TINGIM LAIP

Annual Report
2013

Submitted: March 2014

Cardno
Shaping the Future

AIDS Projects Management Group

Program of PNG's National AIDS Council

Australian Aid

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Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
APMG	AIDS Projects Management Group
ART	Anti-Retroviral Therapy
DAC	District AIDS Committee
DFAT	Australian Government Department of Foreign Affairs and Trade
FSW	Female Sex Worker
GIPA	Greater Involvement of People Living with HIV
GoPNG	Government of Papua New Guinea
HHISP	Health and HIV Implementation and Services Provider
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IRM	Independent Review Mechanism
L&D	Learning and Development
M&E	Monitoring and Evaluation
MSM	Men who have Sex with Men
MMM	Mobile men with money
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NDoH	National Department of Health
NHS	National HIV and AIDS Strategy, 2011–2015
PAC	Provincial AIDS Committee
PLHIV	People Living with HIV
PNG	Papua New Guinea
PNG IMR	PNG Institute of Medical Research
PO	Project Officer
RC	Regional Coordinator
STI	Sexually Transmitted Infection
TL	Tingim Laip
VCT	Voluntary Counselling and Testing
WES	Women engaged in sex work

1 INTRODUCTION

Cardno Emerging Markets is providing this report on the Tingim Laip Project (TL) in accordance with the requirements of its contract with the Australian Government. It reports against Tingim Laip's approved Annual Plan 2013.

Tingim Laip is Papua New Guinea's largest key affected population-focussed HIV prevention and care project, operating in 20 locations across 10 provinces. It is a project of the National AIDS Council, funded by the Australian Government's Aid Programme and managed in this, its second phase, by Cardno Emerging Markets.

TL's primary priority for 2013 was to restructure its work in all project locations to ensure alignment with key recommendations from the Independent Review that took place in early 2012. This includes: ensuring a sharper focus on Key Affected Populations (KAPs); restructuring the TL workforce to ensure greater participation of members of KAPs; prioritising peer-led interventions and the participation of members of KAPs in all aspects of TL; strengthening the reach and quality of interventions presented in TL STEPs model; testing gender equality and alcohol harm reduction approaches in select project locations; and, strengthening partner linkages.

In 2013, TL achieved significant progress on all annual targets set in the 2013 Annual Implementation Plan, and made significant progress towards achievement of output targets. TL developed individual intervention strategies for each project location and spent the second half of the year recruiting and training a new project workforce – specifically volunteers and casual field officers from key affected populations. Additionally, TL piloted and commenced rollout of a Unique Identifier Code (UIC) system to track client access of services throughout the prevention, treatment and care continuum.

2 SUMMARY OF KEY ISSUES

Shifting the focus back to Key Affected Populations

This sentence in the Independent Review report's introduction summarises the thrust of the recommendations: 'The main message in the report is for TL to focus, target and take appropriate action.' One of the most pressing recommendations of the IRM was for TL to return the focus of its prevention and care initiatives at community level to KAPs. In line with this, TL is strengthening its work in particular with female sex workers and other women who regularly exchange sex for goods, safety or favours. In places where other organisations are reaching the majority of female sex workers, TL focussed its efforts on the male customers of these sex workers. TL is also focussing on mobile populations, particularly those moving along the Highlands Highway for work and trade and on men who have sex with men, where this key population can be identified and accessed. TL is focussing on PLHIV in all locations, either directly or by supporting local PLHIV groups where they exist.

Drawing on the findings of the Social Mapping and the Stakeholder Mapping, and inputs from national and local staff, volunteers and short term advisors, TL developed a strategy to consolidate its work and return focus of TL prevention and care interventions to members of key affected populations in particular environments of higher HIV risk and impact.

In 2013, TL successfully completed the micro-mapping component of its comprehensive restructure strategy. TL learned through its micro-mapping that transactional sex is often negotiated and then takes place through a series of sometimes complicated steps that may occur at different locations, at different times of day and involving several different people. Rather than focus on individual 'sites', TL has mapped the 'whole' sexual transaction – social and geographic networks – where sex is negotiated, where sex is exchanged, and how people move through these environments of risk. Understanding this process presents opportunities for multiple intervention points for TL volunteers and field staff that may target clients of sex workers (often mobile men with money – MMM),

women engaged in sex work, associated gatekeepers and other relevant stakeholders. TL has tailored its interventions to key stages of the sexual transaction process: contact establishment; negotiation; socialising before transactional sex; transactional sex; after transactional sex, or socialising at times when sex is not being transacted.

Each project location – Madang, Lae, Markham, Goroka, Mt. Hagen, Jiwaka, Daru, Oro, Milne Bay, Central and Tari now has a detailed strategy document describing the environment of risk and HIV impact and the network of connected settings in which there is increased risk of HIV transmission, and in which HIV has a greater impact. These strategy documents describe the social and geographic networks of TL target populations and forms the basis for TL activity and intervention planning. As a direct result of the micro-mappings, a new workforce has been identified in each location and TL is in the process of recruitment, induction and activity implementation. Interventions have been redesigned to meet the needs of the key populations being targeted in each location.

Table 1 below presents the current locations where TL is working along with the key affected populations that are targeted in that environment.

Table 1: TL workforce targets, recruitment status and achievements – Q1 – Q4, 2013

Province	Project Officers (and their location)	Project Locations	Target Population	Field Officer Targets	FO Recruitment Status	% Achievement	Volunteer Group Target	Volunteer Recruitment Status	% Achievement	Condom Distribution Point Target	Condom Distribution Point Status	% Achievement
Western Highlands	PO Mt Hagen	Hagen 1 and 2	WES	2	2	100%	16	19	119%			
			MMM	2	0	0%				20	8	40%
			Clinic	1	1	100%						
Jiwaka	PO Jiwaka	Jiwaka 1 and 2	WES	1	1	100%	16	0	0%			
			MMM	1	1	100%				20	12	60%
			PLHIV	1	1	100%	8	0	0%			
Hela	PO Tari	Tari 1	WES	2	0	0%						
			MMM	2	0	0%				10	0	0%
			PLHIV	2	0	0%						
Eastern Highlands	PO Goroka	Goroka 1	MMM	3	3	100%						
			MSM Kapul Champions	0	0		8	0	0%	10	9	90%
			WES	1	1	100%						
			Clinic	1	0	0%						
Madang	PO Madang	Madang 1 and 2	WES				16	10	63%	20	20	100%
			MMM	2	2	100%						
Morobe	PO Lae	Lae 1 and 2	MMM	2	3	150%						
			WES FF				8	0	0%	20	8	40%
			PLHIV				8	0	0%			
			MSM Kapul Champions				8	0	0%			
	PO Markham, PO Ramu	Markham 1 and 2	WES	1	1	100%	8	12	150%			
			MMM	1	1	100%				20	10	50%
			Condom Monitoring	1	1	100%						
Oro	PO Oro	Oro 1 and 2	MMM	2	2	100%						
			WES	1	1	100%	16	12	75%	20	8	40%
			PLHIV	1	1	100%	8	0	0%			
Milne Bay	PO Alotau	Alotau 1 and 2	WES	2	2	100%	8		0%			
			PLHIV	2	2	100%				20	8	40%
			MMM	1	1	100%	6		0%			
Central	PO Central	Central 1 and 2	WES	4	3	75%				20	2	10%
			MSM	1	0	0%	8	0	0%			
Western	PO Daru	Daru 1	WES	1	1	100%	8		0%	10	7	70%
			MSM	1	1	100%						
10 provinces	**12 POs**	**19 locations**		**42**	**32**	76%	**150**	**53**	35%	**190**	92	48%
		Total Workforce	**WES**	**15**	**12**	**80%**	**96**	**53**	**55%**	Field Officer Note:		
			MSM	**2**	**1**	**50%**	**24**	**0**	**0%**	2 clinic based patient experts (Goroka, Mt Hagen)		
			MMM	**16**	**13**	**81%**	**6**	**0**	**0%**	1 condom monitoring (Lae)		
			PLHIV	**6**	**4**	**67%**	**24**	**0**	**0%**			

