partnerships between the **private sector and Tingim Laip** were occurring in some provinces, and variation was noted in these. On the whole they have been very successful, many engaging very effectively with management. The potential is enormous with the "topping up" (at no cost to *Tingim Laip*) that occurs with corporate activities and support. The ET was concerned that in one instance at least the current corporate culture is at odds with the principles of *Tingim Laip*, evident through behaviour toward vulnerable women in their employ and in the surrounding communities.

Partnerships between the government sector and Tingim Laip were occurring directly with Defence, and indirectly but actively at some sites with Education, Health (Minj, Madang, Milne Bay) and Community Development. Progress with these partners was sometimes constrained in having to use their own processes and systems, and in the instance of Defence problematic at first, but great potential was apparent. There was very clear support from senior ranks in Defence. While the ET observed variation in the extent to which partnerships with Education and Health were occurring, there were a significant number of success stories. These partnerships should be strongly encouraged and supported by *Tingim Laip* management.

There was potential to tap in to the Department of Community Development and strengthen that relationship. But it was important to recognize the paucity of resources in that department.

Opportunities needed to be created for sharing government sector successes between sites, particularly in relation to how these partnerships had been established, the key elements of success, and how they were progressing.

Coordination with other donors was evident. The ADB Enclaves Project is occurring in a number of *Tingim Laip* sites. ADB clearly articulated its readiness to work cooperatively with *Tingim Laip* to ensure no duplication of effort. The benefit to *Tingim Laip* in those sites will be significant particularly in relation to condom supplies and improved health infrastructure.

5.6   Management and oversight

5.6.1 Management Structure

Tingim Laip (Transition Stage) has a somewhat unusual management structure for a project. BI has responsibility for the management and is engaged by AusAID through a direct contract. The nature of the contract, however, is not as clear as it could be. There is no corresponding Scope of Services and therefore the responsibilities and accountabilities are not clearly defined. Several other partners (SCiPNG, World Vision, FHI and IEA/NHATU) are also contracted to support *Tingim Laip* through direct activity/funding agreements with AusAID. Each of these partners takes responsibility for a "piece" of the overall *Tingim Laip* project. The only guiding framework that indicates responsibilities for each partner is the project's OW, jointly agreed to at the Partners forum in December 2006.

This complex structure is resulting in blurred communication channels and lack of clarity around accountability. There is no scope within the current arrangements for the major implementing partner (BI) to provide oversight for the outputs and activities of the other contributing partners. There is no mechanism that requires other partners to report to the *Tingim Laip* management team on activities they are undertaking. In addition, two partners (WV and SCiPNG) are responsible for recruiting and managing POs. This adds an unnecessary layer of complexity to the overall functioning of the project. Ideally, all human resources should come under the one management structure to ensure consistency in induction, supervision, performance management, and remuneration.

A more effective model for managing *Tingim Laip* would overcome these limitations. By having one entity solely responsible for all *Tingim Laip* activities, and each participating partner reporting to this entity, communication and coordination will be more streamlined, the demands on NSP Steering Committee, NACS and Sanap Wantaim will be reduced (as they only have to deal with one party), there will be greater consistency in technical support to the *Tingim Laip* sites, management costs and overheads will be reduced, and reporting will be enhanced.

Recommendation: A more streamlined management approach is adopted for the next phase of Tingim Laip. At the very least, reporting mechanisms need to change so that all implementing partners submit progress reports directly to Tingim Laip management. Tingim Laip project office will in turn be responsible for submitting one progress report to the Tingim Laip Steering Committee that reflects progress against the workplan and the achievements of all partners in their respective areas of responsibility.

5.6.2 Steering Committee

There are two key mechanisms for providing management and oversight to the project: (i) the Steering Committee (SC), and (ii) the Bi Monthly Meetings (BIMM). There is significant overlap in the composition of these two forums and this requires reconsideration. It is not clear how effective the SC mechanism has been; it appears to be getting involved in more operational aspects of the program (a BIMM function) rather than focusing on strategic oversight.

All partners have representation on the BIMM and this is the most appropriate mechanism for dealing with key operational issues, exchanging information on progress with activities, and providing coordination for the project more broadly.

As *Tingim Laip* is the largest prevention project supporting the PNG NSP, there needs to be a different level of representation on the SC to maintain the strategic focus of the project. This mechanism needs to be more formalised with key reports on project progress submitted to the SC prior to SC meetings. This would suggest the timing of the SC meeting should be quarterly to enable partners to submit draft quarterly progress reports. However, the lack of effective reporting within the project is a handicap to the SC maintaining this oversight function. One of the TOR for the SC is to "ensure progress against the M&E Framework". Without a *Tingim Laip* M&E framework this responsibility cannot be carried out and undermines the purpose of having an oversight committee at this level. Of the minutes made available to the ET, there is no record of an M&E framework being discussed, or any enquiry as to whether one was available.

One significant factor undermining the progress of *Tingim Laip* has been the considerable delay in supplying condoms to provinces. There is no evidence from the SC minutes available that this matter was tabled. Another issue of importance to *Tingim Laip* that requires SC input is the commencement of the ADB-funded Rural Enclaves Project. Due to potential for overlap, a higher level mechanism is required to address how coordination and cooperation will occur between the two projects.

Recommendation: Revise the composition and TOR for the SC within the remaining period of the transition project to ensure a refocus on providing strategic oversight to Tingim Laip. SC composition should include representatives from NACS (Managers from Peer Education, Provincial Programs and M&E Unit), Sanap Wantaim (Senior Program Officer and First Secretary, perhaps key Advisors) and senior personnel of Tingim Laip (Tingim Laip Program Manager and senior Representative of the principle contractor). This representation would bring the authorised delegation to commit to decisions that are required. The timing of SC meetings should be Quarterly and within two weeks after a BIMM so that issues emerging from the BIMM are reported up to the SC. Minutes from the SC should in turn be reported on in the following BIMM, thus maintaining an effective communication loop.

5.6.3 Role of NACS and PACS

The mandated role of NACS is to provide the coordinating mechanism for the national HIV response. NACS is currently represented on the SC for *Tingim Laip*. As per the recommendation above (Section 5.6.2) the ET sees the role of NACS on the SC being expanded to include greater representation. NACS' role would include but not be limited to: (i) finalising the BCC strategy that will guide the behaviour change approaches in *Tingim Laip* in the future, (ii) ensuring that materials, e.g. condoms, are supplied consistently and regularly; and (iii) ensuring that PACS are fulfilling their responsibilities. This latter role is important given the findings that *Tingim Laip* performs well where PACS are fully functional. PACS provide coordination at the provincial level, and can ensure that Tingim Laip is working in harmony with other programs in the same geographic area. PACS are also responsible for acquitting all training funds. If the ability to acquit is problematic, further training is delayed or not funded.

While capacity of NACS at present is limited, it will be prudent to identify roles that NACS could assume once greater capacity is developed. This could include: providing technical advice to *Tingim Laip*, particularly in relation to implementation of gender related strategies and BCC interventions, monitoring and data collection.

5.6.4 Role of AusAID's Sanap Wantaim program

The Sanap Wantaim program provides the funding for *Tingim Laip*. It has representatives on the SC

providing oversight for *Tingim Laip*. There is potential for Sanap Wantaim to have an expanded role by drawing on the expertise of its advisers - gender, knowledge management, HIV - to assist *Tingim Laip* in critical areas of need, and also assist with capacity building in NACS with the impending appointment of new Advisers.

5.6.5 Human Resources

One of the critical factors in the success (or otherwise) of any program or project is whether the human resource (HR) allocations are appropriate. This includes having:

- the right structure, with clear lines of reporting and responsibility;
- the right positions in place to effectively support and manage the program;
- the right number of people in place to ensure workloads are not burdensome;
- supervisory and performance systems in place to both monitor and support staff;
- induction procedures to orient new staff to the program and how the systems work; and
- professional development opportunities to enhance skills and capabilities.

The current structure, in terms of delineation of responsibilities at different levels, appears to be a good fit with the purpose of the project. However, the ET is concerned that the level of staffing is not of a sufficient number to maximise support to *Tingam Laip*. Consideration should be given to creating two new positions: a Program Training Coordinator (PTC) and an M&E Officer. The PTC would: take responsibility for developing a training plan based on the needs of the program; coordinate training delivery with training providers; ensure training evaluations are completed and training outcomes are reported upon; manage the training budget (with support from the Finance Manager). The PTC would be at a similar level to the Regional Coordinator and report to the Program Manager.

The M&E Officer would: be responsible for coordinating M&E reporting and developing systems based on the M&E Framework (yet to be developed); liaise with RCs to ensure relevant data are collected from POs; synthesise information into standard formats; ensure timely reporting on M&E to the Program Manager. The M&E Officer would be at the level of a Project Officer.

The current number of RCs (and possibly POs) appears to be inadequate to support the demands of the project. A HR review needs to be undertaken to determine the reasonable workloads of each level of staff (e.g. how many sites can a PO manage, how many POs can an RC manage, etc). A review of position descriptions and responsibilities needs to be undertaken to streamline responsibilities. The considerable workload of existing staff is resulting in decreased performance (e.g. data not being systematically collected and collated; insufficient time to spend with POs and sites to support activities and identify capacity needs). The TOR for RCs are not adequate, as compared with the detail in TOR for other positions in the project. One function that should be included in RC responsibilities is the performance appraisal of POs. This would address the reported underperformance of some POs.

The TOR for the Program Manager is comprehensive and places a great demand on the incumbent. This needs to be revised and some responsibilities transferred to other positions. The PM should be reporting only to the Country Program Manager (CPM), who in turn would report to the Melbourne-based PNG Program Manager.

The CPM plays a key role in guiding and supporting *Tingim Laip*. There is no evidence of some key aspects of the TOR being fulfilled: specifically, regular reviews of the technical quality of *Tingim Laip* interventions, and the development of an appropriate M&E framework. The ET noted that the CPM's TOR specifies a higher level of responsibility for management/administrative functions and technical oversight for programs. It is not advisable that these two key areas are mixed together as this creates an unrealistic expectation on any incumbent. The ET recommends removing the technical oversight function from the CPM's TOR and creating another mechanism for the provision of technical direction/oversight.

Other than training activities specified in the OW, ongoing technical support was minimal. There is no position within the project structure that provides technical guidance and direction to the project. BI has appointed a Melbourne-based Technical Director yet there are no specified inputs or budget for this position. Enquiries by the ET during the site visits revealed that staff and volunteers did not know where to go if they needed technical advice or support. Given the complexities of the issues confronting volunteers at the site level, it is critical that there is a mechanism in place for them to seek this support when required.

Two possible options exist to engage this higher level technical support: (i) formalise a role for Sanap Wantaim Advisors to provide this support; or (ii) create a funded Technical Director position that has pre-determined inputs identified in the OW.

Recommendation: Appoint a Program Training Coordinator (PTC). The PTC would take responsibility for: developing a training plan based on the needs of the program; coordinating training delivery with training providers; ensuring training evaluations are completed and training outcomes are reported on; manage the training budget (with support from the Finance Manager). The PTC would be at a similar level to the Regional Coordinator and report to the Program Manager.

Recommendation: Appoint an M&E Officer. The M&E Officer would be responsible for: coordinating M&E reporting and systems based on the M&E Framework (yet to be developed); liaising with RCs to ensure relevant data/indicators are collected from POs; synthesising information into standard formats; ensuring timely reporting on M&E to the Program Manager; training sites to collate data into simple formats to observe site trends over time. The M&E Officer would be at the level of a Project Officer.

Recommendation: Amend the CPM TOR and appoint an additional position of Technical Director. Options would include: (i) formalising a role for Sanap Wantaim Advisors to provide this support; or (ii) creating a funded Technical Director position that has pre-determined inputs in the OW.

5.6.6 Knowledge management

One of the challenges in any project/program is developing and maintaining effective knowledge management systems. This is even more critical when a program is transitioning from one management structure to another. *Tingim Laip* has emerged from a concept within NHASP to a project in its own right. There has never been a design per se undertaken. As *Tingim Laip* has evolved, numerous reports have been produced. However, there is no one definitive document that provides a good picture as to what the project is about.

This lack of knowledge management has resulted in key documents and data not being handed over to the current management team post NHASP. It has also confounded the ability of the ET to get important information in a timely manner. Understanding critical aspects of the program during and post NHASP has required frequent and recurrent discussions with personnel (e.g. the Program Manager). Having all this knowledge in the heads of a very small number of people presents a significant risk for the project and a future program.

Of the multitude of reports sited by the ET, it was evident that several recurring issues and recommendations had been reported upon by different authors at different stages of the project. In the absence of an even rudimentary knowledge management system, these issues are not addressed and recommendations are not taken up. The result is that they re-appear again and again in subsequent reports, as though they were being reported for the first time.

Recommendation: Given the expertise within the new Sanap Wantaim Program Office, it would be of great benefit if the Knowledge Management Advisors were able to provide support and assistance to strengthening this aspect of the project. This should be addressed in the remainder of the transition phase, and be completed before the program is taken to a new stage.

5.6.7 Volunteers

The success of *Tingim Laip* is highly dependent on volunteers. The ET was very impressed by the dedication and efforts of volunteers across the country and the strong ownership and sense of pride in *Tingim Laip*. The contribution they make must be acknowledged and every effort made to support volunteers.

Attrition rates for volunteers (see Annex 11) is somewhat high (approx 50-55%) and *Tingim Laip* must develop strategies for reducing this. Some attrition is required, particularly where volunteers are disruptive to the effective functioning of sites, or engaging in behaviours that undermine the credibility of *Tingim Laip* within the community. *Tingim Laip* management has been relatively effective in identifying and dealing with problematic volunteers.

To a certain extent training has contributed to the attrition of volunteers. Several sites reported that volunteers became more attractive to employers, their skills and confidence growing as a result of receiving *Tingim Laip* training. This is both a positive and negative unintended consequence: positive as it has enabled some individuals to improve their livelihood, and negative as this results in a lost investment for the project.

Appropriate recruitment and selection of volunteers is essential to engaging the right people who will have a positive fit with the intentions of the project and are able to make a valuable contribution. The challenge in this rests in striking the right balance between external direction from the project team and self-determination by the communities.

The induction of site committees seems to have had less emphasis post NHASP. Given the high attrition rate, this needs to be better maintained. The ET believes that the lack of induction activities has in part contributed to the loss of focus on the intent of *Tingim Laip*.

Tingim Laip is yet to establish a Code of Conduct for volunteers. The ET noted other projects such as Poro Sapot have a Code of Conduct in place. The *Tingim Laip* Code of Conduct should specify the key principles of the project that volunteers are expected to abide by. This should particularly highlight a zero tolerance for gender-based violence.

Building the capacity of volunteers is an integral component of the program. This has been delivered primarily through training, with a lower emphasis placed on continued support post-training. The support that is required can be considered in two areas: management and technical. Management support is currently provided by POs and RCs. The technical support is less evident and the program needs to consider how this can be provided in a way that is cost-effective (i.e. minimising reliance of international advisors).

Several other programs rely on volunteers (e.g. Poro Sapot Project, the ADB Rural Enclaves Project) with varying levels of incentives provided. *Tingim Laip* does not provide any incentives for volunteers (except to reimburse transport costs) and this aspect should be re-considered or the program will risk losing good volunteers to other programs. The development of a standardised incentive scale for volunteers would be helpful for creating parity between all volunteer-reliant programs supporting the NSP. This is an issue that could be explored by the NSP Steering Committee. In several instances the ET was informed that volunteers were using their own resources for program-related activities (e.g. fuel to get to PAC office for condoms). This should be remedied.