Changing TL workforce

TL is changing the way it works and who it targets. In those locations where other organisations are working with members of KAPs, TL is seeking to partner and collaborate with these agencies rather than duplicate efforts. This has meant significant changes to the way TL works in Lae and Goroka where there are strong programs targeting FSW and MSM (Poro Sapot, Friends Frangipani and Kapul Champions). In these locations, TL will be targeting mobile men with money who move up and down the Highlands Highway. Due to the nature of this group, establishing a volunteer committee was not seen as an appropriate approach and TL has introduced casually-employed Field Officers to target these populations with the full range of interventions that TL offers, to minimise HIV transmission, promote condom use, increase STI and VCT service uptake and provide support for PLHIV.

TL is ensuring that its new workforce is composed primarily of members of the key affected populations that it is targeting in each location. All TL volunteer groups are now homogenous groups of key populations in that location. In an attempt to ensure that decision-making power rests as much with members of key populations as possible, TL has worked to reduce the power of 'big men' within the project by developing a comprehensive volunteer recruitment process that includes an interview as well as assessment over a set training exercise.

TL has also commenced recruitment of field officers – part-time employees - who work in TL locations targeting KAPs and gatekeepers, and supporting prevention interventions such as maintaining supply in condom distribution points and acting as patient advocates in clinical settings. Field officers are also recruited from KAPs targeted in the particular location.

Recruitment and subsequent training of the new TL workforce is guided by TL's volunteer and field officer recruitment strategies as well as TL's capacity building performance-based incentives program. During a volunteer or field officer's first three months, they will undergo the following trainings: induction and orientation, peer education, HIV Sik Long Koap.

In 2013, 32 casual field officers and 53 volunteers were newly recruited to the project. Table 1 presents a detailed listing of recruitment according to location and KAP group, for 2013.

Figures 1 and 2 below present the composition of newly recruited TL field workforce by key affected population. Currently 100% of recruited volunteers are women engaged in sex work. Nearly equal numbers of women engaged in sex work (WES) and mobile men with money have been engaged as field officers (43% and 47% respectively). Equal numbers of men who have sex with other men and people living with HIV have been recruited as field officers (5% each).

Figure 1: Composition of recruited volunteers, 2013

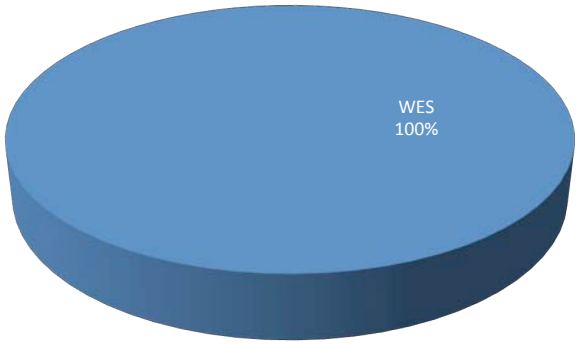
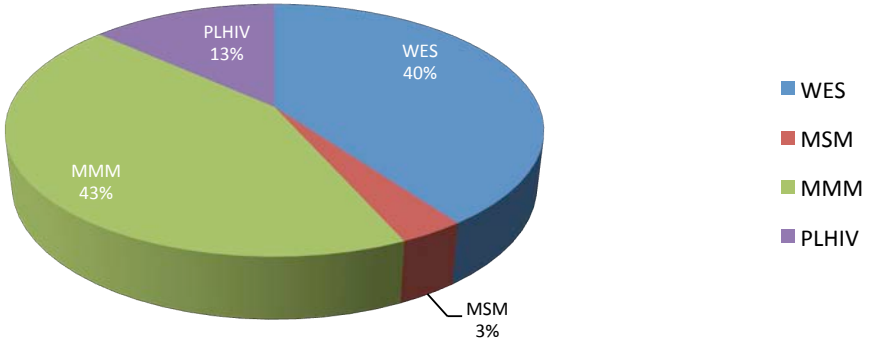


Figure 2: Composition of recruited field officers, 2013



3 IDENTIFICATION OF EMERGING POLICY ISSUES

Increasing participation by KAPs: In its effort to increase KAPs participation across all components of TL and to have the most effective workforce possible for implementing TL's strategy to address the country's HIV response, TL has developed preferential hiring guidelines to guide all future recruitment of staff and volunteers. This process gives preference to one or more of TL's target populations. This approach will: increase TL's collective knowledge and experience that can be applied to interventions; increase our sensitivity to the challenges and contributions of such experiences; and help create a project culture that is safe and welcoming for the people who should be at the centre of TL's work.

4 PROGRESS OF THE PROJECT BY COMPONENT AND OUTPUT DURING THE REPORTING PERIOD

The following section reports progress under the components of the Project Design Document and Contract according to the progress indicators and output indicators presented in the 2013 Annual Plan:

Component 1: Capacity Building of Implementers

Objective: To strengthen the capacity of project workforce to plan, deliver and monitor appropriate HIV responses.

Consolidation of work in TL's locations

Target: TL aims to have 18 project locations fully established by the end of 2013. Each established project location will have: Detailed mapping and strategy document; newly established workforce (80% members of KAPs); and, workforce having received TL Induction, Peer Education training and Sik Long Koap Training.

Progress: By the end of 2013, TL had made significant progress towards having 19 project locations fully established. TL had completed its micro-mapping and strategy development for 19 project locations across 10 provinces: Western, Central, Milne Bay, Oro, Hela, Western Highlands, Jiwaka, Eastern Highlands, Madang and Morobe. Each location now has a detailed map outlining the environment of risk and associated strategy document. Workforce (volunteers, field officers, condom distributors) requirements have been identified for each location and recruitment is underway. Table 1 presents the current locations where TL is working along with the KAPs targeted in each location, proposed workforce and recruitment status.