Incentives can be of a financial or non-financial nature. The strong sense of pride volunteers felt in the program was noted. Providing a uniform (i.e. the black t-shirts with the *Tingim Laip* logo) had a positive effect in sites where these were made available. This also provides an important social marketing function for the program.

Recommendation: Address the high attrition rate by developing a greater understanding as to why volunteers are leaving. This could be achieved by implementing simple tools to follow up with exiting volunteers.

Recommendation: Place greater emphasis on the induction of volunteers as documented in teh Procedures Manual.

Recommendation: Develop more cost effective ways to provide on-going technical support to Tingim Laip sites.

Recommendation: NSP Steering Committee to establish a standardised scale of incentives for volunteers that will apply to all projects/programs utilising volunteers.

Recommendation: Develop and implement a Code of Conduct for volunteers.

5.6.8 Activity grants

In the past financial accountability has been problematic. The ET noted that considerable effort has been devoted to strengthening these skills with reasonable success. It was also noted that in one province at least the PACS office was completing acquittals for *Tingim Laip*.

The start up in the transition phase resulted in delays in funding for *Tingim Laip* activities. Despite this initial constraint *Tingim Laip* management has made significant efforts to address some of the shortcomings of the grants activity system, providing support down to the provincial and site level. It would be useful to revisit the application forms and determine whether they can be simplified.

5.6.9 Sharing Lessons Learned

Under NHASP there appeared to be quite a strong and effective approach to sharing of lessons learned, but reports to the ET suggested that this is not as strong/effective now as it could be. However, the ET did note that exchanges between sites of the same type, e.g. markets, were occurring and were reported to have been beneficial. It was also noted that opportunities during various regular forums, e.g. BIMMs, Annual *Tingim Laip* Symposium, exist for sharing lessons learned. A more structured approach is needed that includes follow-up at site to support and enable implementation of lessons learned.

5.7   Technical Issues

5.7.1 Behaviour change communications

The goal of *Tingim Laip*, as stated in the programs Procedures Manual, is "*to facilitate and sustain behaviour change to minimise HIV/AIDS and STI transmission and increase awareness among target populations in pre-defined high-risk settings in PNG*. The specific objective is to "*increase safer sex practices among members of the following high-risk settings by the end of 2006*". The *Tingim Laip* concept specifies that all communities will follow the overall goal, with flexibility in the development of objectives for each community according to their priority populations and subsequent strategies.

The *Tingim Laip* concept has highlighted the important shift in focus from "awareness raising" to Behaviour Change Communication. The program's definition of BCC is "*an interactive process with communities to develop tailored messages and approaches using a variety of communication channels to develop positive behaviours; promote and sustain individual, community and societal behaviour change; and maintain appropriate behaviours*".

Tingim Laip emphasises the importance of building capacity within site committees to understand BCC approaches and to develop skills in planning, implementing, managing and monitoring HIV prevention

activities in their community. The primary activity for capacity building is through the BCC training delivered by FHI under the OW. The creation of "BCCer" positions at the site committee level adds an important dimension to strengthen community-focused BCC initiatives. In 2006 FHI coordinated a follow-up to sites where BCCers had recently completed training. This report was comprehensive and resulted in a wealth of important information that would guide the development of BCC activities at the site level. The 2006 follow-up revealed variable progress with the development of BCC plans between sites and attempts were made to provide further assistance to BCCers. It was disappointing that this exercise does not appear to have been replicated following training in 2007.

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

Other behaviours that require change include gender based violence, drug and alcohol use, health seeking behaviours (for STI and VCT services), and stigma and discrimination against PLWHA. Tingim Laip does not have a strong focus in terms of BCC on changing these behaviours. Moreover, where BCC activities were conducted, they seemed to primarily focus on *changing* behaviour with little evidence of initiatives that re-enforced *sustaining* the changed behaviour.

A consistent issue that was raised in the majority of sites visited was the reticence by females on using the female condom. At no point was there any evidence of targeted BCC activities to address this. The main reason cited for not wanting to use the female condom was concern that it would "get stuck inside and not come out".

BCC is a complex area for many people and does require more sustained support and follow-up post training. FHI is proposing to undertake further site visits in its 2008 plan (yet to be approved by the NSP Steering Committee). It would appear that more frequent support to sites on planning, managing and monitoring BCC activities needs to be explored. Consideration needs to be given to how RCs can play a more effective role in supporting BCC as they are connected to sites more directly.

The program is yet to have a BCC strategy finalised. The NACS BCC Strategy document is in draft form and will require finalisation as a matter of priority. The draft strategy document has been well researched, with extensive consultations undertaken. It is not at a stage, however, where it is a clear strategy. Rather it provides considerable detail on what the strategy should look like, without actually going the next step to formulating the strategy. Given that extensive consultations have already taken place, it needs some guidance or technical assistance in fitting the document into a strategy framework. It would be important to have the strategy presented in a schematic format to enable people who will not read the full document to understand it. With new stakeholders commencing BCC activities in sites where there may be some overlap with *Tingim Laip*, it is imperative that all programs comply with and support a NACS-endorsed BCC strategy.

Since the initial stages of the HRSS to *Tingim Laip* today, there is an evident "conceptual drift" in the intentions of the program. The lack of conceptual clarity in *Tingim Laip* appears to be contributing to a range of activities being supported/funded that have questionable benefits in the context of a BCC approach. Many sites seem to be placing primary emphasis on sewing and other income generating projects, sports and music promotion, etc, without an evidence base as to how these support the 4 pillars and more importantly how they will contribute to a reduction in the transmission of HIV. There is no question that these are positive activities for communities and do have resulting benefits. Some sites have indicated that this has enabled an entry point for them to engage with members of their communities – which is valid – but many sites were unable to explain how these activities were supporting efforts to

change sexual behaviours. *Tingim Laip* must assess the place of these activities within the objectives of the program and develop a clear rational for the further inclusion of these approaches.

Recommendation: Ensure the revised Procedures Manual takes an expanded focus to the behaviours that need to be changed. Emphasis should be on gender based violence, drugs & alcohol, stigma and discrimination and health seeking behaviours, in addition to encouraging consistent condom use.

Recommendation: Finalise the NACS BCC Strategy.

Recommendation: Reduce the conceptual drift in Tingim Laip by ensuring activities such as income generating activities; sports and music are evidence-based with a clear link to the reduction of HIV transmission.

Recommendation: Provide more frequent technical support to sites for BCC activities. Local capacity to provide this support should be developed to reduce the reliance on international technical assistance.

5.7.2 Gender

Gender is not clearly addressed/identified in the Operational Workplan as a cross cutting issue. In addition, it is the ET's view that it is addressed very superficially in the project: participation rates by gender and gender representation in committees is about as far as it goes. Consultations revealed that gender was poorly understood in the context of HIV, and gender relations and associated violence as an issue contributing to the increased transmission of HIV in women was not being addressed or understood.

There was little understanding that in some forums groups needed to be separated on the basis of gender for effective discussion to occur. Recognition that it is at times appropriate to include only men or only women in discussions was not apparent. Empowering women to be decisive about sexual relations is insufficient if men are not engaged in discussions about their own inappropriate behaviour. This aspect of the project appears particularly weak.

The extent to which women were empowered in site committees and leadership roles varied. At some sites there were some very good examples of how this was working effectively. This information needed to be shared with other sites.

The ET looked at various elements of the training program and how gender relations and associated issues were addressed within those programs. In terms of content it was considered that the Basic HIV training course is unacceptable in terms of its depth and focus on gender; in Peer Education (PE) training it is better addressed but requires revision. It must be remembered that PE training is not available to everyone, while the Basic HIV training is. In this latter training program it is therefore important that gender is addressed well. BCC training has a focus on gender. The ET was also concerned that some training providers showed little interest or concern in revisiting how gender was addressed in the training programs.

Training alone will not suffice. Sites will need a lot of support to translate training concepts into tangible activities and interventions at the site level. The ET observed behaviours and some underlying negative cultural biases in relation to women in key people at sites. These could harm efforts to effectively address gender relations and related issues within the program.

Recommendation: Sanap Wantaim Gender Advisors conduct a complete gender audit of the project, training packages and site activities. The gender audit will inform the development of a gender framework for incorporating gender activities/interventions into Tingim Laip.

5.7.3 Training

Training remains the primary approach to capacity building under *Tingim Laip.* Table 2 below provides a

breakdown of training delivered for the period April to September 2007. The principle training provider is the NHATU (IEA) which is responsible for providing the training in 5 key areas: Basic Facts on HIV and AIDS; Peer Education; Care and Counselling; Theatre Training; and Training of Trainers (in Basic Facts, Peer Education and Care and Counselling). As of January 2007, NHATU has been contracted to deliver the HIV training program that was originally under the auspice of the NACS Training Unit during the NHASP period. This is covered under a separate contract and funding agreement between AusAID and IEA/NHATU. *Tingim Laip* is only one of several clients that rely on NHATU to provide training. FHI continues to provide BCC training to *Tingim Laip* and Burnet is providing training in Youth Leadership, Drugs & Alcohol and in COMATAA.

Table 2: Summary of National *Tingim Laip* Trainings April–September 2007

Partner	Type of Training	No. of Training between	COMMENTS
Family Health International	Basic BCC	2	A total of 60 participants. Two trainings conducted at 30 people per training
Burnet Institute	Youth Leadership	1	A total of 16 youth participants (8 m & 8f) from 8 sites. 8 mentors (Adults)
	Drug & Alcohol	1	Attended by project officers and selected site leaders.
	COMATAA	2	Two trainings conducted in Oro and Madang.
IEA - NHATU	Basic Facts on HIV and AIDS	19 (25 training registrations were submitted)	Trainings funded & conducted between January – September 2007.
	Peer Education	7 (10 training registrations were submitted)	Some sites have combined to attend one main training at provincial level.
	Care and Counselling	4 (6 training registrations were submitted)	4 individuals attended provincial trainings.
	Theatre Training	1	1 rep from TL attended a provincial training.
	TOT (Basic Facts)	2	11 participants from multiple provinces
	TOT (Peer Education)		10 participants (7 from Higaturu/OPIC)
	TOT (Care & Counselling)		3 participants
	TOT (HBC)		1 participant

There is some concern as to whether the current arrangements for training are meeting the needs of *Tingim Laip*. Progress reports from BI have revealed that demand for training is exceeding supply (75% of training requests for Basic HIV course were met; 70% for Peer Education and 65% for Care and Counselling). Reasons provided for training requests not being met include: (i) HRCs or POs not acquitting funds from the previous training and IEA's policy is to withhold further training until acquittals from prior trainings have been submitted; and (ii) the province had reached its quota for training allocations (as was cited for Western Highlands Province).

Several stakeholders have expressed concern to the ET as to whether the NHATU has the capacity to meet the demands from all its clients and that *Tingim Laip* has to compete for training. The process for providing training requires the site to lodge a request for training with the local PACS for endorsement. The endorsed request is forwarded to or collected by the *Tingim Laip* RC during a visit to the respective province, then passed to the *Tingim Laip* Program Manager. The *Tingim Laip* Program Manager in turn liaises with the NHATU to coordinate delivery of the training. This process is somewhat onerous and needs to be more streamlined.

The ET are concerned that there is no strategic approach to training. Training does not seem to be linked to a clear justification or established plan that enables the program to determine the training needs of the program on an annual basis in advance – rather it reacts to requests from sites as they emerge. Training needs to be planned in a more systematic manner with clear linkages between the timing of training delivery and the development of programs/activities. As an example, HBC trainings have been provided to

sites where there are no PLWHA identified that require HBC; and VCT trainings have been conducted in areas where there are no VCT services established or to be established in the near future. If participants do not have an opportunity to apply skills acquired in training, these skills will be lost. Training without a targeted and strategic purpose is a waste of limited resources and does not adhere to effective development practice.

It is difficult to assess the value of the various training programs as these have not been systematically evaluated. Training reports are generally not submitted to the *Tingim Laip* project office (with the exception of those trainings delivered by BI Advisors) and there is no formalised process for evaluating training. The only form of evaluation undertaken by NHATU is a series of open-ended questions asking for feedback on process related matters. Training evaluations should be more robust and cover an assessment of skills acquisition as well as feedback on satisfaction with the process (e.g. skills of the trainer, suitability of the venue, materials of good quality, pace and pitch of the course, etc). Response rates to open-ended evaluations are generally lower than those that use methodologies with a series of statements and a Likert response format (i.e. indicate response on a scale from strongly disagree to strongly agree).

The lack of assessment on skills acquisition is of great concern as there is no way of determining if participants are capable of undertaking that responsibility once they return to their community. Training such as Peer Education, Care & Counselling, HBC, and BCC should have a minimum pass threshold that is assessed using post-training tests. There is an obligation and responsibility on the project to ensure that individuals do not cause harm when they attempt to use these skills on others. With the number of people being trained there will always be an occurrence where a trainer encounters an individual that would be inappropriate in the role they are being trained for (e.g. counselling). There is no screening mechanism in the training programs to identify and deal with this appropriately.

There is a lack of follow-up post training; this needs to be addressed. With the exception of training in Basic Facts, all training courses are preparing people to apply new skills that are by and large foreign to them. It is somewhat negligent to assume that they will just cope on their own without on-going support being provided. In areas where people are providing counselling or VCT there is a responsibility to ensure that their well-being is maintained and opportunities for de-briefing after difficult experiences are available to them.

In 2006 FHI coordinated a comprehensive follow-up to sites where BCCers had recently completed training. This report was comprehensive and produced a wealth of important information that would guide the development of BCC activities at the site level. It was disappointing that this exercise does not appear to have been replicated following training in 2007. BCC is a complex area for many people and requires more sustained support and follow-up post training. This, however, is an expensive exercise given that international consultants are brought in to carry this out. The ET recommends that a small group of nationals have their capacity built to undertake this important function to ensure sustainability of the BCC component in *Tingim Laip*.

Feedback at the sites visited indicated this could be strengthened by presenting the training in Tok Pisin.

The limited number of TOTs delivered raises a serious sustainability issue and will be a barrier to the program when it enters into an expansion phase in the future.

Tingim Laip would be strengthened by bringing coordination of training back into the project. This would require the appointment of a Training Coordinator who would take responsibility for developing a training plan based on the needs of the program (refer Section 5.6.5 for an outline of key responsibilities). The induction manual articulates a targeted approach to training and this should be used as a guide when planning future training activities. The Training Coordinator would also be responsible for ensuring training evaluations are completed and training outcomes are reported on. It would be of greater benefit if *Tingim Laip* was able to manage its own training budget and have the flexibility to procure training from more than

one primary provider.

Recommendation: The Tingim Laip program would be strengthened by bringing coordination of training back within the program. It would also be of greater benefit if Tingim Laip was able to manage its own training budget and have the flexibility to procure training from more than one primary provider. This would include the appointment of a full-time training coordinator to work closely with the program manager and the Regional Coordinators (refer Section 5.8.5)

Recommendation: Develop a training plan for sites and Tingim Laip staff based on recommendations in the Procedures Manual.

Recommendation: Conduct an audit of the training program (NHATU) and review all training materials.

Recommendation: Replicate the 2006 BCC site follow-up annually and incorporate information into broader site reporting.

Recommendation: Consider translating BCC training materials into Tok Pisin.

5.7.4 Research and evidence-based interventions

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

With the exception of the D&A intervention, which is guided by the rapid assessment of drug and alcohol use in PNG (2005), other key areas lack supporting documentation linking the justification for the approach to the intervention. The BCC approach is predicated on evidence from other countries and it would be timely to undertaken a research-related activity on BCC interventions within the *Tingim Laip* program. Similarly, Youth leadership activities are rolling-out without a clear rational for the particular approach selected. A key principle of the NSP is that all interventions will be evidence-based.

Tingim Laip management should be engaged with the NACS research development agenda in order to identify appropriate research activities to be undertaken by the program. It would be a beyond the scope of the current program to undertake this without additional resources and this should be considered when developing a research agenda.

5.7.5 Youth engagement and leadership

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

While youth are clearly an important group for BCC activities, the evidence base presented to justify the particular approach planned within *Tingim Laip* was not as strong as it could have been. The May quarterly report further stated that the content of the youth leadership program will *"be closely aligned with the current content of the Tingim Laip program: technical knowledge and skills building relating to the 4 pillars".* A review of the recent activity report on the youth training program does not demonstrate this occurred; nor

does this feature in the proposed agenda for the upcoming Youth Forum scheduled for October.

The ET does not doubt the importance of reaching youth. Youth, as with all members of the community, have a vital role to play in the success of *Tingim Laip*. However, given the broader support needs at the site level, the question as to the efficacy of allocating this degree of resources, at the expense of other interventions, needs to be addressed. A youth strategy should be developed and submitted to the SC for endorsement. This should detail: the core objective/s of the proposed interventions; the rationale for their inclusion in the program (e.g. KAPB, BSS findings); an outline of the interventions proposed with supporting evidence for the selection of the approach (as opposed to other approaches); and expected outcomes and how these will be measured.

Recommendation: Tingim Laip needs to reduce the strong focus on youth and ensure that attention is given to aspects of the project that are clearly greater priorities in the context of factors contributing to the transmission of HIV in PNG (e.g. gender based violence).

5.7.6 Strengthening synergies between prevention & the continuum of care

It has been noted in Section 4 on Effectiveness that the 4th Pillar has made the least amount of progress. There seems to be a lack of clarity as to the intention of this pillar. Recent documents describe it as providing care and support to PLWHA; yet earlier documents (HRSS) state the intention to providing referrals to user-friendly care and support services. The availability of care and support for PLWHA in PNG is still at a nascent stage, with much of this being provided by FBOs. The ET saw little evidence of care or support activities within the communities visited.

Given the paucity of care and support services available, it is appropriate that *Tingim Laip* consider how this can be supported more formally under the program. A continuum of care approach will link key components of Home Based Care, Community Care (aid posts and health centres) and hospital services (district hospitals) together in a manner that enables clients to move from one to the other as their care needs change over time. *Tingim Laip* could expand its function to strengthen home based care activities and facilitate the delivery of HBC within the community/village. This could be incorporated into the function of the *Tingim Laip* site committee by creating the position of a HBC coordinator. The HBC coordinator will require training to develop skills in HBC; but more importantly they will need to be linked up with a skilled health worker who can provide support and supervision.

It was previously noted that HBC training had been provided to some committee members, but this was not well targeted as most reported not knowing of any PLWHA in their community. It is here that the synergy and connectedness of the 4 pillars has failed to be grasped. VCT provides an entry point for both prevention and care. By strengthening communities understanding of the connections between the 4 pillars, referrals can facilitate the uptake of other services/programs in the community.

Recommendation: It is beyond the scope of this evaluation to develop this concept further. It is strongly recommended that the development of services and methods for creating linkages between the 4 pillars be included in the TOR for the new Program Design.

5.7.5 Scaling up

It is the ET's view that further work needs to be undertaken by way of consolidation and strengthening current sites before scaling up occurs. At least some of this work should be considered before a new phase of the project is implemented. This should include but not necessarily be limited to the following:

- Taking the most recent site performance rating matrix as a starting point, *Tingim Laip* management needs to examine those sites receiving a fair, poor, or very poor overall rating, and implement interventions/provide support to address reasons for weak;

- Associated with this exercise detail what is working well and what is not, and implement changes accordingly;
- Strengthen the current management function of *Tingim Laip* and undertake an analysis of management requirements of a scaled up program;
- Re-establish the vision and centre the concept of *Tingim Laip* among all stakeholders, eradicating the conceptual drift that has occurred;
- Consider a parallel program supporting the capacity building of NACS and PACS; more effective monitoring and coordination will be required with an expanded project;
- Address the serious issue of access to condoms: there is no point scaling up if there are insufficient condoms in the country to meet current needs/demands;
- Engage collaboratively with the ADB to ensure a harmonised approach between *Tingim Laip* and the Rural Enclaves Project where there is potential for overlap and duplication; identify mechanisms so that these projects are mutually reinforcing;
- Scaling up has resourcing implications: the current resources are insufficient to deliver interventions with the current number of sites, let alone additional ones; further current cost to deliver should not be the basis for expansion; costs will vary in procurement of goods.

5.8   Systems issues

5.8.1 Maintenance of reliable condom supplies

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

Currently condom distribution is the responsibility of NACS. NACS doesn't have the capacity to fulfil this responsibility, and it is questionable that this should be its responsibility, given its mandate:

> "*….responsible for the formulation, review and revision of national policy for the prevention, control and management of HIV and AIDS and for monitoring and coordinating the implementation of the National Strategic Plan…NAC and its Secretariat are responsible to elicit, support, encourage and promote the involvement of a broad range of actions in HIV and AIDS activities. NACS takes a lead role in mobilizing resources to support implementation".*[5]

This issue was only recently rectified. *Tingim Laip* needs to develop management systems so it can track condom supply and anticipate when supply will become an issue in the future

Recommendation: This situation needs to be redressed as a matter of urgency with consideration given to outsourcing condom distribution until government systems (NDOH) can establish a reliable and consistent supply chain.

5.8.2 Access to STI and HIV testing

Tingam Laip is limited in its ability to fully realise the objectives of the STI and VCT pillars. It is reliant on services being available, and where available that they are fully functional and user friendly. In this context *Tingam Laip* is limited in what it can achieve against these two pillars. Where services are available to communities *Tingam Laip* can strengthen this pillar by ensuring services are user friendly.

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[5] National AIDS Council PNG website

Recommendation: The SC puts the issues of access to condoms and STI testing and VCT on the agenda for discussion as a matter of urgency.

Recommendation: BI undertakes a mapping exercise identifying where current STI and VCT services are and develops some basic information about access issues (drug supply, testing kits, services fully functional, staff sensitised to client needs).

6.   IMPACT ASSESSMENT

By definition impact refers to the long-term effects of a project or program. It is therefore difficult to assess at this stage the likely impact of *Tingim Laip*. The NSP program of impact evaluation hopes to measure the impact of the National response as a whole, and the impact of specific HIV/AIDS interventions. The Australian Office of Development Effectiveness (ODE)[6] proposes impact studies that will measure change in: HIV prevalence, risk behaviour practices, gender relations and rates of sexual violence, knowledge and awareness of HIV.

It will only be possible to say that *Tingim Laip* is contributing to a longer term impact if surveys are undertaken that identify people who are beneficiaries of *Tingim Laip*, if "before and after" studies are undertaken, or comparisons are made between groups who do not receive the same intervention ("with and without" method). The latter "with and without" method is preferred for impact evaluations of specific interventions and may be possible for example where the ADB Enclaves project is implemented in sites where *Tingim Laip* operates.

Despite these limitations the ET noted certain changes that are likely to promote beneficial impacts including:
*   the creation of a "condom culture";
*   effective community mobilisation in many sites to address local issues that may lead to sustained changes in cultural norms and practices; and
*   highly motivated and committed site volunteers working with their communities (though not evident across all sites).

Challenges remain that will influence the achievement of beneficial impacts and are summarised in Section 8 below.

7.   SUSTAINABILITY

7.1   Definition of sustainability

In the context of donor-funded development programs and projects, sustainability can be defined as: *the continuation of benefits after major assistance from a donor has been completed.*[7] For *Tingim Laip* comment on sustainability requires an examination of the capacity of the PNG health system and NACS to sustain activities that will halt the continued increase in HIV, without any further external assistance.

7.2   Progress toward sustainability

The situation with respect to sustainability has changed little to that reported in the *Independent Completion Report* in January 2007.

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[6] Evaluating the Impact of PNG's National Response to HIV/AIDS. Mission report. September 2007

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

Despite increased awareness and knowledge, there is as yet insufficient evidence that behaviours that must change to alter the course of the epidemic are increasing and becoming the norm. In particular, there has been little progress made in achieving a widespread understanding of the role gender relations play in the increase in the epidemic.

7.2.1 Financial sustainability

The bulk of funding for PNG's HIV/AIDS response continues to be provided by AusAID, with still limited contributions by GoPNG. This continues to be particularly so in relation to NACS. PNG has many limitations to its capacity to control HIV, and given the size and character of the HIV epidemic in PNG significant donor inputs are likely to be required for the foreseeable future. The challenge will continue to be in ensuring that there is progressive transfer of responsibility and ownership of the epidemic from donors and international agencies to national, regional and district level authorities.

7.2.2 Technical sustainability

The technical sustainability of *Tingim Laip* is variable in GoPNG agencies and between sites/provinces. Lack of sound management, lack of financial and human resources, and lack of basic organisational capacity continue to hinder progress.

7.2.3 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.

NACS and the PACS remain institutionally unsustainable. In NACS there is continued lack of the most basic systems and processes as well as major organisational issues which hamper effective management and performance management. With probably a few exceptions, PACS have similar problems. The NDoH continues to lack capacity to meet its responsibilities in relation to supply of condoms, support for VCT, test kits, laboratory services, and in relation to the roll out of anti retrovirals (ARVs). Recent activity during the ET's mission in relation to surveillance suggests that this area might be getting some much needed support.

The extent to which government departments are mainstreaming HIV into their activities remains inadequate, yet it is critical to sustainability. *Tingim Laip* has made some progress on this front, but it has been on a fairly small scale.

8.   Conclusion

Overall, *Tingim Laip* has been somewhat successful. Key achievements have included:
- harnessing the energy and commitment of many people including volunteers;
- the development of a useful tool for rating performance of sites;
- training being undertaken in key areas;
- successful mobilisation of communities to initiate local responses to the epidemic
- the emergence of a condom culture in some communities;
- significant engagement of youth;
- introduction of drug and alcohol discussion into the program;
- some successful (but limited) attempts to include PLWHAs in the program;
- Consolidation has occurred in some areas;
- many strong and effective partnerships have been established.

Weaknesses have been identified and include:

- the steering committee is not functioning well in an oversight role and in providing strategic direction to the project;
- conceptual drift and a loss of focus in the program;
- a fragmented management structure that contributes to weakened communication, coordination and cooperation;
- persistent detrimental attitudes and behaviours relating to gender relations, gender violence and sexuality, not only in beneficiaries of *Tingim Laip* but alarmingly in some implementers;
- Continuing discrimination and stigma;
- Disruptive supply in essential commodities such as condoms – if this persists, over time it will diminish people's confidence in the use of condoms.
- reporting on outcomes is nonexistent;
- there is no monitoring and evaluation matrix for the program;
- lack of analysis of problems and follow-up activity to remedy situations;
- the demand for training has not been met by the providers;
- lack of follow-up to training;
- inadequate evaluation of training;
- inadequate provision of condoms;
- inadequate inclusion of gender vulnerability into the program, including in training;
- referrals to STI testing and VCT is occurring but not in large numbers - the enabling environment constrains this.

8.1 Lessons Learned

Lessons learned as a result of both stages of the response with high risk groups have not changed significantly from those identified at the conclusion of NHASP and include:

(i) A balanced response

A strategic response: A balance needs to be struck between delivering an emergency response and implementing a strategy that focuses on building PNG capacity to provide a sustainable long-term program.

Synergies in elements of the program: The powerful synergies between HIV prevention, treatment and care, still remain the cornerstone of the response.

(ii) Capacity Development

GoPNG capacity: Sectoral capacity must be developed if GoPNG is going to manage its own HIV response. This requires identification and analysis of the capacity of the various elements of the system in which the HIV/AIDS response is being delivered (enabling environment, organisations, individuals) and the preparation of a capacity development plan that seeks to address areas where the greatest impact can be made. Of particular importance is the capacity of national government agencies that have a key role to play – NAC, NACS, NDoH and PACS. This also includes building capacity in Education, Defence, Health, and Police.

Community level capacity: There is considerable energy and commitment at the community level to participating in the response. Capacity development strategies should seek to maximise this interest, building the capacity of both individuals and community groups to educate and provide support services. There are challenges associated with working with/through volunteers and issues relating to incentives for participation at this level require further exploration.

Private sector capacity: A high level of commitment to the response is clearly apparent in the private

sector is also demonstrating both at the company level and through peak institutions. Ongoing support to companies and institutions involved in the response must continue and be strengthened. Barriers to this effective involvement need to be identified and addressed.

PACS: fully functional PACs contribute to strong *Tingim Laip* activities in the provinces.

(iii)   Activity Design

The evidence base: Activity design must be informed by epidemiological and behavioural surveillance, and social research into cultural beliefs and practices to fully understand the HIV epidemic's character and dynamics. Too much of human sexuality is shrouded by mystery and taboo.

Open discussions on traditional practices: There are longstanding 'traditional' practices that predispose individuals to HIV risk. These include 'line ups' and group circumcision among men, women exchanging sex for everyday commodities, male visitors to communities being offered sex with young women as part of long standing practices of hospitality, to name a few. A preparedness to discuss these practices openly provides an entry point for HIV prevention at national, provincial and district levels.

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

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

(iv)   Technical Assistance

Comprehensive technical support: program implementers must anticipate the range of technical support that might be required and have this available. Such support needs to understand the program environment, and be fully across recent research and international best practice. The use of local consultants and professionals can bring to the program a wealth of PNG knowledge and experience.

Social and cultural research: while some progress has been made to improve knowledge in this area still needs continuing focus is so that future program efforts will be tailored to local circumstances and needs.

Commitment to capacity building: Technical advisers need to be selected as much on the basis of their capacity building expertise as their technical expertise. Capacity building outcomes should be incorporated into all Terms of Reference and the work of advisers monitored accordingly.

(v)   Monitoring and Evaluation

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

(vi)   Gender

Unconditional inclusion in the program: In PNG, gender inequalities play a key role in fuelling the epidemic and gender violence (to which both women and some men are subjected) is strongly linked to the risk of HIV infection. For a program to be effective gender must be central to every HIV prevention strategy.

It must be one of the pillars around which all AusAID support is organised, and be clearly evident in every aspect of the program.

(vii)   Coordination and Oversight

Support to the GoPNG response: Synergy between the support of all donors contributing to PNG's HIV response ensures complementarity and a comprehensive program, and eliminates duplication and wasted donor funds. Mechanisms to support donor coordination facilitate the process.

Procedures manual: Adherence to the Procedures Manual that outlines the processes for implementing the programme is associated with the focus of the program being maintained.

8.2   Recommendations

Activity Design

- The design for the next phase of *Tingim Laip* has gender and its associated issues clearly represented to ensure delivery in the program and evaluation.

- It is strongly recommended that the development of services and methods for creating linkages between the 4 pillars be included in the TOR for the new Program Design.

Technical

- Complete the review and updating of the Procedures Manual before the end of the current transition phase. As BI is the major implementing partner implementing, it would be more appropriate that this activity is undertaken by the BI management team. This could be supported with external technical assistance if needed.