In 2013, TL established new project locations in Daru, Western Province (Q2) and Tari, Hela Province (Q4). In Daru, TL will target women engaged in sex work, men who have sex with other men, mobile men with money and people living with HIV. TL has established a strong working relationship with the Western Provincial AIDS Committee as well as Himaro Kigaru STI and VCT Clinic. Office establishment and workforce recruitment took place in June 2013 and project interventions have been delivered there since that time. In Tari, TL will target women engaged in sex work, mobile men with money and people living with HIV, through employment of six casual field officers as well as two full time staff. TL has established strong working relationships with Oil Search Health Foundation and the CEO of Tari Hospital, Dr. Hewali. It is expected that office establishment and workforce recruitment will be completed in Q1 2014.

Table 1 presents the number of volunteers and field officers to be recruited in each location, as well as the target population they will represent and the progress made in recruitment in 2013. Mt. Hagen, Madang, Markham and Oro have all achieved greater than 60% of the proposed field officer recruitment targets and greater than 60% of the proposed volunteer recruitment targets for their locations (Mt. Hagen: 119% and 60%, Madang: 63% and 100%, Markham: 150% and 100%, Oro: 75% and 100%). Jiwaka, Goroka, Lae, Alotau, Central and Daru have all focussed their efforts on recruitment of field officers achieving on average 98% of proposed recruitment targets for their locations (Jiwaka: 100%, Goroka: 80%, Lae: 150%, Alotau: 100%, Central: 60%, Daru: 100%).

Progress towards training and induction are reported in the main text of this section.

Increasing volume of activities at locations

Target: TL recruits 10 volunteers in each project location

Target: TL recruits 2 casual workers (field officers) in each project location

Target: TL establishes 5 condom distribution points in each project location

Progress: In its commitment to delivering a peer-led intervention, TL recognised the need to restructure its peer workforce and significantly increase KAP involvement. Volunteer and Field Officer (FO) recruitment and induction processes were established and are used to recruit a new workforce in accordance with each project location strategic plan. Table 1 presents the number of volunteers and field officers to be recruited in each project location as well as the target population they will represent and work with.

In 2013, TL successfully recruited 35% of proposed casual field officers, 76% or proposed volunteers and 48% of proposed condom distributors, with a primary focus on women engaged in sex work and mobile men with money. From Table 1, 80% of proposed WES casual field officers and 55% of proposed WES volunteers were recruited by the end of 2013. For mobile men with money, TL recruited 81% of proposed casual field officers.

Volunteer and field officer recruitment is guided by TL's volunteer and field officer recruitment strategies. The recruitment process is different for volunteers and field officers, reflecting the difference in roles, responsibilities, expected time commitments and employment status of the two positions. Both recruitment processes include: a simple application form, an individual informal interview and a group assessment. Field teams are supported by TL senior team members to ensure recruitment of suitable candidates who are members of key affected populations in each location.

Following recruitment, volunteers and field officers undergo induction, peer education training and HIV Sik Long Koap Training. The recruitment and training process, takes approximately three months.

Condom Distributors

TL distributes condoms through three different methods: peer-to-peer through volunteers and FOs; distribution points; and, condom refill points. This is part of TL's overall condom distribution strategy to improve accessibility of male and female condoms to members of KAPs. Through its micro-mapping, TL identified strategic locations, that are regularly accessed by members of KAPs in the course of sexual networking, to establish condom distribution points – along highways, bus stops, near guest houses and company premises and others. Field staff work with key contacts in these locations to recruit buai sellers/ roadside vendors who are willing to be trained to demonstrate and distribute male and female condoms in addition to the items they sell. TL provides them with a yellow TL umbrella that can be identified by members of project beneficiaries.

Condom refill points are strategically located in hotels, guesthouses, offices, clinics, and shops that are frequented by members of KAPs in locations in project locations. Often, refill points are not 'manned' and are only a source of condoms and not additional information.

Each condom distributor (distribution point or refill point) receives training on basic HIV, the importance of condoms, how to demonstrate condoms and condom use troubleshooting, before they are engaged.

Through its micro-mapping, TL made the strategic decision to increase the target of 5 condom distribution points in each project location (100 across the project), to 10 condom distribution points in each project location (190 across the project). In 2013, TL established 92 of 190 (48%) of proposed condom distribution points. Table 1 presents details of condom distribution point establishment for 2013. Jiwaka, Goroka, Madang and Daru have all achieved greater than 60% of proposed condom distribution point targets (Jiwaka: 60%, Goroka: 90%, Madang: 100%, Daru: 70%)

From Q2, TL undertook a series of capacity-building trainings in locations where successful completion of micro-mapping and strategic planning had been conducted. The objective of these trainings is to build the capacity of the workforce in order to effectively and efficiently deliver project interventions. Trainings were conducted in line with TL performance-based incentive capacity building strategy for volunteers, field officers and condom distributors.

Peer Education: TL's capacity building strategy for volunteers is designed to give volunteers and field officers the necessary skills and knowledge to conduct effective peer outreach. Training topics include: communication (verbal and non-verbal skills); listening; information sharing; troubleshooting and problem solving; referrals; and basic information on HIV, STIs and SRH (these are also covered in greater detail in later TL trainings.) A lot of time is spent exploring the role of a peer, as well as practicing newly introduced skills through role-plays and practical exercises.

TL's peer education training is used in the recruitment and selection process for project volunteers.

HIV Sik Long Koap: TL's HIV Sik Long Koap is a series of 28 participatory discussions that present comprehensive information on HIV, STIs and SRH. While discussions can be presented in a 5-day workshop, the majority of TL locations opt to present only a few discussions each week in accordance with volunteer/ FO availability. Project Officers guide volunteers/FOs through one or two discussions each week (early in the week) then volunteers/FOs conduct peer outreach on those topics throughout the week. Before the next discussion, Project Officers hold a debriefing session to discuss questions raised and troubleshoot emerging issues. In this way, volunteers/FOs gain the knowledge, skills and confidence to disseminate key messages and hold interactive discussions with their peers.

Basic Monitoring and Evaluation: Volunteers and FOs conduct the majority of TL's interventions across the continuum of prevention and care strategies outlined in TL STEPs. Due to weak capacity and literacy skills, consistent reporting of activities is often a challenge. The objective of this training is to equip volunteers/ FOs with the necessary skills and knowledge to document their activities using standard TL data collection tools. Training topics include: overview of TL goal, objectives, outcomes and outputs; review of volunteer activities; type of information collected; introduction to reporting tools and practice sessions through role plays. TL expects that with improved knowledge and skills, volunteer/ FO data collection and reporting will improve.

Table 2 presents the total number of trainings conducted in 2013 by quarter. Delivery of training steadily increased in the third and fourth quarters as the new field workforce was recruited.

Table 2: Total Number of trainings conducted in 2013

Training	Q1	Q2	Q3	Q4	Total
Peer Education	1	2	2	4	9
Induction	1	2	4	7	14
HIV Sik Long Koap	0	1	2	3	6
Condom Distribution	0	3	2	4	9
Alcohol Harm Reduction	0	0	0	1	1
M&E	1	3	4	4	12

Volunteer capacity building

In 2013, training for volunteers focused on the basic skills required of volunteers to conduct peer outreach, specifically: Peer Education, Induction, HIV Sik Long Koap. All of these trainings fall within the first three months of TL's volunteer performance-based incentive and capacity building strategy, reflecting the newly recruited status of the TL workforce. The majority of participants were women who engage in sex work, reflecting the focus of recruitment in this period.

Table 3 presents the number of trainings by KAP for Q4 as well as for the year-to-date.

Table 3: Trainings conducted for volunteers in Q3 and year-to-date - 2013

Topic	Trained in Q4					Cumulative in Q4				
	WES	MMM	MSM	PLHIV	Total	WES	MMM	MSM	PLHIV	Total
Peer Education	25	5	1	1	32	62	9	8	6	95
Induction	0	0	0	0	0	42	2	4	3	53
HIV Sik Long Koap	23	0	0	0	23	31	2	2	1	37
M&E	19	2	0	1	22	52	11	10	4	84
Love Patrol	0	0	0	0	0	1	1	2	1	7
Alcohol Harm Reduction	7	2	0	0	9	7	2	0	0	9

Topic	Trained in Q4					Cumulative in Q4				
	WES	MMM	MSM	PLHIV	Total	WES	MMM	MSM	PLHIV	Total
Condom Distribution	0	0	0	0	0	8	0	0	0	8

Photo 1: Volunteer Training

Photo 2: Volunteer Training

Field Officer capacity building

In this period, training for FOs focused on the basic skills required of FOs to conduct peer outreach – Peer Education, Induction and HIV Sik Long Koap – all of which are scheduled within the first three months of TL's FO performance-based incentive and capacity building strategy, reflecting the newly recruited status of TL workforce. The majority of participants were women who engage in sex work, reflecting the focus of recruitment in this period.

Table 4 presents the number of trainings for FOs by KAP in Q4 as well as for the year-to-date.

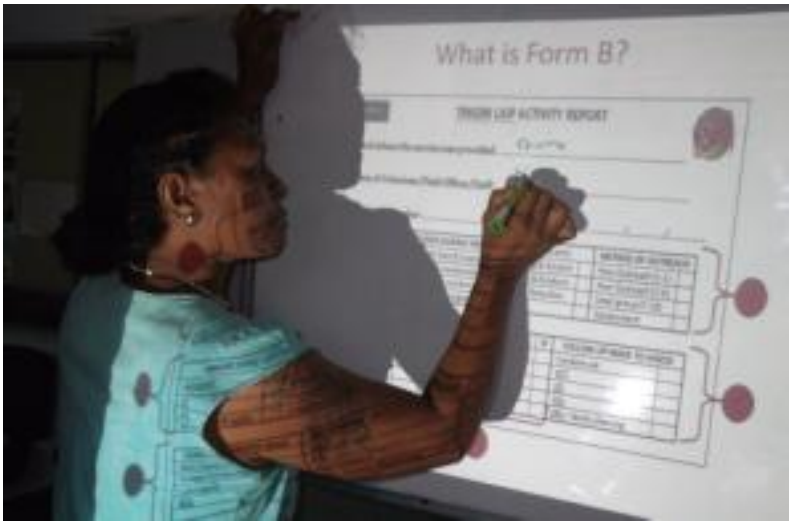
Table 4: Trainings conducted for field officers in Q4 and year-to-date - 2013

Topic	Trained in Q4					Cumulative in Q4				
	WES	MMM	MSM	PLHIV	Total	WES	MMM	MSM	PLHIV	Total

Peer Education	8	11	1	2	22	12	15	2	1	30
Induction	4	9	0	2	15	9	13	0	2	24
HIV Sik Long Koap	5	8	0	0	13	6	11	0	0	17
M&E	5	8	1	1	15	14	14	1	1	30
Love Patrol	0	0	0	0	0	0	0	0	0	0
Alcohol Harm Reduction	1	2	0	0	3	1	2	0	0	3

Photo 3: Field Officer Training

Photo 4: Field Officer Training



Condom distributor capacity building

During this period, 92 new condom distributors were trained and 92 new condom distribution points established. TL aims to provide each condom distributor with training on: basic HIV; the importance of condom use; condom demonstration and how to troubleshoot condom use before they are engaged. In Q4, 29 men and women completed the 3-day training course for condom distributors.

Table 5 presents the number of trainings conducted for condom distributors in Q4 as well as for the year-to-date.

Table 5: Trainings conducted for condom distribution points in Q4 and year-to-date - 2013

Topic	Trained in Q4						Cumulative in Q4					
	WES	MMM	MSM	PLHIV	GATE KEEPERS	Total	WES	MMM	MSM	PLHIV	GATE KEEPERS	Total
Condom Distribution	0	0	0	0	29	29	0	0	0	0	92	92

Photo 5: Condom Distributor Training

Photo 6: Condom Distributor Training

Success Stories: Feedback from training

The training boosted the confidence of buai roadside vendors to demonstrate correct use of male and female condoms. All participants were willing to carry out male and female condom demonstrations amongst themselves as well as outside of the training venue. As these vendors were selected based on TL hotspots, the participants knew the different members of KAPs in their locations and the sexual networks they were involved in. The risk activity was singled out as an activity that caught everyone's attention.

Most of these buai sellers had heard of HIV and AIDS but they did not know its modes of transmission and the harm HIV does to the human immune system. They lacked knowledge on how to use condoms and how to demonstrate application of both the male and female condoms. The training was an eye opener to them. ***~ TL Condom distributors training, 2013***

WES volunteers were able to confidently perform male and female condom demonstrations in classroom settings as well as during practical sessions conducted at local bus stops, markets, road-side vendors and in Banz town.

Two WES participants were able to go confidently to the White Haus clinic in Kudjip for services. ***~ TL Peer Education training, Jiwaka, 2013***

Staff capacity building

TL provided a range of formal and informal training opportunities for staff in 2013. These included:

- Induction: In 2013, to respond to TL's restructure and recruitment of a new project workforce, TL updated its induction program for staff and volunteers. The induction program can now be delivered at the regional level and provides a broad introduction to the project, policies and procedures, working with members of KAPs and TL intervention delivery approaches. It provides new team members with a solid foundation to begin their work with the project.
- Regional Meetings: In 2013, TL continued to support regular opportunities for team members to come together over a week for learning and exchange. A national workshop was held in March 2013 and regional workshops were held in October 2013. The move to regional workshops accommodates both the growing number of staff members – the introduction of casual field officers has doubled the number of TL staff members in the last year – and allows team members to focus learning and exchange opportunities to issues most relevant to their individual regional and provincial contexts. Each meeting provides opportunities for exchange, skills building, report back and planning.
- Regional Technical Support: In Q4 2013, TL introduced a new mode of technical support, by assigning existing senior team members to provide ongoing field-based technical support to a designated region. This has allowed the senior team member to develop a stronger relationship with provincial and regional team members, a better understanding of the HIV context, and barriers to project delivery. Extended time in the field has allowed officers who are providing technical support to provide ongoing coaching and supervision of field team towards increased intensity and quality of project interventions. Based on the success of the first quarter, TL will continue to provide this technical support in 2014.
- Training of Trainers: In July 2013 TL arranged for all Regional Coordinators and Project Officers, as well as two FOs (Daru) to attend the NHATU/ IEA Training of Trainers course. Of the 19 participants, 17 successfully completed the training and are now certified trainers. The remaining two participants deferred their assessment to 2014 so as to gain greater field experience. The training has strengthened the TL workforce, in terms of skills and experience. This has facilitated more timely delivery of trainings and coaching to the TL field workforce across all project locations.