- Ensure the Procedures Manual is made available to all site committees once the revised manual is available. RCs and POs should spend time with site committees to ensure that the key elements of the manual are understood.

- *Tingim Laip* considers how the various community mobilisation approaches will work for the project, and develops a position on which approach (there maybe more than one) will be utilised and in what context. For example, there would seem to be little benefit in targeting established and well functioning sites. These approaches should be reserved for engaging with communities where *Tingim Laip* is struggling ("poor" or "very poor" rated sites) or where new sites are identified for expansion. Approaches to community mobilisation endorsed by *Tingim Laip* and the SC should be incorporated into the *Tingim Laip* Procedures Manual.

- Youth interventions need to be delivered from one technical source only unless there is a clearer logic and rationale otherwise.

- D&A: Incorporate a greater focus on marijuana and poly drug use into D&A activities.

- Develop a strategy for engaging PLWHA that creates a safe and enabling environment for them to participate while respecting their right to confidentiality.

- *Tingim Laip* should seek regular information from the NACS Resource Centre on available condom stock (i.e. how many currently in warehouse; how many in PACS offices, when is next shipment due and of what quantity). This information will enable *Tingim Laip* to anticipate when supply will become problematic for sites.

- While *Tingim Laip* has no direct control over the procurement and supply of condoms, it could be more proactive in reducing the impact of irregular supply on sites. This could be achieved by

developing mechanisms to maintain up-to-date information on available condom stock (i.e. how many currently in warehouse; how many in PACS offices, when is next shipment due and of what quantity). This information will enable *Tingim Laip* to anticipate when supply will become problematic for sites in advance. It may be possible to shift stock from one site to another depending on stock availability.

- Consider alternatives to the current condom dispensers. A more universal method that is not restricted to a specific form of packaging would be more useful. Dispensers need to hold greater quantities of stock, particularly in sites where dispensers are emptied frequently.

- It has been recommended elsewhere to develop an M&E framework that would incorporate indicators to measure the progress against the 4 Pillars. It is further recommended that BI develop formulae for calculating targets for each of the above indicators to enable *Tingim Laip* to more effectively target support to sites.

Knowledge Management

- Given the expertise within the new Sanap Wantaim Program Office, it would be of great benefit if the Knowledge Management Advisors were able to provide support and assistance to strengthening this aspect of the project. This should be addressed in the remainder of the transition phase, and be completed before the program is taken to a new stage.

Monitoring and Evaluation

- Develop an M&E matrix that is based on a more appropriate logical framework for the current transition program.

- Have more than one staff member do the assessment of each site to minimise subjectivity in ratings; include a self assessment component in the process where sites have an opportunity to assess their own performance (similar to an employee performance appraisal process); provide direct feedback to sites on their most recent rating and reasons for that rating (positive reinforcement for achievements and identifying areas for improvement).

- Middle level managers examine the data generated during this evaluation on key intermediate outcome data (e.g. condom distribution figures), and put in place interventions to address areas of underperformance.

- Ensure the development of an M&E framework for the next phase of the project.

- Examine opportunities to strengthen impact evaluation when scaling up is being planned.

Gender

- Sanap Wantaim Gender Advisors conduct a complete gender audit of the project, training packages and site Activities. The gender audit will inform the development of a gender framework for incorporating gender activities/interventions into *Tingim Laip*.

Human Resources

- Appoint a Program Training Coordinator (PTC). The PTC would take responsibility for developing a training plan based on the needs of the program; coordinate training delivery with training providers; ensure training evaluations are completed and training outcomes are reported on; manage the training budget (with support from the Finance Manager). The PTC would be at a similar level to the Regional Coordinator and report to the Program Manager.

- Appoint an M&E Officer. The M&E Officer would be responsible for coordinating M&E reporting and systems based on the M&E Framework (yet to be developed); liaise with RCs to ensure relevant data/indicators are collected from POs; synthesise information into standard formats; ensure timely reporting on M&E to the Program Manager. The M&E officer would be at the level of a Project Officer.

- Amend the CPM TOR and appoint an additional position of Technical Director. Options would include: (i) formalising a role for Sanap Wantaim Advisors to provide this support; or (ii) create a funded Technical Director position that has pre-determined inputs in the Operational Workplan.

Management, Coordination and Oversight

- Standardise the Quarterly reporting format so all partners are using the same template for reporting. This template should include a table specifying what activities under the work plan were planned to be delivered during that quarter with a commentary on their progress (e.g. was planned activity delivered or is it being rescheduled to the next quarter).This in turn would link to a more robust M&E framework (see recommendation above).Reporting should also make comment on the quality of the outputs and activities and how these are contributing to outcomes or higher level objectives. Future Quarterly Progress Reports should also incorporate progress on implementing the recommendations from this evaluation.

- A more streamlined management approach is adopted for the next phase of Tingim Laip. At the very least, reporting mechanisms need to change so that all implementing partners submit progress reports directly to *Tingim Laip* management. *Tingim Laip* project office will in turn be responsible for submitting one progress report to the *Tingim Laip* Steering Committee that reflects progress against the workplan and the achievements of all partners in their respective areas of responsibility.

- Revise the composition and TOR for the SC within the remaining period of the transition project to ensure a refocus on providing strategic oversight to *Tingim Laip*. SC composition should include representatives from NACS (Managers from Peer Education, Provincial Programs and M&E Unit), Sanap Wantaim (Senior Program Officer and First Secretary, perhaps key Advisors) and senior personnel of *Tingim Laip* (*Tingim Laip* Program Manager and senior Representative of the principle contractor). This representation would bring the authorised delegation to commit to decisions that are required. The timing of SC meetings should be Quarterly and within two weeks after a BIMM so that issues emerging from the BIMM are reported up to the SC. Minutes from the SC should in turn be reported on in the following BIMM, thus maintaining an effective communication loop.

- The SC puts the issues of access to condoms and STI testing and VCT on the agenda for discussion

- This situation (poor condoms supplies) needs to be redressed as a matter of urgency with consideration given to outsourcing condom distribution until government systems (NDOH) can establish a reliable and consistent supply chain.

- BI undertakes a mapping exercise identifying where current STI and VCT services are and develops some basic information about access issues (drug supply, testing kits, services fully functional, staff sensitised to client needs).

Behaviour Change Communications

- Ensure the revised Procedures Manual takes an expanded focus to the behaviours that need to be changed. Emphasis should be on gender based violence, drugs & alcohol, stigma and

discrimination and health seeking behaviours, in addition to encouraging consistent condom use.

- Finalise the NACS BCC Strategy.

- Reduce the conceptual drift in *Tingim Laip* by ensuring activities such as income generating activities; sports and music are evidence-based with a clear link to the reduction of HIV transmission.

- Provide more frequent technical support to sites for BCC activities. Local capacity to provide this support should be developed to reduce the reliance on international technical assistance.

Training

- The *Tingim Laip* project would be strengthened by bringing coordination of training back within the program. It would also be of greater benefit if *Tingim Laip* was able to manage its own training budget and have the flexibility to procure training from more than one primary provider. This would include the appointment of a full-time training coordinator to work closely with the program manager and the Regional Coordinators (refer Section 5.6.5)

- Develop a training plan for sites and *Tingim Laip* staff based on recommendations in the Procedures Manual.

- Conduct an audit of the training program (NHATU) and review all training materials.

- Replicate the 2006 BCC site follow-up annually and incorporate information into broader site reporting.

- Consider translating BCC training materials into Tok Pisin.

Youth

- Youth interventions need to be delivered from one technical source only unless there is a clearer logic and rationale to do otherwise.

- Tingim Laip needs to reduce the strong focus on youth and ensure that attention is given to aspects of the project that are clearly greater priorities in the context of factors contributing to the transmission of HIV in PNG (e.g. gender based violence).

Volunteers

- Address the high attrition rate by developing a greater understanding as to why volunteers are leaving. This could be achieved by implementing simple tools to follow up with exiting volunteers.

- Place greater emphasis on the induction of volunteers as documented in the Procedures Manual.

- Develop more cost effective ways to provide on-going technical support to *Tingim Laip* sites.

- NSP Steering Committee to establish a standardised scale of incentives for volunteers that will apply to all projects/programs utilising volunteers.

- Develop and implement a Code of Conduct for volunteers.

9.   Next steps

It is the view of the ET that "business as usual" is not acceptable. There are a number of issues undermining the project that need to be addressed immediately. Discussion will need to be undertaken around who takes responsibility for each of these, and how realistically they can be achieved in this short

term. It is recommended that they are prioritised as outlined below.

9.1   Immediate responses (October 2007-March 2008)

It is recommended that the following be undertaken between now and March 2008. Organisation/s responsible are indicated in brackets:

- Strengthen the Tingim Laip brand, commencing with removal of all other non-PNG organisation logos (all *Tingim Laip* partners).
- Review 2008 Activity Plans of *Tingim Laip* partners to ensure consistency with recommendations of the Evaluation.
- Where partner submissions include funding for multiple programs/project, it would be helpful to separate *Tingim Laip* plans from other projects;
- Review the composition and TOR of the Steering Committee (NACS, Sanap Wantaim);
- Remedy the condom distribution problem (NACS, AusAID, NDOH);
- Develop a logical framework for the project and M&E framework using the current Operational Workplan as a starting point (BI);
- Finalise the BCC strategy (NACS);
- Develop a simple training database for all *Tingim Laip* training (BI);
- Undertake a gender audit of the whole project including training programs (Sanap Wantaim, NACS);
- Implement the gender audit recommendations (Implementing partners);
- Undertake a training audit (externally contracted);
- Implement the Knowledge Management recommendations (Sanap Wantaim, NACS);
- Consolidate/strengthen site programs examining factors that contribute to successful sites (Implementing partners);
- Re-evaluate approaches in sites that are proving challenging (Implementing partners);
- Revisit job descriptions, induction procedures for volunteers (BI);
- Ensure there is a code of conduct for all staff & volunteers (BI);
- Appoint additional staff – PTC, M&E Officer (BI);
- Develop parameters of cooperation between ADB funded Rural Enclaves Project and *Tingim Laip* (Sanap Wantaim, NACS, ADB);
- Repeat social mapping to inform the future program (BI);
- Prepare TOR for the new design (Sanap Wantaim, NACS).

Some of these activities may require additional resources; this will need to be discussed. Responsibility for undertaking these activities will need to be confirmed.

9.2   Design of the new program

There is some urgency to having a new program in place, to demonstrate a commitment to a better and more effective way forward. Some preparatory work will assist the expediency with which this can be done.

It is extremely important that there are no gaps between the transition phase and a new program. Changes to programs, particularly in the stage when a new phase is being tendered out, creates uncertainty among staff and can be a de-stabilising factor in the program. This needs to be addressed during the remainder of the current project and staff need to be given assurances about job security.

Various options in moving toward a new design will be discussed by NACS and Sanap Wantaim. Depending on the decision made, a Concept Paper may need to be developed to inform the design process.

9.2.1 Principles

The following principles will underpin a new program design:
1. The vision of *Tingim Laip* is clearly articulated,
2. The findings of the independent evaluation inform the program;
3. The focus is on support to sites, with sites as the "main event";
4. The program is flexible and able to respond to emerging needs;
5. The program is informed by the findings of the BSS;
6. The program focuses on outcomes;
7. Selection of new sites is based on evidence of being at higher risk for HIV;
8. The focus of the program is to enable and support communities to change behaviours that are related to the four pillars.
9. Capacity building occurs at every opportunity;
10. Ongoing monitoring and evaluation of *Tingim Laip* is paramount, with systems built in to the program to do this; and
11. Application of lessons learned are applied - use what works, discard what doesn't.

A new design will put the focus back on the *Tingim Laip* concept and strategy, and how it responds to National priorities.

9.2.2 Management models

Different options have been considered that will allow for current partners (if performing well) to be involved. These are:

Option 1: The current model: with 5 separate contracts directly with AusAID, some management and coordination responsibility resting with BI. New Steering Committee structure and TOR.

Option 2: One single managing contractor (MC): with clear responsibility for coordination and final accountability to a SC or another oversight body; all partners report directly to the MC.

The ET recommends Option 2, preferring a new program that has a strengthened management structure that will enhance accountability, strengthen communication, coordination and cooperation, and manage resource allocation more effectively. The MC would be responsible for submitting a consolidated report to the SC which would cover progress made by all implementing partners.

The Steering Committee will be structured as per the recommendations in Section 5.6.2. Other options for oversight have been considered including a Charter Board and Partnering Approach, models applied elsewhere in AusAID programs. These are considered by the ET to be inappropriate for the following reasons:
- they tend to be established outside of existing government structures;
- they diminish GoPNG ownership; and
- they impose additional reporting that is outside existing reporting mechanisms, i.e. they set up dual reporting systems.

It is recommended that the SC functions within the structure of the Senior Executive Committee of NACS, and meets as part of that process. This approach would firmly embed ownership with NACS and the GoPNG.

Annex 1: Evaluation Terms of Reference

The Services that the Adviser is to provide include, but are not limited to, fulfilling the following Terms of Reference for the position of Short Term Adviser Social Mobilisation/Team Leader - Tingim Laip Evaluation Review with the Sanap Wantaim PNG – Australia HIV and AIDS Program.

TERMS OF REFERENCE	
POSITION TITLE	Short Term Adviser Social Mobilisation/Team Leader – Tingim Laip Evaluation Review
DURATION	35 days total between 29th August 2007 and 16 November 2007
LOCATION	Port Moresby and relevant Tingim Laip provincial sites
REPORTS TO	AusAID Senior Program Coordinator AusAID Task Manager
AusAID GOAL	The goal of AusAID is to contribute to the achievement of the overall goals of the Government of Papua New Guinea's National Medium Term Development Strategies through the various AusAID Development Projects.
SANAP WANTAIM GOAL	Sanap Wantaim PNG – Australia HIV and AIDS Program is an Australian Government, AusAID initiative that is supported by JTA International (JTAI) through the Sanap Wantaim Implementation Support Team. The Program's longer term goal is "to contribute to the achievement of the overall goals of the Government of PNG (GoPNG) *National Strategic Plan HIV/AIDS* to: • stabilise the spread of HIV/AIDS infections by 2020 • improve care for those infected • minimise the social and economic impact of the epidemic on individuals, families and communities, and • strengthen the national capacity to respond to the epidemic." The medium term goal of the Program is "to support the development of leadership and capacity across Papua New Guinea to promote, design, implement, monitor and review interventions to target agreed HIV and AIDS priorities."
ENVIRONMENT	*Tingim Laip* is PNG's largest community-based HIV prevention strategy. Operating in 36 sites in 15 provinces, it was designed to mobilise an emergency response, focusing on effecting behaviour change in settings throughout PNG where high levels of HIV transmission is known or likely to be occurring. Key features of the strategy are: • empowering vulnerable communities to develop, implement and monitor their own responses to HIV; • partnerships with government departments (Defence, Police, Department of Industrial Relations Occupational Safety Health Division (CIS), the private sector (mining and petroleum, palm oil industry, fisheries, the sugar industry) and civil society, including Non Government Organisations (NGOs, Community Based Organisations

	(CBOs), Faith Based Organisations (FBOs) in both rural and urban settings.
DUTY STATEMENT	**Core:** The Adviser will lead the Evaluation Team (ET) in the assessment of the *Tingim Laip* HIV intervention initiative, with a focus on the Current strengths and weaknesses, and options for scaling up the initiative, including appropriate future management and oversight arrangements.

	Specific:
	
	The following scope of services identifies generic and specific areas of focus for the evaluation:
	
	1. *Relevance*: the extent to which the objectives of *Tingim Laip* are consistent with beneficiaries' requirements, country needs, global priorities and partners' and donor policies.
	
	    • The relevance of *Tingim Laip's* objectives: were they clear, realistic and measurable?
	
	2. *Efficiency*: how economically resources/inputs (funds, expertise, time etc.) are converted to results.
	
	    • timeliness and appropriateness of preparation and implementation processes
	    • cost of management and implementation
	        • in comparison with other prevention activities.
	        • use of external expertise
	    • strength of partner government and non-government support
	    • risk management
	    • activity monitoring (eg baseline studies, M&E systems etc) and communication.
	
	3. *Effectiveness*: the extent to which the objectives of *Tingim Laip* were achieved, or expected to be achieved, taking into account their relative importance. This will include:
	
	    • progress in achieving objectives.
	    • standard of outputs.
	    • extent of benefit to the target populations.
	
	4. *Impact:* It is appreciated that impact for any behaviour change initiative such as Tingim Laip can only be realized in the long term. However, any observable positive and negative, primary and secondary long-term effects produced by *Tingim Laip*, directly or indirectly, intended or unintended will need to be documented. This will include:
	
	    • measurement of the extent of impacts (if possible, a cost-benefit analysis will be undertaken)
	    • alignment with AusAID's development policies eg HIV/AIDS strategy.
	
	5. *Sustainability:* the continuation of benefits, or expected benefits, after major development assistance has been completed. This will include:
	
	    • Sustainability of benefits (social, gender, economic).
	    • Sustainability of improved institutional capacity
	    • Maintenance of future recurrent budget (financial sustainability)
	
	6. *Lessons Learnt:* generalizations based on the evaluation experience with *Tingim Laip* which abstract from the specific circumstances to broader situations. These may

highlight strengths or weaknesses in preparation, design and implementation that affect performance, outcome and impact.

- Lessons learned derived from the overall assessment are to be identified and documented (Lessons are to be grouped under relevant headings according to their subject matter eg. management, design, implementation, gender, monitoring, country specific lessons etc. The target group for any lessons and/or recommendations are also to be identified.)

- Identify and document instances of good practice.

7. *Specific Issues:* The evaluation will assess activities under the following areas, including but not limited to:

   a. *Management and Oversight*
      - management models: recommended options including national and decentralised approaches
         - balance between local ownership and support that comes from a national activity
      - financial sustainability of sites
      - issues associated with scaling up activities
         - how to build capacity to respond to requests to support new sites
         - resourcing implications of scale up
      - personnel management and recruitment
         - performance-based management (eg regional/provincial HRSS coordinators),
         - use of and management of volunteers
         - use of trained/skilled community workers (eg from CDS, EU Peer Education, Social Mapping, DHS exercises)
      - role of NACS and Provincial AIDS Committees
      - role of AusAID's *Sanap Wantaim* program
      - monitoring systems
         - expanding and strengthening behavioural surveillance systems
         - how to strengthen activity monitoring and reporting
      - activity grants:
         - options for methods of disbursement
         - ensuring accountability and building recipients' capacity to manage funds;
         - how *Tingim Laip* grants can complement NACS activity grants scheme.

   b. *Partnerships*
      - Role of NGO partners: FHI, World Vision, Save the Children, Burnet Institute
      - Other implementing partners:
         - Private sector
         - Health & education sector
         - NGOs/FBOs
         - Military and Police
         - Coordination with other donors (eg PNG Sustainable Development Fund, Asian Development Bank).

   c. *Technical /implementation issues*
      - Quality and effectiveness of behaviour change interventions, including Behaviour Change Communication activities. Issues include:

	- how to move beyond awareness to effect substantial behaviour change - who is best placed to deliver and coordinate BCC training - quality of BCC activities and outcomes to date - Gender: - how gender issues have been addressed in implementation, including in training, data collection and other technical support. - the role of 'masculinities' in the program; - Training: - scope and quality - options for delivery and management: meeting growing demand - Research and evidence-base in key areas: - Community-based behaviour change - Gender - Alcohol and drug abuse - Youth - Youth engagement and leadership - Strengthening the synergies between prevention and the continuum of care - Maintenance of reliable condom supplies - Consider and respond to issues and recommendations emerging from previous evaluations, reports, and social behavioural research on HIV in PNG. *8. Evaluation method:* - Preparatory Phase – selection of the Evaluation Team, and obtaining necessary AusAID Post, Partner and Managing Contractor agreements - Obtain approval of Evaluation Plan by AusAID Post - Desk Study – review of key past evaluation documents and reports; participatory consultations with AusAID Desk and Post, Managing Contractor; relevant technical specialists - Field Study – undertaken in Port Moresby and selected *Tingim Laip* activity sites and will include participatory consultations with key staff, government agencies, stakeholders, participating communities, PLWHs, and other donor agencies. - Where practicable, all meetings and interviews will be participatory and consultative in nature, and include collection and analysis of qualitative and quantitative data.
PERFORMANCE OUTCOMES	Specific Measurable outcomes include: - Lead the preparation of the Evaluation Method approved by AusAID Post - Lead the preparation of the Aide Memoire for presentation at an in-country de-briefing session - Coordinate and deliver the presentation of draft reports to relevant stakeholders in a timely manner - Lead the preparation of the final Evaluation Report (of no more than 35 pages plus appendices) in a format agreed between the Evaluation Team and the AusAID Task Manager.
REPORTING	The Adviser will provide the following reports and presentations in a format agreed between the Evaluation Team and the AusAID Task Manager: - Prepare a draft report for peer review (comprising key PNG stakeholders and members of the International Review Group) within three weeks of returning from the Field; - Present a seminar presentation supporting the draft report at AusAID Post in Port Moresby;

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	• Following peer review of the draft report prepare a revised draft report for further dissemination and comment by counterparts and other interested parties; • Following receipt of further comments, the Team Leader will prepare a final report; and disseminate to all interested parties via the Task Manager. All document and reports are to be provided in accordance with the following standards: • Meets the highest standards of quality, including report content, format, spelling and grammar; • Addresses all the activities listed in the above Duty Statement and Specific Responsibilities; • Is prepared in accordance with the AusAID reporting guidelines; and • Is provided in electronic format in Microsoft Word.

Annex 2: Reference Documents

AusAID (September 2002). Mid Term *Review of PNG National HIV/AIDS Support Project.* Australian Agency for International Development, Canberra.

AusAID (July 2004). Meeting the Challenge: Australia's International HIV/AIDS Strategy. Australian Agency for International Development, Canberra.

AusAID (December 2005). Evaluation *of PNG National HIV/AIDS Support Project.* Australian Agency for International Development, Canberra.

AusAID (December 2006). 2007 Annual Program Plan: *Papua New Guinea-Australia HIV and AIDS Program (Sanap wantaim na Strongim sapot long daunim HIV na AIDS) .* Australian Agency for International Development, Canberra.

AusAID (2007). *Papua New Guinea-Australia Development Cooperation Strategy 2006-2010.* Australian Agency for International Development, Canberra.

AusAID (January 2007). *PNG National HIV/AIDS Support Project: Independent Completion Report.* Australian Agency for International Development, Canberra.

Tingim Laip (June 2007). Progress Report (January-May 2007): Interim Management and Oversight Arrangements for Tingim Laip. Burnet Institute: Port Moresby.

Tingim Laip (September 2007). Progress Report (June-August 2007): Interim Management and Oversight Arrangements for Tingim Laip. Burnet Institute: Port Moresby.

FHI (September 2002). Behaviour Change Communications (BCC) for HIV/AIDS: A Strategic Framework. Family Health International: Virginia.

FHI (no date). AusAID Quarterly Report – Award number 40779. Family Health International: Port Moresby.

NHASP/FHI (June 2006). Draft Guidelines for Tingim Laip Site Committee Operations.

NHASP/FHI (September 2006). Beginners BCC Follow-up Visits to NCD, Central, Western Province, WHP, EHP, Morobe, Madang, East Sepik Province, Sandaun, and Milne Bay (14 June to 11 July 2006). Family Health: Port Moresby.

Government of Papua New Guinea (2005). Papua New Guinea National HIV/AIDS Medium Term Plan 2005-2010. Government of Papua New Guinea: Port Moresby.

Jenkins, C. & Buchanan-Aruwafu, H. (2007). Cultures and Contexts Matter: Understanding and preventing HIV in the Pacific. Asian Development Bank: Manila.

NACS (2006). Papua New Guinea National Strategic Plan on HIV/AIDS 2006-2010. Government of Papua New Guinea: Port Moresby.

NACS (March 2007). BCC Strategy (Draft). Government of Papua New Guinea: Port Moresby.

NACS (April 2007).National HIV and AIDS Monitoring and Evaluation Plan (Part A: Output Monitoring Indicators and Guidelines). Government of Papua New Guinea: Port Moresby.

NACS (2007). 2007 Estimation Report on the HIV Epidemic in Papua New Guinea. Government of Papua New Guinea: Port Moresby.

NACS & NHASP (2007). HIV/AIDS Behavioural Surveillance within High Risk Settings (BSS Round 1). Government of Paua New Guinea: Port Moresby.

NHASP (no date): Guidelines for Monitoring, Evaluation and Surveillance Plan for High Risk Settings Strategy. ACIL / AusAID / Burnett Institute: Port Moresby.

NHASP (2005a). High Risk Settings Strategy Project: KAPB Study of Joyce Bay Settlement, NCD. ACIL / AusAID / Burnett Institute: Port Moresby.

NHASP (2005b). High Risk Settings Strategy Project: KAPB Study of Kaiwe Market, Western Highlands Province. ACIL / AusAID / Burnett Institute: Port Moresby.

NHASP (2005c). High Risk Settings Strategy Project: KAPB Study of Waghi Valley Transport, Western Highlands Province. ACIL / AusAID / Burnett Institute: Port Moresby.

NHASP (2005d). High Risk Settings Strategy Project: KAPB Study of Minj Market, Western Highlands Province. ACIL / AusAID / Burnett Institute: Port Moresby.

NHASP (2005e). High Risk Settings Strategy Project: KAPB Study of K.K. Paradise, Mt Hagan, Western Highlands Province. ACIL / AusAID / Burnett Institute: Port Moresby.

NHASP (2005f). *Milestone 83: Social Mapping of 19 Provinces.* ACIL / AusAID / Burnett Institute: Port Moresby.

NHASP (2006a). *Completion Report: High Risk Settings Strategy Coordinator.* ACIL / AusAID / Burnett Institute: Port Moresby.

NHASP (2006b). *Quarter 23 Progress Report: High Risk Settings Strategy.* ACIL / AusAID / Burnett Institute: Port Moresby.

NHASP (2006c). *Milestone 90: High Risk Settings Strategy Report: Moving Beyond Awareness.* ACIL / AusAID / Burnett Institute: Port Moresby.

NHASP (2006d). *Milestone 111: Review of High Risk Settings Strategy Symposium.* ACIL / AusAID / Burnett Institute: Port Moresby.

NHASP (2006e). NHASP-Tingim Laip: Transition Strategy October-December 2006.

NHATU (no date). National HIV&AIDS Training Unit: 6 Monthly Report. International Education Agency of PNG: Port Moresby.

NHATU (no date). National HIV&AIDS Training Unit: 3rd Quarter Report. International Education Agency of PNG: Port Moresby.

ODE (September 2007). Mission Report: Evaluating the Impact of PNG's National Response to HIV/AIDS. Australian Agency for International Development, Canberra.

Papua New Guinea: HIV Prevention and Control in Rural Development Enclaves Project. Quarterly Report (April-June 2007). National Department of Health: Port Moresby.

Patrick, I. (August 2006). Draft Future Management and Oversight Arrangements for Tingim Laip.

Report on government service provision (1995). Australian Government Publishing Service: Canberra.

SCiPNG (April 2007). Quarterly Report (January-March 2007). Save the Children in PNG Programme of Support for the National Strategic Plan for HIV and AIDS. SCiPNG: Goroka.

SCiPNG (July 2007). Quarterly Report (April-June 2007). Save the Children in PNG Programme of Support for the National Strategic Plan for HIV and AIDS. SCiPNG: Goroka.

UNAIDS (1999). Sexual Behaviour Change for HIV: Where have the theories taken us? UNAIDS: Geneva.

UNAIDS (2006). UNAIDS Expert Consultation on Behaviour Change in the Prevention of Sexual Transmission of HIV: Highlights and Recommendations. UNAIDS: Geneva.

UNAIDS (2007). Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access. UNAIDS: Geneva.

World Vision (July 2007). Quarterly Progress Report (April-June 2007). World Vision: Port Moresby.

Annex 3: People Met

People consulted during Tingim Laip evaluation Mission

Sanap Wantaim

Anne Malcolm	Senior Program Coordinator
Peter Izzard	First Secretary
Dr Ninkama Moiya	HIV & AIDS Advisor
Abraham Opito	HIV & AIDS Advisor
Steven Ilave	Senior Program Officer
Susan Age	Senior Program Officer - Finance
Angela Mandie–Filer	Gender Advisor
Lina Abirafer	Gender Advisor

Burnet Institute (BI)

Annette Coppola	Senior Program Officer
Lesley Bola	National Tingim Laip Manager
Bera Reuben	Officer Manageress
Arthur Amot	Financial Manager
Ako Maniana	Program Administrator
Joseph Abani	Regional Coordinator
Tanya Mossman	Regional Coordinator
Joan Ganoka	Regional Coordinator
Lazarus Pomo	Project Officer
Meredith Tutumang	Project Officer
Benson McRubins	Project officer
Jacob Gubi	Project Officer
Lester Bisibisire	Social Mobilization Manager
Chad Hughes	Youth Adviser (Melbourned)

National AIDS Council Secretariat (NACS)

Romanus Pakure	Acting Director
Philip Tapo	Provincial Programs Manager
Agnes Gege	Statistician Officer
Julie Airi	Peer Education Manager
Angesula Waineti	Provincial Liaison Officer

International Education Agency (IEA) & NHATU

Thomas Lisenia	Senior Consultant
Trevor Burney	Director
Kinivanagi Karo	Senior Consultant

Save the Children – Goroka

Peter Raynes	HIV Program Manager
Geraldine Valei	Senior Project Officer
Jenny Jeffery	Area Facilitator

Save the Children – Poro Support (POM)

Brigitte Taimbari	TL Project Officer
Janet Kilei	Area Coordinator – BCCer
Christopher Hershey	Project Coordinator

World Vision – Port Moresby

Janet Andandi	Project Officer
Elias Nara	Operations Manager
Toxin Apaya	Area Manager

Family Health International (FHI)
Nayer Kaviani   Country Director
Daryl Raka   Program Officer
Gary Laka   Program Officer

UNICEF
Regina Kagl   HIV Project Officer

UNFPA
Dr Gilbert Hiawalyer   Assistant Representative
John Kain   HIV Project Officer

Population Services International
Neil Brendan   Project Coordinator
Kel Brown   Health Services Specialist
Nicola Morgan   PSI Country Director

WHO
Dr Fabian Ndenzako   WHO Country Office

National Department of Health
Dr Clement Malau   Secretary
Dr John Millan   CBSC Surveillance Adviser
Dr Kitur