Component 2: Effective HIV Prevention Response

Objective: To design and deliver effective prevention and care responses at project locations.

Increasing the range of activities at project locations

Target: 10 TL locations conducting effective peer-led activities across the range of interventions presented in the TL STEPs model

Target: Alcohol harm-reduction activities piloted in 5 project locations

Target: Activities to support PLHIV from KAPs piloted in 5 project locations

Progress: With the completion of the micro-mapping and location strategies in all TL project locations in the first half of the year, TL's focus in the second half of 2013 was on recruitment and capacity building of the new workforce. TL was able to steadily increase delivery of peer-led interventions across all project locations in this reporting period. In addition to the focus on recruitment and capacity building, local level elections (June – August) caused many disruptions to planned activities, in particular in the Highlands and Central provinces. The following section presents details of peer-led activities in this reporting period.

A general alcohol harm-reduction discussion guide has been shared across all project locations, and has been integrated into TL's volunteer and FO performance-based incentive and training program. Based on the findings of TL's micro-mapping, TL will select locations with greatest alcohol-related risk and develop more targeted interventions for piloting.

In the last half of the year, TL engaged short-term advisor Kelwyn Browne to work with TL field teams and senior management towards a proposed menu of activities that TL could implement to provide greater support to PLHIV from KAPs. This input involved a desk review and consultation with PNG clinical and social service providers as well as TL field teams and volunteers. The findings of this consultation and recommendations for proposed activities was presented in Q4 regional meetings for final input and consultation, and the final report is expected early in 2015. Initial recommendations include the development of a series of IECs to increase knowledge of PLHIV and their families to delay development of AIDS, including: health and hygiene; adherence to medication; and, strengthening patient/ health care relationship.

Annex 1 presents achievements against individual targets set as part of TL's Annual Activity Plan for 2013. Specific output targets were established for: condom demonstrations and distributions; number of participants attending education activities; number of referrals to services.

The effectiveness of TL's micro-mapping and restructure process in returning focus of TL to KAPs is dependent on the capacity of the newly recruited workforce. During this period, TL prioritised recruitment – to ensure that suitable members of key affected populations are recruited and capacity building in peer education, induction, HIV Sik Long Koap (HIV, STI, SRH) and M&E. By July 2013, the majority of project locations had been restructured: old volunteers exited, a new strategy and structure had been developed, and a new field workforce identified.

The restructuring process led to an overall decrease in project activities between the first and second half of the year. To ensure participation of KAPs, and that project activities were reaching KAPs, TL took the strategic step to restructure. This allowed for more targeted and effective interventions. From July 2013, all activities delivered by the project targeted members of KAPs according to each location's strategic plan.

As part of the restructure, TL set firm outreach targets for its field workforce. The targets promote provision of a comprehensive package of prevention services to individuals reached by the project as follows:

- Each volunteer targets only 15 peers

- Each FO targets only 20 peers
- Each targeted peer receives the following package of prevention services on a quarterly basis:

Education	Commodities	Referral
3 HIV & AIDS	168 Male condom	3 STI
1 VCT	24 Female condom	1 VCT
1 STI	12 Lubricant	1 HIV care & support
3 HIV care & support		1SRH
1 Male Condom demo		1 GBV
1 Female Condom demo		
1 Condom Negotiation		
1 Alcohol Harm Reduction		
1SRH		
1 GBV		

The field workforce now focuses its outreach on the delivery of a set package of prevention services to a finite group of peers. This appears to be an apparent decrease in outreach activities but does not reflect the improved quality and coverage of activities. From 2014, TL will commence reporting against targets and progress towards delivering a comprehensive package of prevention services for each peer targeted by the project.

By the end of 2013, 14 project locations across seven provinces reached the stage where they were able to implement and deliver project interventions. These are: Western Highlands (2), Jiwaka (2), Eastern Highlands (1), Morobe – Lae (2) and Markham (2), Madang (2), Milne Bay (2) and Western Province (1). The following section presents details of the peer-led activities that were implemented primarily in these five locations.

Increasing knowledge and understanding of KAPs on HIV and AIDS, SRH and other drivers of the epidemic

TL supports volunteers and FOs to conduct peer education activities to increase knowledge and understanding of KAPs on HIV and AIDS, SRH, STIs, GBV and other drivers of the epidemic. Members of KAPs in project locations increase their knowledge by way of direct peer education (1-to-1 or 2-to-6) and/or in small group discussions (7-10 participants). In 2013, TL volunteers and FOs delivered a total of 8,260 peer education sessions to members of key affected populationKAPs. HIV and AIDS, and STIs were the most common peer education session topics with more than 2,500 sessions each (Figure 3). Women engaged in sex work were contacted the most frequently (4,041 outreach messages) followed by mobile men with money (3,612 outreach messages). This reflects the make-up of new TL field staff and populations being targeted in project locations.