NRI
Dr Holly Buchanan-Aruwafu   Consultant

Office of Development Effectiveness
Angela Clare   HIV Manager
Andrew Egan   Director
Dr Hans Binswanger-Mkhize Consultant

National Capital District Provincial AIDS Secretariat
Rose Apini   Provincial Care & counselling Coordinator

Central Provincial AIDS Secretariat
Rhoda Sibona   Provincial Care & Counselling Coordinator

Players Music Lounge Tingim Laip Site
Joseph Mase   Security Guard – BCCer
Rex Mana   Security Guard
Vivien Martin   Waitress
Laho Tore   Waitress

Joyce-Bay Tingim Laip Site
Philo Mage   BCCer
Don Ole   BCCer
Nellie Gelam   BCCer
Nancy Simoi   BCCer
Michael Itariri   Youth Representative
Linah Mare   Youth Representative
Ilap Suva   M&E Representative
Jimmy Kerry   Music Representative
Simon Kosa   Band Manager
Peter Nawa   Peer Educator
Dela Rovori   Peer Educator

Laurabada Tingim Laip Site
Dobi Vai   BCCer

Porebada Tingim Laip Site
Moea Isaiah   BCCer
Tabe Mea   BCCer

Taurama Barracks
Dr Peter Kaminiel   BCCer
Davai Tau   BCCer

Murray Barracks
Emily Hiviki   Site Leader

Kakaruk Market Tingim Laip Site
Donna Aole   Site member – BCCer
Steven Willy   Chairperson – BCCer
Tobbie Mondia   Care-taker (PO)
Linas Lala   Site member
Junelyn Opa   Site member
Kinime Daniel   Site member
Gideon Kapilamo   Volunteer
John Vila   Volunteer
Nicky Keko   Youth Music Representative
Job Gore   Volunteer
Kelly Gerupano   Volunteer

Western Highlands Provincial AIDS Secretariat
Appolos Yimbak   Provincial Care & Counselling Coordinator
James Sakul   Tingim Laip Project Officer
Thomas Keleya   PACS Volunteer
Winfred   PACS Volunteer
Joe Pali   Volunteer
Willie Goi   PACS volunteer/PE TOT

Western Highlands Provincial Administration
Joseph Nen   Director – District Services/ Deputy Administrator

Kerowil Tingim Laip Site
Agnes Go   Site Committee – BCCers
John Kosam   Site Committee – BCCers

Minj Tingim Laip Site
Anges Kerry   Site Coordinator / BCCers
Kokints Alake   Chairman & Landlord
Henry Waku   Deputy Chairman
Stanley Tund   Treasurer
Julie Dupere   Women's Representative
Rebecca Bare   Youth Representative
Timothy Palaye   Youth Representative
Bata Francis   Youth Representative

Waipa Zone
Ruth Joshua   Youth Representative

Waghi Valley Transport Tingim Laip Site
Naomi Farapo   Office Manageress / BCCer
Ps John Tokam   Site Leader / BCCer

Wapua Pyanua   Driver
Bob Yere   Side Loader Operator
Amos Kalo   Operation Supervisor

Kaiwe Market Tingim Laip Site
John Paulus   Coordinator
Pastor Jeremiah   BCCer
Bill Mek   Chairman
Anna Minimbi   BCCer
Lili Lagdom   Home Base Care Support
Mawa Koka   Youth Representative
Priscilla Lagdom   Youth Representative
Stewart Movi   Youth Representative
Rebecca Gom   Youth Representative

Umi Market
Robert Awai   NGO Representative / Mapper

Ramu Sugar
Simon Kange   Project Officer
John Azogani   Headmaster
Maggie Adam   HIV Counsellor/ Youth Mentor
Anna Paska   Mapper/ HIV Counsellor / TOT
Agena Emmanuel   Youth Representative
Jimmy Laisa   Ramu Sugar (MFM)
John Kueyak   Teacher
Agnella Kevran   Teacher
Priscilla Sipelung   Teacher

Aviset / Takua
Rose Mauyet   BCCer

Milne-Bay PACS
Siemu Bate   HIV Response Coordinator

Milne-Bay Estate
Ronald Kwenama   TL Project Officer

Madang Provincial AIDS Secretariat
Matricia Mari   HIV Response Coordinator
Conrad Waduna   Provincial Care & Counselling Coordinator
Joe Mocke   Project Officer
Markus Kachau   PAC Chairman

Bethany Clinic
Sister Anne

Siar
Paul Wanbeng   BCCer
Greta Wanbeng   BCCer
Iramu Jack   Youth Rep
Blum Manaseh   Youth Coordinator

RD Fishing
Paul Tagau   Site Member
Willie Basan   Site Chairman

Redscar

Marian Guam   BCCer
Otto Jenjet   Chairman
Wari John   Youth
Martin Meroma   Youth

Milne-Bay PAC
Siemu Bate   HRC

Milne-Bay Estate
Ronald Kwenama   PO Officer
Joseph Frank   Youth
Chris Gavidia   Youth
Isaiah Gisava   Training Manager – MBE
Florence Frank   BCCer
Siemu Bate   HRC PACS

Annex 4: Progress Against Operational Workplan

Level	Narrative summary	Indicator	ET Comments
Goal	Missing		
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	Workshop report	Done - Feb
Activity	Establishment and functioning of TL steering committee	SC established and functional	SC established and TORs have been developed. Only copies of SC minutes for Feb, Mar & Apr were made available to ET. From these minutes it is questionable as to whether SC is fulfilling its TORs. Discussions appear to be more operational rather than strategic. SC cannot ensure TL progress against M&E as there is no M&E framework. No discussion of condom stock-outs – which would be a critical issue for the SC to monitor. Attendance by all parties is not consistent.
Activity	Ongoing management, coordination and monitoring of TL program	Reports on time M&E across all project sites	6 mo report done (1 qtr May), 2nd Qtr report (Jun-Aug) in final draft – yet to be submitted to AusAID. Reports go to AA No M&E matrix summary of site reports in first progress report and in current draft Qtrly report. site ratings have been completed for both quarters. There is no record/document that tracks progress of sites in regards to these ratings. It would be helpful to have a separate sheet that comments on changes in performance of sites with each progressive qtr. Need to address any subjectivity in ratings by including other raters and a self assessment component for sites. it does not appear that this information is communicated by to site committees.
Output 1.2	Regular TL coordination and skills building meetings for TL staff and partners		
Activity	Coordination and skills building of TL programs staff and partners bimonthly	Bimonthly meetings documented	BIMMs are occurring on schedule. Not certain how skills building occurs – need to see minutes to assess this.
Output 1.3	Management of site activity funds		
Activity	34 sites being supported to conduct community activities based **on the four pillars** of TL	Site progress reports and financial acquittals (validated through RC visits)	Variable quality in site reports ranging from useful to not so useful. It would be more constructive if these reports were matched to site activity plans. Acquittals have been an issue but TL management is working closely with sites to strengthen capacity in this area. sites are reporting data on progress against 4 pillars but these are not systematically reported on further up the line.
Output 1.4	National annual TL symposium		
Activity	TL symposium conducted	Symposium report	Scheduled for mid-Oct
Output 1.5	External review/evaluation		
Activity	Review/evaluation of TL	Evaluation conducted	Evaluation team completing inputs
Output 1.6	Site committees procedures manual review and visits to selected sites		
Activity	Discussion of TL site committees procedures manual developed by FHI	# of community members participate in discussions of procedures manual.	This activity does not support the stated output. A discussion with communities would be 1 of several steps in reviewing the procedures manual. A review should lead to amendments in the manual – which has not been evident. The current manual was valid only until Dec 2006 so a review should have been a matter of priority and undertaken at the beginning of the transition phase. This was to be undertaken by FHI; BI reported not knowing if this had been done yet.
Component 2	Continuing basic skills building training provision to TL sites		
Output 2.1	Training delivered to sites in specific technical areas, as a continuation of capacity building support provided through NHASP/NACS		IEA can't meet the demand; no budget specific to TL training; serious problem
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.	Number of sites receiving training, with appropriate proportion of young people, male/female participants ensured	75% of training requests were met. Sites send applications to PACS for endorsement – then forwarded to TL office. This will present a problem where PACS are not fully functioning. No M&E completed on training (except process evaluation – which is a series of open-ended questions – limited utility). IEA does not keep specific records for TL training
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	Number of sites receiving training, with appropriate proportion of young people, male/female participants ensured.	70% of training requests were met. See above comments. No skills building assessment undertaken – quality of training can only be determined by changes in practice – which is not measured.

	sites.		
Activity	Training 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.	65-70% training requests met. See above.
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.	Number of sites receiving training, with appropriate proportion of young people, male/female participants ensured.	Data was not reported on HBC training requested/delivered. Sites visits confirmed that committee members have received HBC and others are waiting to have HBC provided (request made).
Output 2.2	Behaviour Change Communication support to Tingim Laip program and sites continued.		FHI responsible for this output under a separate funding agreement with NSP Steering Committee.
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.	Number of site visits completed	FHI responsible for this. Not clearly identified in their progress report. This appears to be falling below stated expectations in the workplan – unless there is significant activity on this planned for later in the year.
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.	Two training courses conducted, 60 participants trained.	Trainer modified the course and ran a refresher BCC course instead of advanced BCC. Trainer decided to make this change at last minute – this meant TL office had to make changes to participants. Rational for change to the scheduled activity was not reported against in progress report.
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	Study tour completed	Not done at this stage. No timeframes are recorded in activity plans so it's unclear when this will be delivered.
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.	Local trainers engaged and running training workshops for site representatives	Progressing: started August to go to end 2007 Social mobilisation project manager appointed to manage/coordinate this. Activities under this component are scheduled for 2nd half of the workplan period. 2 COMATTA trainings conducted by local UNICEF trainer contracted by BI in Sept 2007 (1 in Oro, I in Madang). 1 scheduled for Morobe in Nov. 3 TL vols from EHP participated in Com Conversations training conducted by E Reid
Activity	Two skills building workshops at regional levels on 'community mobilization techniques'	Two workshops conducted, with appropriate proportion of young people, male/female participants ensured.	See above
Output 3.2	Study tour for site representatives to learn about effective approaches from other TL sites.		**Cancelled** – increasing activities under Output 3.1
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	Study Tour conducted	
Output 3.3	Activity funding to sites to conduct their own activities focusing on community mobilization		See site grants: monitoring not being done well. Not looking at quality
Activity	Whole of community activities occurring in selected Tingim Laip sites.	Sites reporting on progress and financial acquittal of their activity funds. Validated through Monitoring visits from the Regional TL Coordinators.	No grants request received specifying this to BI LB mentioned that this is what WV and SCiPNG have put in their proposals.
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		
Activity	Current youth advisors to Tingim Laip to continue their work with Tingim Laip sites in engaging young people in Tingim Laip	Technical Advisers' inputs conducted.	"Internships" -youth are in a structured mentoring program; building skills of the site committee; Chad and Lisa the BI advisers; they have sat with advisors in FHI

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	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.		Good feedback on leadership program 1st input May – selection of youths for internship program/ consulting with partners (FHI)/ finalised materials for youth workshop with TL staff
Activity	Two skills building workshops at regional levels on 'youth participation and leadership' approaches	Two regional youth workshops conducted.	1 completed (in POM – in July – thought there would be a group of at least 20 per workshop – ended up with 18 out of 40 in total. Criteria that all participants have completed Basic facts was a problem; 2nd workshop is to build on skills from 1st workshop in November 07
Output 4.2	Study tour for site representatives to learn about effective youth approaches from other TL sites.		
Activity	Study Tour taking representatives from a range of sites to observe effective approaches that demonstrate youth driven activities in other Tingim Laip sites	Study Tour conducted	Changed: study tour will be replaced by the Youth Forum in October (output 4.4)
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.	Sites reporting on progress and financial acquittal of their grants. Validated through Monitoring visits from the Regional TL Coordinators.	It's not clear from current version of progress report if this has been done. LB was uncertain if anything had been submitted to TL
Output 4.4	National Youth Forum Conducted		
Activity	A national youth forum will be conducted	Youth forum conducted and report documented	To be held in Madang October 9-11
Output 4.5	Youth leadership program established		How it is different to 4.1
Activity	Establish a youth internship program with Tingim Laip	Small number of youth representatives selected to become youth interns within Tingim Laip, supported by skills and leadership training provided by youth advisors.	STA report states that the Youth Development Leadership program was previously referred to as "youth intern program". Report provides a summary of the input conducted in August. It would be helpful if the trip report also specified achievements against the TL annual workplan
Output 4.6	Further FHI Youth Programming		FHI reporting
Activity	Encourage formation of youth teams or groups at each site	Number of youth teams or groups formed	May Qtrly report does not demonstrate any significant progress on this activity. ET has not received a copy of the August Qtrly report
Activity	In consultation with youth teams formulate youth-focused interventions specific to each site	Number of specific youth focused strategies/interventions for each site developed. Number of sites provided with TA for implementation.	As above
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.	Number of communication groups formed	As above
Activity	Conduct a youth National Music competition to engage talented youth from Tingim Laip Sites to disseminate HIV/AIDS messages through music	Music Competition conducted. Number of youth participated.	Music competition was held in early Sep.
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 and alcohol and their effect on society and particular risky sexual behaviour		
Activity	Technical support to communities to design and implement effective approaches to drug and alcohol abuse. Specialist technical adviser 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 drug and alcohol and related sexual health issues across the technical science	Technical adviser inputs conducted	1st input completed in August and report submitted. 2nd input scheduled for October and 3rd input for Feb 08. Report was of a good quality and logical in its reporting. Made recommendations RE gender.
Activity	Three skills building workshops at regional levels on drugs society harm minimisation and reducing sexual risk	Three workshops conducted	One 3 day workshop completed in August visit. Not clear from report if further workshops will be held in subsequent visits. These seem to be oriented around direct support to sites to develop D&A activities.
Output 5.2	Study tour for site representatives to learn about effective harm minimisation approaches from other TL sites		
Activity	Study tour taking representatives from a range of sites to other TL sites that demonstrate effective approaches to addressing drugs and alcohol use		No longer happening.

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Output 5.3	Activity funding to sites to conduct their own activities focusing on drugs and alcohol harm minimisation		
Activity	Community and site level activities conducted that address drug and alcohol related harms	Sites reporting on progress & financial acquittal of their activity funds Validated through monitoring visits from the regional TL coordinators	Not occurring as yet – albeit Joyce Bay has addressed D&A indirectly through its sports interventions.
Component 6	Strengthening mechanisms for addressing gender related vulnerability		
Output 6.1	Mainstreaming of gender sensitive approaches across all TL activities		Not happening
Activity	Gender-based approaches will be insured across all TL activities conducted by any of the partner agencies	Gender responsiveness of all activities occurring within the TL program will be reported on by all agencies and compiled within the M&E system	Not happening - check in the partner reports Check which M&E system this is referring to There is no M&E system
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	Sites reporting on progress and financial acquittal of their activity funds. Validated through monitoring visits from the regional TL coordinators	There is no adequate training on gender Gender and violence not addressed in reports – check RCs reports Gender poorly covered in the BHA training, better covered in the peer education training No site applications have specifically identified gender (LB) WV site in NCD claims to utilise resources from its gender project to build capacity at site to address gender violence.
Component 7	Technical skill building in advocacy, policy, stigma and discrimination reduction, and greater involvement of PLWHA		
Output 7.1	Technical support for improving capacity for communities to address stigma and discrimination and involve people living with HIV in TL activities		
Activity	Local technical support will be engaged and partnerships developed between TL team and sites and Igat Hope	Greater involvement of PLWHAs in project activities	Not happening to the extent that would be expected. Several sites claim that there are no PLWA in the community. But it is happening in at least some sites (Lae, Joyce bay, Madang, Hagan, Vanimo & Oro)
Activity	Skills building sessions conducted at the regular bimonthly coordination meetings re-addressing stigma and discrimination	Skills building was sessions conducted on stigma and discrimination	has not occurred to date Planned for youth forum and TL symposium
Output 7.2	Technical support for improved capacity for communities to understand their rights and practical implications of the HAMP Act		
Activity	Skills building sessions conducted at the regular BIMMs and at the annual symposium on understanding people's rights and the HAMP Act	Skills building sessions conducted on the HAMP Act and policy/rights relating to HIV	Done at one BIMM (report not sighted); planned for TL symposium
Component 8	Access to behaviour change materials including condoms		
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		
Activity	TL team to coordinate with NACS regarding continuous and timely delivery systems for materials	Sites have continual and uninterrupted access to male and female condoms and IEC/BCC materials	Major problem with supply Every site has reported ongoing problems with condom supply. Some sites report being out of condoms since April and others since July.