Figure 3: Number of education sessions conducted with KAPs in 2013

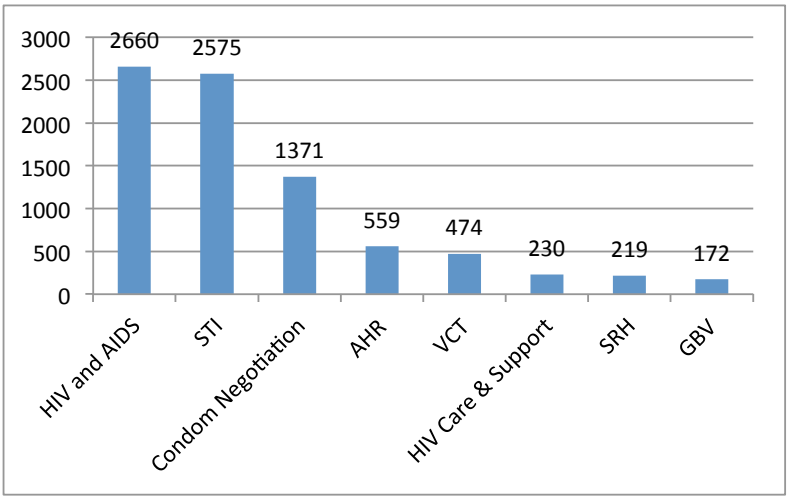
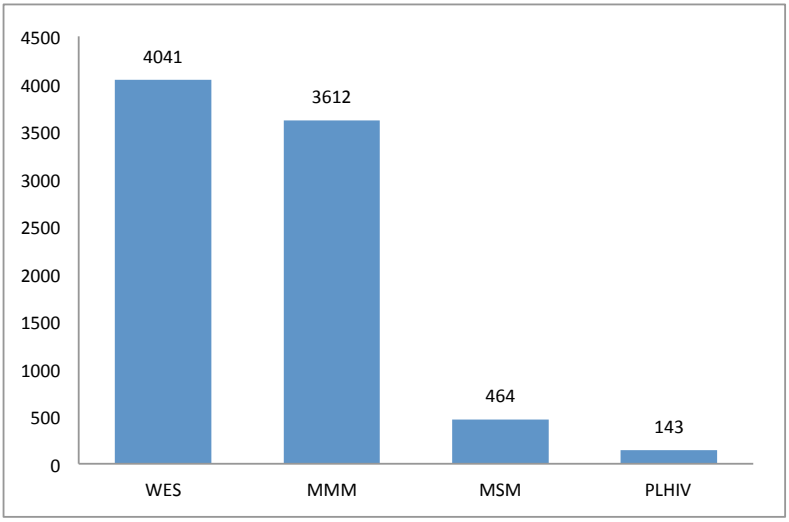
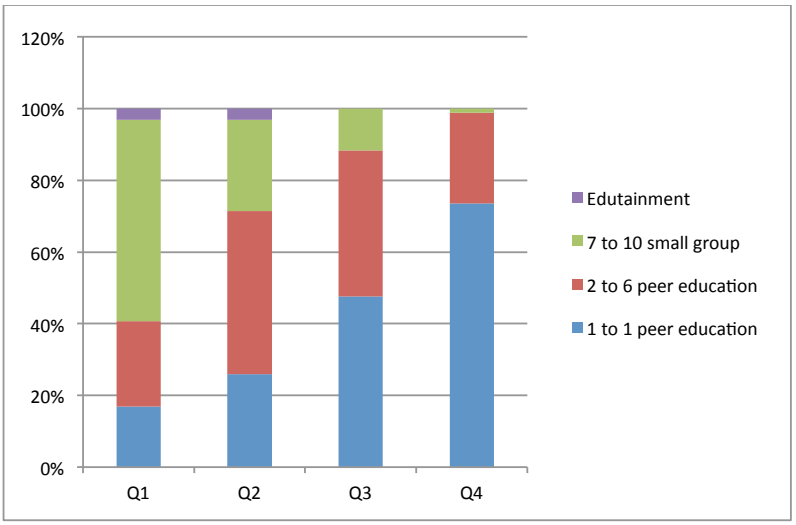


Figure 4: Number of times KAPs reached by TL in 2013



Of significance is the shift away from large group activities to more peer focused activities (Fig 5). The majority of peer outreach sessions conducted in 2013 were 1-1 peer education (44%), followed by 2-6 peer education sessions (32%). This also reflects the training status of the new TL workforce, with the majority of volunteers and FOs having completed peer education training in this period.

Figure 5: Breakdown of outreach methods used for peer education sessions, 2013

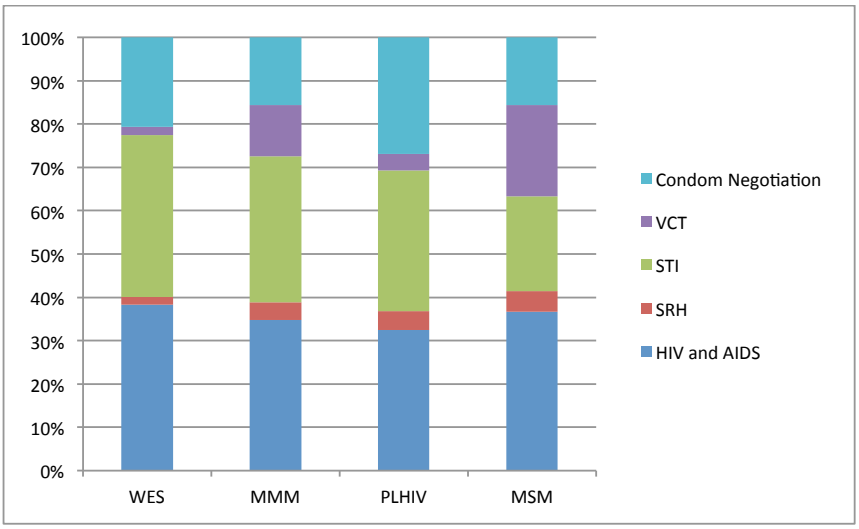


Increasing knowledge and understanding of KAPs on HIV and AIDS

Educating members of KAPs on HIV and AIDS continues to be one of the main features of TL's prevention and care program. Increasing knowledge and understanding of HIV and AIDS will assist members of KAPs to make healthy decisions regarding their sexual practices and general health and hygiene. Trained TL volunteers and FOs conduct regular peer outreach sessions and provide information on HIV and AIDS to their peers.

Figure 6 presents the breakdown of prevention messages received by each KAP group through peer education. Messages on HIV and AIDS, and STIs were the most common for all KAP groups, followed by condom negotiation, VCT and more general messages on sexual reproductive health. The ratio of message types reflects TL's standard package of services and targets set for the field workforce. This also reflects the training provided in the early stages of the capacity building program.

Figure 6: Breakdown of prevention messages received by each KAP group through peer education

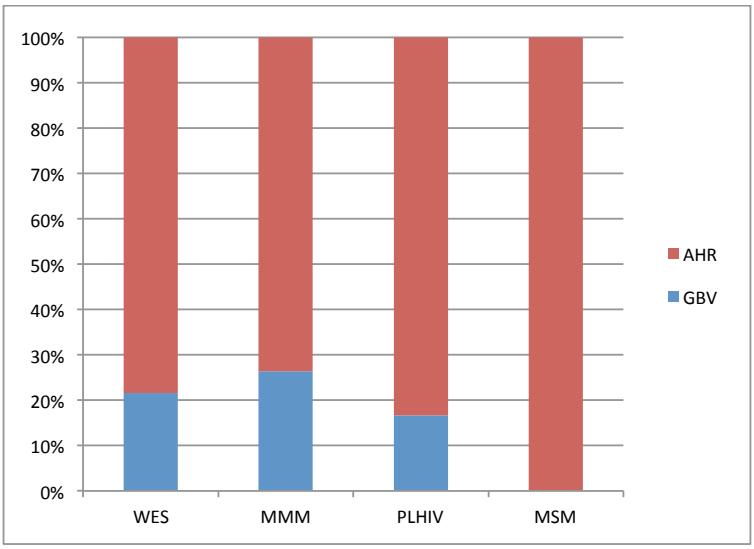


Increasing knowledge and understanding of KAPs on drug and alcohol harm reduction and gender-based violence

TL also carries out activities to educate members of KAPs on drug and alcohol harm reduction and gender-based violence. The aim is to equip members of KAPs with the knowledge and skills to make healthy decisions for their own sexual and reproductive health and increase demand for services. TL has developed an *Alcohol Harm Reduction* discussion guide to facilitate discussions around alcohol use amongst KAPs. The discussion guide also facilitates groups to develop their own harm reduction strategies. With regards to gender-based violence, TL aims to educate members of KAPs and equip them with knowledge and skills to reduce the risk of violence and to develop risk mitigation strategies.