Annex 5: Rating sites against defined criteria

Rating – Performance of each sites in respect to the following 10 criteria levels below:-

Region	SITE	1. Site Committees	Score Rating out of 50	2. BCCer's	Score Rating out of 50	3. Site Plans	Score Rating out of 50	4. Implemented Intervention	Score Rating	5. Pillars Addressed	Score Rating out of 50	6. Gender Vulnerability	Score Rating out of 50	7. Involvement of PACS	Score Rating	8. Involvement of Youths	Score Rating out of 50	9. Site Management	Score Rating	10. Capacity Building	Score Rating out of 50	TOTAL RATING
NCD	Joyce Bay	Good	4	Good	4	Fair	3	Fair	3	Good	4	Good	4	Fair	3	Excell	5	Good	4	Excell	5	39 – GOOD
	Hagwa	Fair	3	Fair	3	Poor	2	Fair	3	Poor	2	Fair	3	Poor	2	Good	4	Poor	2	Poor	2	26 – FAIR
	Laurabada	Fair	3	Fair	3	Poor	2	Fair	3	Poor	2	Fair	3	Poor	2	Good	4	Poor	2	Fair	3	27 – FAIR
	Murray Barracks	Fair	3	Poor	2	Poor	2	Poor	2	Poor	2	Fair	3	Poor	2	Poor	2	Fair	3	Poor	2	23 – FAIR
	Taurama Barracks	Good	4	Good	4	Fair	3	Good	4	Fair	3	Good	4	Fair	3	Good	4	Good	4	Good	4	37 – GOOD
	Players Music Lounge	Good	4	Fair	3	V/Poor	0	V/Poor	0	Fair	3	Fair	3	V/Poor	0	V/Poor	0	V/Poor	0	Good	4	17 – FAIR
	Tatana	V/Poor	0	V/Poor	0	Fair	3	V/Poor	0	V/Poor	0	V/Poor	3	V/Poor	0	V/Poor	0	V/Poor	0	V/Poor	0	3 – VERY POOR
CENTRAL	Porebada	Good	4	Good	4	Fair	3	Fair	3	Good	4	Good	4	Good	4	Good	4	Good	4	Excell	5	39 – GOOD
ORO	HOP	Excell	5	Good	4	Good	4	Good	4	Good	4	Good	4	Fair	3	Good	4	Excell	5	Good	4	41 – EXCELLENT
	OPIC	Excell	5	Good	4	Good	4	Good	4	Good	4	Good	4	Fair	3	Good	4	Excell	5	Good	4	41 – EXCELLENT
MILNE BAY	MBE-Hagita	Excell	5	Good	4	Good	4	Good	4	Good	4	Good	4	Good	4	Good	4	Good	4	Good	4	41 – EXCELLENT
WESTERN	Ok Tedi	Fair	3	Good	4	Fair	3	Fair	3	Fair	3	Good	4	Poor	2	Good	4	Good	4	Fair	3	33 – GOOD
	Kiunga	Poor	2	Fair	3	Poor	2	Poor	2	Poor	2	Fair	3	Good	4	Fair	3	Poor	2	Fair	3	26 – FAIR
SANDAUN	Wutung Border	Fair	3	Good	4	Excell	5	Average	3	Good	4	Good	4	Good	4	Good	4	Fair	3	Good	4	38 – GOOD
	Vanimo Military	Poor	2	Poor	2	Fair	3	Poor	2	Fair	3	Poor	2	Fair	3	Fair	3	Poor	2	Poor	2	24 – FAIR
EAST SEPIK	Avisat/Takua	Fair	3	V/Poor	1	Fair	3	Fair	3	Good	4	V/Poor	1	Fair	3	Fair	3	Fair	3	Fair	3	27 – FAIR
	Moem Military	Good	4	Good	4	Fair	3	Fair	3	Good	4	Good	4	Fair	3	Good	4	Fair	3	Fair	3	35 – GOOD
WHP	Minji Market	Good	4	Good	4	Fair	3	Fair	3	Good	4	Good	4	Good	4	Good	4	Good	4	Fair	3	39 – GOOD
	Kaiwe Market	Good	4	Good	4	Fair	3	Good	3	Good	4	Good	4	Good	4	Good	4	Good	4	Fair	3	37 – GOOD
	Wagi Transport	Poor	2	Poor	2	Poor	2	Poor	2	Poor	2	Poor	2	Poor	2	Good	4	Fair	3	Fair	3	24 – FAIR
	Waipa Zone	Good	4	Good	4	Fair	3	Fair	3	Fair	3	Fair	3	Good	4	V/Poor	1	Fair	3	Fair	3	31 – GOOD
	Kerowil Military	Good	4	Good	4	Fair	3	Fair	3	Fair	3	Fair	3	Good	4	Good	4	Fair	3	Fair	3	33 – GOOD
MANUS	Lombrum Naval Base	V/Poor	1	Poor	2	Poor	2	Poor	2	Fair	3	Poor	2	Fair	3	Poor	2	V/Poor	1	Fair	3	21 – FAIR
MOROBE	Igam Brks/Com	Good	4	Good	4	Good	4	Good	4	Excell	5	Fair	3	Fair	3	Good	4	Fair	3	Fair	3	38 – GOOD
	Lutheran shipping	Good	4	Good	4	Fair	3	Good	4	Good	4	Fair	3	Fair	3	Good	4	Fair	3	Fair	3	35 – GOOD
	Lae Ports	Fair	3	Fair	3	Fair	3	Fair	3	Fair	3	Poor	2	Fair	3	Good	4	Fair	3	Fair	3	29 – FAIR
	Lae old airport	Good	4	Good	4	Fair	3	Poor	2	Good	4	Good	4	Fair	3	Fair	3	Fair	3	Poor	2	32 – GOOD
	Wagang	Excell	5	Good	4	Good	4	Good	4	Good	4	Good	4	Fair	3	Good	4	Fair	3	Fair	3	38 – GOOD
	Umi market/Com	Excell	5	Good	4	Good	4	Good	4	Good	4	Excell	5	Fair	3	Good	4	Good	4	Fair	3	40 – EXCELLENT
RAMU/GUS AP	Ramu	Excell	5	Fair	3	Good	4	Excell	5	Good	4	Good	4	Fair	3	Good	4	Fair	3	Fair	3	38 – GOOD
	Highlands Kainantu	Excell	5	Good	4	Good	4	Excell	5	Good	4	Good	4	Fair	3	Good	4	Good	4	Fair	3	40 – EXCELLENT
	Yang Creek	Excell	5	Good	4	Good	4	Excell	5	Good	4	Good	4	Fair	3	Good	4	Fair	3	Fair	3	39 – GOOD
	Watarais	Poor	2	Poor	2	V/Poor	1	V/Poor	1	V/Poor	1	V/Poor	1	Poor	2	Poor	2	V/Poor	1	Poor	2	15 – POOR
MADANG	Redscar	Excell	5	Good	4	Good	4	Good	4	Good	4	Good	4	Fair	3	Fair	3	Fair	3	Fair	3	34 – GOOD
	RD Tuna Com	Excell	5	Good	4	Good	4	Good	4	Good	4	Fair	3	Fair	3	Good	4	Fair	3	Fair	3	37 – GOOD
	RD Fishing Com	Excell	5	Good	4	Good	4	Good	4	Good	4	Fair	3	Fair	3	Fair	3	Fair	3	Fair	3	36 – GOOD
EHP	Kakaruk Market	Good	4	Good	4	Good	4	Good	4	Excell	5	Fair	3	Fair	3	Good	4	Good	4	Fair	3	38 – GOOD

Criteria Listing for Tingim Laip Sites Performance

Criteria Number #	Criteria Listing # 1 - 5	Criteria Number #	Criteria Listing # 6 - 10
1.	Site Committees:- • Are the site well represented • Is the Site Functioning • Does it have a BCCer, reps from the government, youth rep Church rep, women's rep, NGO rep, FBO rep, PLWHA, Vulnerable group	6.	Gender Vulnerability:- • Gender Balance in Site Committee • In Trainings are they gender balance • Addressing gender issues in work-plans/activities • Is the Intervention re enforcing the gender concept
2.	BCCers:- • Active & Committed • Active role in implementing BCC Plan • Is he/she role model	7.	Involvement of PACs:- • IEA Trainings discussions & endorsements • PAC or DAC meetings • Sharing resources • Involvement of events
3.	Site Plants:- • Participatory Planning by Site Committees • Evidence Based (KABP, Social Mapping) • Supports NSP & DSP	8.	Involvement of Young People:- • Are they under 30 years • Are they trained in Basic Facts on HIV & AIDS • Gender balance
4.	Implemented Interventions:- • Begin implementation of Site Plans • Expenditure in line with Site BCC Plan.	9.	Site Management:- • Funds • Meetings • Records • Reporting
5.	Pillars Addressed:- • Addressing the 4 pillars which are	10.	Capacity Building:- • Basic Facts HIV & AIDS • Roles & Responsibilities • Inductions

Score Rating - Figure	Narrative Rating	Score Division
0	Not Applicable (N/A)	No Score
1	Very Poor	0 – 10
2	Poor	10 – 20
3	Fair	20 – 30
4	Good	30 – 40
5	Excellent	40 – 50

Annex 6: Tool for tracking progress of sites

SITE	QTR 1 Apr - Jun	QTR 2 July - Sept	Comments on changes in ratings	QTR 3 Oct - Dec	Comments on changes in ratings	QTR 4 Jan - Mar	Comments on changes in ratings
National Capital District							
Joyce Bay	41 – EXCELLENT	39 – GOOD	Youths were involved in elections. Sports games temporarily put on hold. Politicians funded a number of sports games and sponsored the games. Youths were diverted to this incentives by candidates.				
Hagwa	7 – EXCELLENT	26 – GOOD	Hold on program due to interference from a candidate. The candidate wanted to use TL Program to campaign.				
Laurabada	37 – EXCELLENT	27 – GOOD	BCCer had personal problems with in-laws. The committee had a fight with BCC er over funds however problems were solved in the end.				
Murray Barracks	21 – FAIR	23 – GOOD	Soldiers dispatched for elections. The women took the lead in the response. The women organized open stakeholders meetings and drove the response. This resulted in one women rep attending the BCC training.				
Taurama Barracks	29 – FAIR	37 – GOOD	BCCers concentrated on launching program and conducted one basic facts trainings. The youth began their sports intervention.				
Players Music Lounge	12 – POOR	17 – FAIR	Newly appointed Project Officer took up post and is spending more time with site committee. A basic facts training was conducted for the site committee facilitated by Poro Support Project.				
Tatana	18 – POOR	3 – VERY POOR	BCC er left Site and went overseas on leave so there must not much work done. Resulting in delay in acquittals of funds.				
Central							
Porebada	32 – EXCELLENT	39 – GOOD	World Vision provides VCT Services to the people. Transportation is provided to bring people into Drop In Centre. BCC er had domestic problems with one of his family members that resulted in not doing HIV work. Un-satisfactory acquittals.				
Popondetta, Oro							
HOP	39 – EXCELLENT	41 –	ADB project underway. Singing of MOA. Two extra BCCers trained.				

		EXCELLENT	Active Site Committee that meets on a monthly basis. Commatta training for Site.				
OPIC	39 – EXCELLENT	41 - EXCELLENT	PO spending more time with BCCers. Two trainings occurred this month. Preparation for music competition made all sites meet every week.				
Alotau, Milne Bay							
MBE-Hagita	38 – EXCELLENT	41 –EXCELLENT	Signing of MOU. Project Officer was new and brought lots of experiences by setting up systems. PACS is heavily involved so they felt responsible to be part of TL.				
Western							
Ok Tedi	22 – FAIR	33 – GOOD	BCC er left overseas for medical check up. The Site committee members busy with elections.				
Kiunga	22 – FAIR	26 – FAIR	Disruptions with elections. Site Committee had differences.				
Sandaun							
Wutung Border	25 – FAIR	38 – GOOD	Disruptions with elections. Site committee able to launch their program with support from PACS. Basic Facts training was completed. BCC er slowly progressing in plan.				
Vanimo Detachment	24 – FAIR	24 – FAIR	Disruptions with elections. BCCers had domestic problems with spouse. Site Committee newly reviewed.				
Wewak, East Sepik							
Avisat/Takua	38 – EXCELLENT	27 – FAIR	Problems with grant and opex acquittals, not transparent. Site members disappointed with PO. Regional Co-ordinator organized meeting to solve frustration with Site committee and PO.				
Moem Military	27 – FAIR	35 – GOOD	Military soldiers traveled out for election related matters. The women group in community continues to implement program. PACS has been supportive to Site.				
Western Highlands Prov.							
Minji Market	38 – EXCELLENT	39 – GOOD	Unicef has supported the sites on capacity building workshops. Youths leaders are taking the lead in BCC programs. District Health assisting in providing technical support. There has been fights over TL program because old men want to be part of program.				
Kaiwe Market	35 – EXCELLENT	37 – GOOD	BCC er not co-operative with site committee members. Site members got involved with elections. A new BCC er has been trained to take over role from former BCC er.				
Wagi Transport			Not much progress. The appropriate time to work				

	31 - EXCELLENT	24 – FAIR	with truck drivers are at lunch hours. Site is organizing another VCT session at lunch time.				
Waipa Zone	24 – FAIR	31 – GOOD	BCC er was suspended resulting in a TL youth leader nominated as care taker. The management is very supportive and allows condoms to be distributed.				
Kerowil Military	28 – FAIR	33 – GOOD	BCC er return home help the Site Committee reflect on their programs. PO assist with inducting site on their roles and responsibilities.				
Manus							
Lombrum Naval Base	18 - POOR	21 – FAIR	BCC er ran away with all acquittals and has not acquitted. However, BCC er continues on the strengthen BCC program. BCC er was invited to attend Bi-monthly meeting for the first time.				
Morobe							
Igam Brks/Com	32 – EXCELLENT	38 – GOOD	Soldiers deployed for elections.				
Lutheran shipping	34 – EXCELLENT	35 – GOOD	Elections related issues.				
Lae Ports	33 – EXCELLENT	29 – FAIR	BCC er left to go on leave.				
Lae old airport	22 – FAIR	32 – GOOD	Newly trained BCC er is now assisting the site committee implement their BCC plans.				
Wagang	33 – EXCELLENT	38 – GOOD	Internal fights with Site reps and PO over outstanding payments.				
Umi market/Com	34 – EXCELLENT	40– EXCELLENT	PO lived with Site members for 3 days reflecting on their BCC plans. Basic Facts training also conducted. Other resource people conducted a number of workshops. Eg, Police Department ran drug and alcohol training.				
Ramu	21 – FAIR	38 – GOOD	The hard work by the PO has got the Ramu Sugar management for support TL. The schools are also included in the program.				
Highlands Kainantu	32 – EXCELLENT	40– EXCELLENT	HKL management is very supportive. The BCC program is targeting the work force. The company is very supportive to the surrounding community.				
Yang Creek	32 – EXCELLENT	39 – GOOD	Newly trained BCC er is now actively implementing BCC plan. PO has been closely supporting site.				

Watarais	20 – POOR	15 – POOR	BCC er passed way. Site members spent more time on funeral. Some funds were used for funeral services. The resource centre was moved to a new location.				
Madang							
Redscar	34 – EXCELLENT	34 – GOOD	Site members involved in elections.				
RD Tuna Com	32 - EXCELLENT	37 – GOOD	RD company employed a BCCers to be the liaison person with company and community. Company assisting sites.				
RD Fishing Com	32 – EXCELLENT	36 – GOOD	Employed BCC er organized training on basic facts for site.				
Eastern Highlands							
Kakaruk Market	36 – EXCELLENT	38 – GOOD	A care taker has been appointed to act on position. The care takers is originally from the Site. Save the children is closely monitoring the program.				

| Score Rating - Figure	Narrative Rating	Score Division
0	Not Applicable (N/A)	No Score
1	Very Poor	0 – 10
2	Poor	10 – 20
3	Fair	20 – 30
4	Good	30 – 40
5	Excellent	40 – 50

Annex 7: Estimate of population size covered by sites

Estimated Population covered by Tingim Laip Sites - 2007

| No	Province	Population
	National Capital District (NCD)	
1	Hagwa & Laurabada Village (HB)	30,000
2	Joyce Bay Settlement (Unemployed Youth Project)	6,000
3	Players Music Lounge nightclub (under Save the Children PNG – Poro Support)	1000
4	Murray Barracks (PNGDF) & surrounding Community	3,000
5	Taurama Barracks (PNGDF) & surrounding Community	3,500
6	Tatana Village	5,000
	Central Province	
7	Porebada Village	8,000
	Western Province	
8	Ok Tedi Mining – TE Downside donga (Tabubil) & Wangbin Community	6,500
9	Ok Tedi Mining – Kiunga (Waterfront area)	7,000
	Western Highlands Province	
10	Transport companies (Waghi Transport)	600
11	Minj Market	5,000
12	Kaiwe Market	6,000
13	Waipa Zone	2,000
14	Kerowil Detachment Base	6,000
	Eastern Highlands Province	
15	Goroka / Kakaruk Markets and bus stop – Goroka (under SCiPNG)	5,000
	Morobe	
16	Ports of Lae: Main Wharf (PNG Maritime Union) & Wagang Community	4,000
17	Ports of Lae: Lutheran Shipping	2,500
18	Igam Barracks & Community	4,000
	Gusap region	
19	Yang Creek - Entertainment	2,000
20	Waterais community	3,000
21	Ramu Sugar Limited (Gusap area) *in Madang, but working under Morobe	6,000
22	Highlands Kainantu Limited – Kainantu Gold (HKL) *base camp in Madang, but working in partnership with Ramu Sugar	2,000
23	Umi Market (bus stop)	5,000
	Madang	
24	Siar Village/RD Tuna Cannery	3,000
25	RD Tuna Fishing (Madang Port)	4,000
26	Redscar business area – Madang	3,500
	East Sepik Province	
27	Aviset / Takua	4,000
28	Moem Barracks (PNGDF) & Community	3,800
	Sandaun	
29	Vanimo Military Detachment (PNGDF)	2,000
30	Wutung Border	
	Oro Province	
31	Higaturo and OPIC – oil palm plant workers (Popondetta)	20,000
32	Oil Palm workers and families (small block owners and rural Com)	30,000
	Milne Bay	
33	Milne-Bay Estate	15,000
	Manus Province	
34	Patrol Boat Base in Lombrum (PNGDF)	3,000
	TOTAL	**211,400**

Annex 8: Referrals to STI Services by Site

STI Referrals by Site (Jan – Jun 2007)
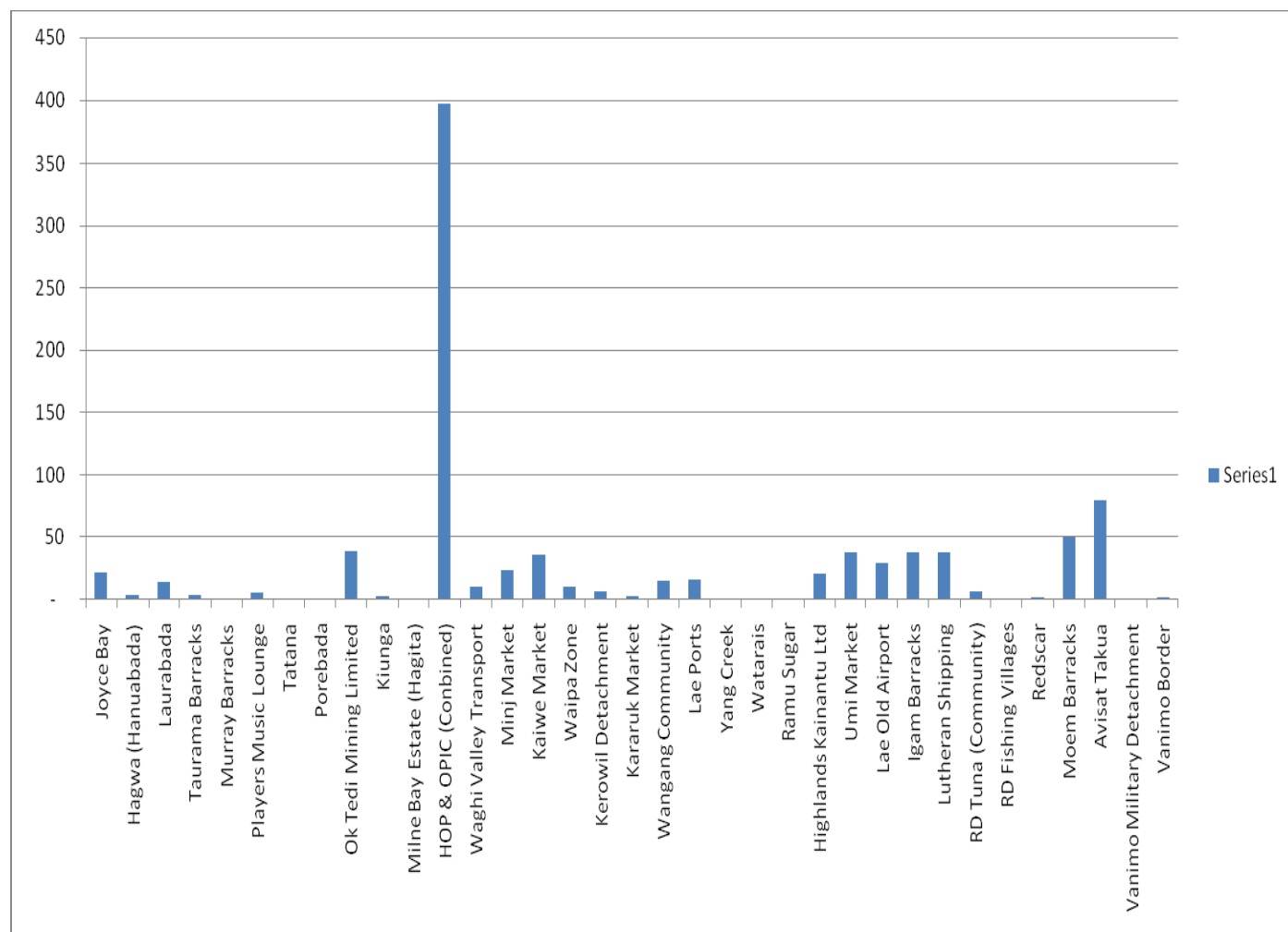
Annex 9: Referrals to VCT Services

VCT Referrals by Site (Jan – Jun 2007)
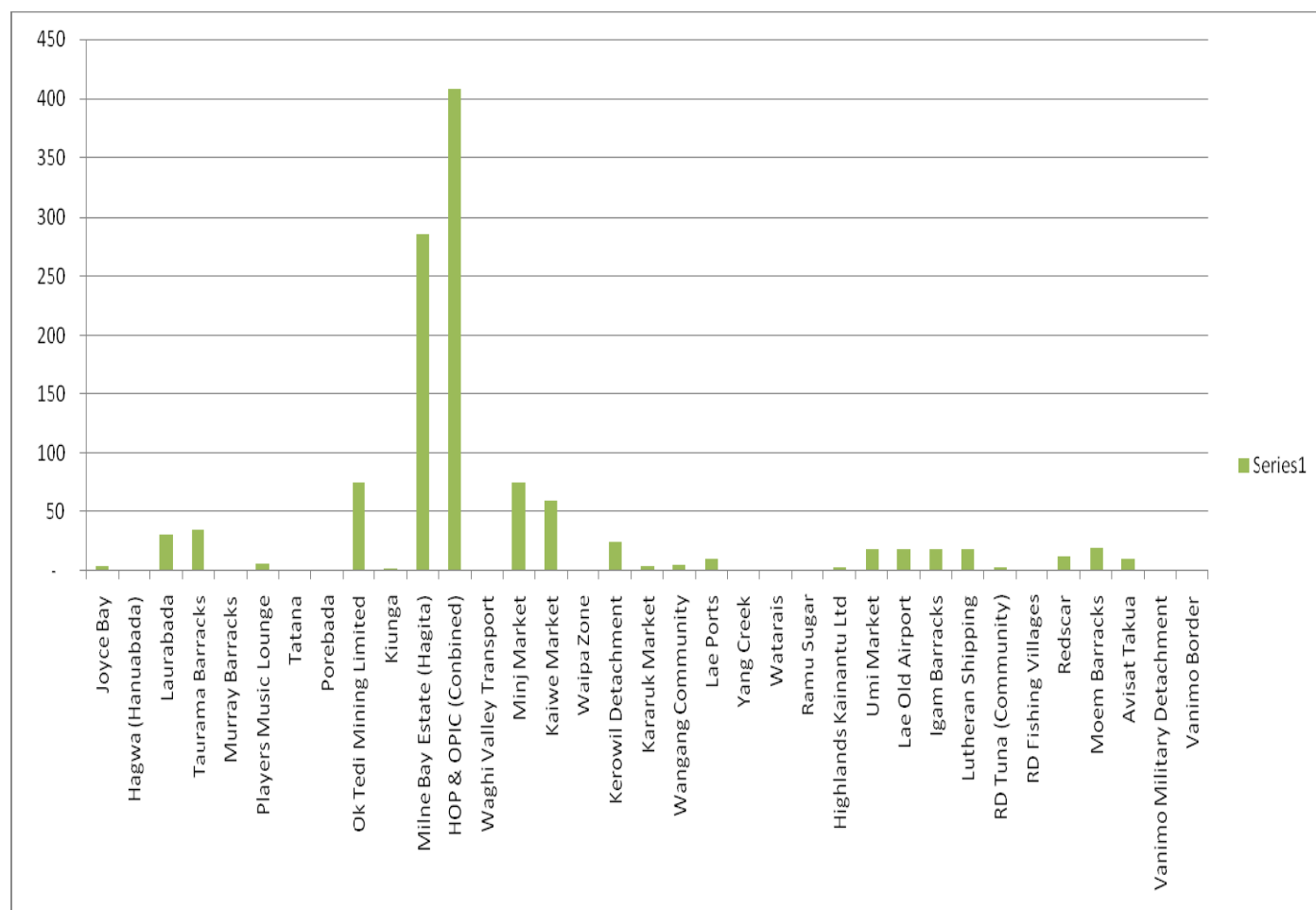
Annex 10: Focus on the Four Pillars

QUANTITATIVE MONITORING - PROMOTION OF THE 4 PILLARS: JANUARY TO AUGUST 2007

SITE NAME	Condom Distribution No of Condom Distributed	STI Referrals No. of STI Referrals	VCT Referrals No. of VCT Referrals	Support & Care for PLHAs from TL Committee Members
Joyce Bay	5,845	22	4	4
Hagwa (Hanuabada)	10,200	4	-	2
Laurabada	16,539	14	31	13
Taurama Barracks	1,008	4	35	4
Murray Barracks	500	-	-	-
Players Music Lounge	10,000	6	6	3
Tatana	500	-	-	-
Porebada	5,000			3
Ok Tedi Mining Limited	11,700	39	75	3
Kiunga	9,000	3	2	
Milne Bay Estate (Hagita)	24,000	-	286	7
HOP & OPIC (Conbined)	48,000	397	408	9
Waghi Valley Transport	1,000	10	-	
Minj Market	15,560	24	75	
Kaiwe Market	15,500	36	60	
Waipa Zone	3,800	10	-	
Kerowil Detachment	8,700	7	25	
Kararuk Market	10,000	3	4	
Wangang Community	2,100	15	5	-
Lae Ports	14,500	16	10	-
Yang Creek	10,600			
Watarais	9,000			
Ramu Sugar	50,500			
Highlands Kainantu Ltd	8,000	21	3	1
Umi Market	16,000	38	19	7
Lae Old Airport	16,000	29	19	4
Igam Barracks	2,200	38	19	4
Lutheran Shipping	2,200	38	19	-
RD Tuna (Community)	1,706	7	3	-
RD Fishing Villages	3,300	-	-	-
Redscar	10,846	2	12	6
Moem Barracks	28,000	50	20	
Avisat Takua	15,000	80	10	
Vanimo Military Detachment	20,000			l
Vanimo Border	20,000	2		
Total	426,804	915	1,150	70

Annex 11: Volunteer turnover data

Tingim Laip Sites Committee Turnover 2006 – 2007

No	Name of Tingim Laip Site	No of Site Committee members	No of Site Committee turnovers	Reasons
1	Kakaruk Market - Goroka	15	5	10 site volunteers demanded for incentives & were removed, only few committed are
2	Redscar	13	5	This are mobile female sex workers, so leave town or move on in life
3	RD Com - Siar	10	7	Old site committees have left, due t lack of interest
4	RD Fishing Com	10	5	This committees have in fighting among themselves & some left
5	Ramu Sugar Ltd/Comm	10	5	This has been the problematic one, PO shut them out, till lately few are working now.
6	HKL Ltd	8	5	Most were FSWs and have moved on, working with oil palm or moved else where
7	Yang Creek	10	8	Old site committees left, due to lack of interest & no incentives
8	Watarais	10	5	Old site committees left, due to lack of interest & no incentives
9	Umi market/Com	10	8	site split up due to geographical difficulties & lost interest
10	Igam Barracks/Com	10	7	Had officers only that transferred or duty, but in active on site committees, so youths, women & com leaders are in
11	Lae Ports – main wharf	10	4	Very busy port, so, not enough time, lack of interest
12	Wagang Village	15	7	Not interested, if no incentives
13	Lutherang Shipping/Com	7	5	Mostly crew members from ship that travel
14	Lae Old Airport	16	9	This are mobile female sex workers, so leave town or move on in life