Annex 1 presents the activity levels in these outreach areas. Overall, alcohol harm reduction messages have been given a stronger focus amongst all KAPs. It is expected that the production of TL's *Gender-Based Violence Response Pathway* discussion guide in 2014, will help to increase the delivery of messages and provision of support in this regard. Overall the level of messages on alcohol harm reduction and gender-based violence is significantly lower than other messages (Figure 3). This reflects the prioritisation of recruitment and, in particular, the focus of training on peer education and basic information on HIV, AIDS and STIs. As new volunteers and FOs proceed through the performance-based incentive capacity building program, they will receive additional training in gender-based violence response pathways (6 months) and alcohol harm reduction (9 months).

Figure 7: Breakdown of alcohol harm reduction and gender-based violence messages received by each KAP group through peer education, 2013



Promoting condom use amongst KAPs

The correct and consistent use of male and female condoms has proven to be effective in reducing STIs and HIV transmission. To achieve maximum protection, condoms must be used both consistently and correctly. TL conducts condom demonstrations amongst target KAPs. Through its condom promotion initiatives, TL aims to increase:

- Condom acceptability
- Condom availability
- Condom accessibility
- Condom affordability

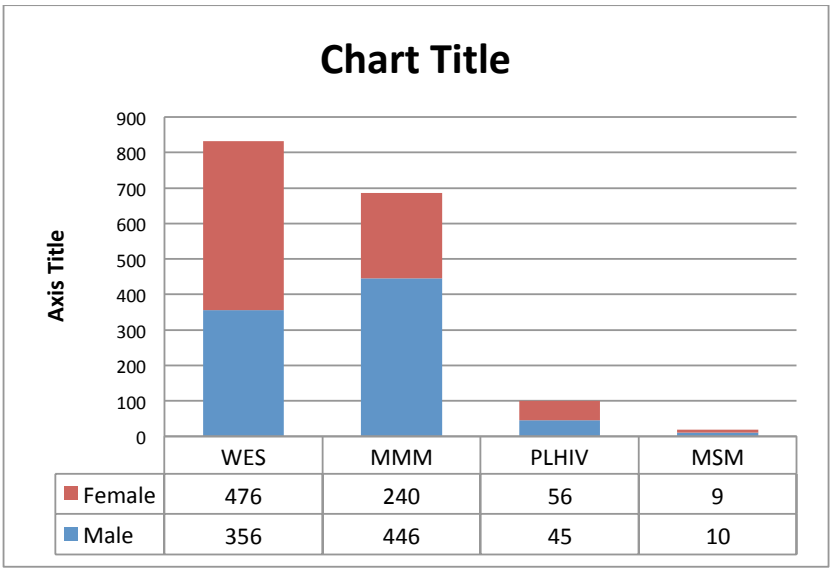
> Condom usability

Condoms are demonstrated and distributed through peer-to-peer outreach as well as through strategically identified and trained condom distribution points.

Condom promotion activities through peer outreach (volunteers and casual field officers)

Volunteers and casual field officers are trained and supported to conduct regular condom promotion (demonstration, distribution and discussions) activities amongst their peers. Figure 8 presents the total number of male and female condom demonstrations conducted in 2013 through peer outreach. TL has supported strong promotion of female condoms across all KAPs. While the numbers of demonstrations are significantly lower for PLHIV and MSM, this reflects established TL targets.

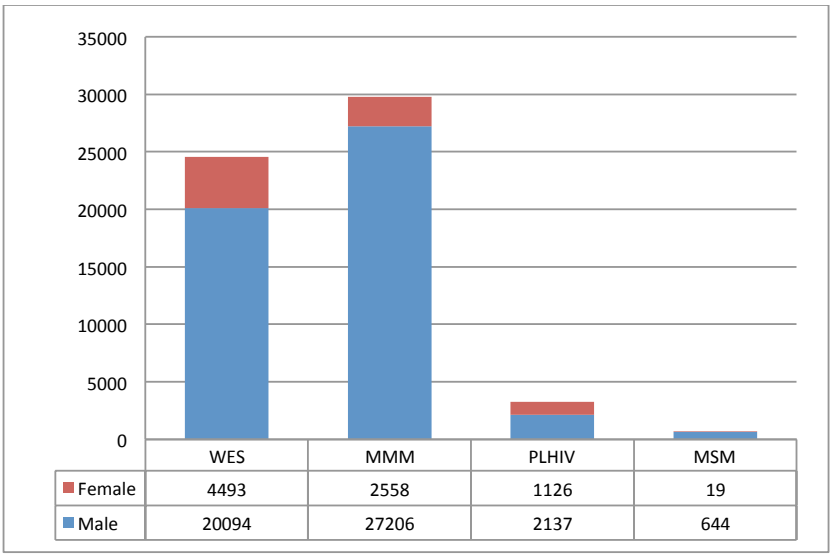
Figure 8: Male and female condom demonstrations through peer outreach



	WES	MMM	PLHIV	MSM
Female	476	240	56	9
Male	356	446	45	10

Figure 9 presents the total number of male and female condoms distributed in 2013, through peer outreach. Overall, 50,081 male and 8,196 female condoms were distributed through peer outreach in 2013. Women engaged in sex work received the highest number of female condoms (4,493), while mobile men with money received the highest number of male condoms (27,206). People living with HIV and men who have sex with other men received significantly fewer male and female condoms, reflecting TL's focus on women engaged in sex work and mobile men with money in most project locations.

Figure 9: Male and female condom distribution through peer outreach



	WES	MMM	PLHIV	MSM
Female	4493	2558	1126	19
Male	20094	27206	2137	644

Condom promotion activities through condom distribution points

In 2013, TL trained and established 92 condom distribution points at strategically identified locations regularly accessed by men and women engaged in transactional sex. Most often, these are owners of buai stands and market sellers. Each TL-recruited condom distributor attends a 3-day training, receives weekly visits and attends a support/ troubleshooting meeting twice a month. Condom distributors are required to complete reports, which capture the number of condoms distributed and which target population received the condoms. Condom distributors are not required to conduct condom demonstrations as this has the potential to take individuals away from their primary business. However, many distributors do provide this service and this is also captured on the reporting template.

Similarly, condom distributors are not expected to accurately know which KAP each of their customers represents – TL relies on their knowledge of the local community to distinguish this, and will consider this when interpreting the data generated from their reports. The TL field workforce promotes condom distribution points amongst their peers as a reliable place to access condoms and as a source of general information about HIV, AIDS and STIs.

Figure 10 presents the total number of male and female condom demonstrations conducted by condom distribution points in 2013. Overall, 2,239 male and 481 female condom demonstrations were conducted. Women engaged in sex work and mobile men with money were the primary recipients of condom demonstrations during this period, receiving 98% of all male and 95% of all female condom demonstrations.

Figure 10: Male and female condom demonstrations through condom distribution points, 2013

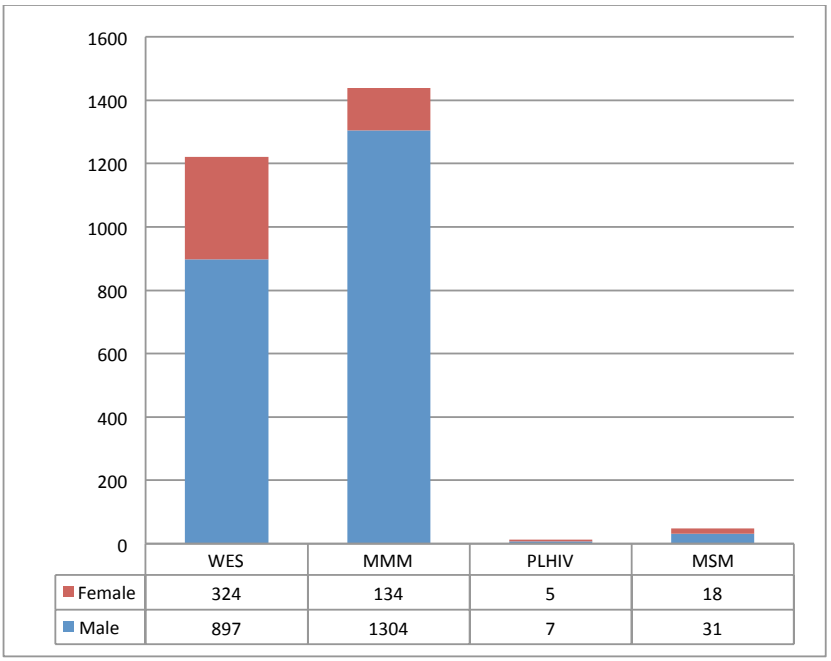


Figure 11 compares the number of condom demonstrations conducted by peers with the number conducted by condom distribution points in 2013. Although TL does not require recruited condom demonstrators to conduct demonstrations, 72% and 38% of all male and female condom demonstrations were conducted through these community-based service providers.

Figure 11: Condom demonstrations: peer vs distribution points, 2013

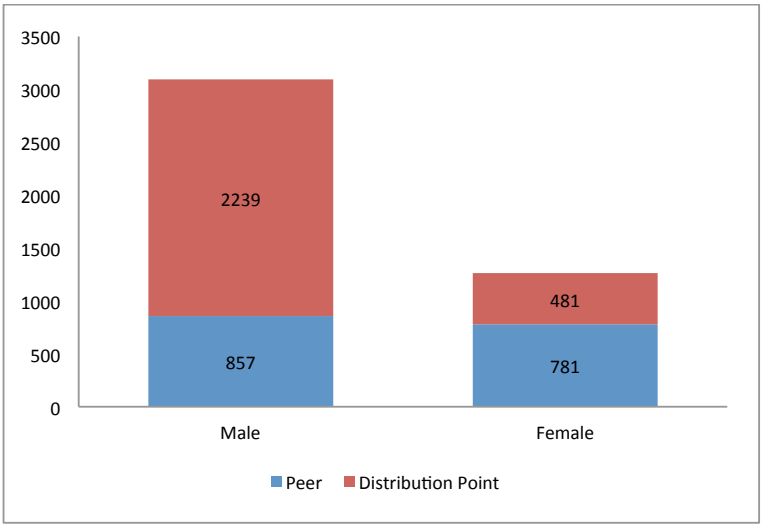
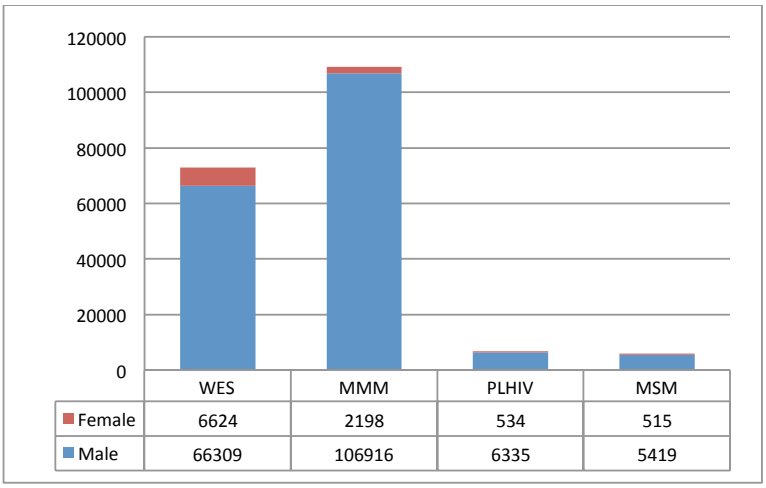


Figure 12 presents the total number of male and female condoms distributed in 2013 through condom distribution points. Overall, 184,979 male and 9,871 female condoms were distributed. Women engaged in sex work received the highest number of female condoms (6,624), while mobile men with money received the highest number of male condoms (106,916). People living with HIV and men who have sex with other men received significantly fewer male and female condoms,

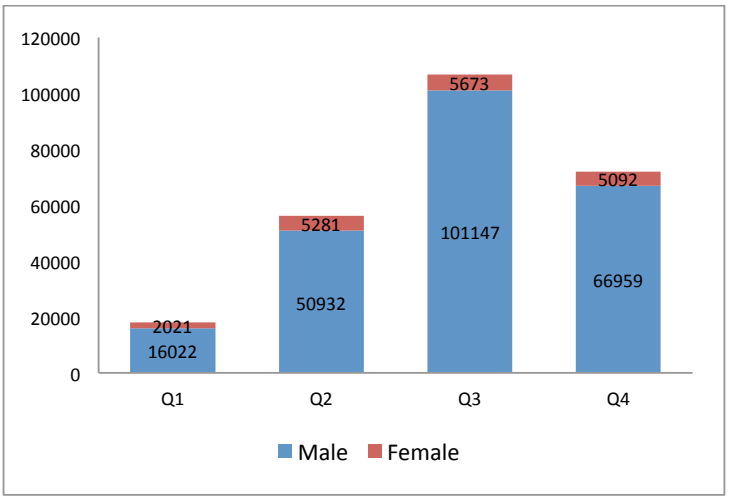
reflecting TL's focus on women engaged in sex work and mobile men with money in most project locations.

Figure 12: Condom distribution point male condom distributions



Between TL's two approaches to condom promotion, a combined total of 235,060 male and 18,067 female condoms were distributed in 2013. A steady increase in condom distribution was made in both peer and distribution point distributions from Q1 to Q3. In Q4, there was a small drop in distribution and this is can be accounted for by the slowing of activities over the Christmas period. Figure 14 presents the combined condom distributions by quarter.

Figure 13: Condom distribution through peer and condom distribution points, 2013



Promoting uptake of STI, VCT and other services amongst KAPs

Through its targeted continuum of prevention to care interventions, TL is steadily increasing the demand for a range of services, including STI, VCT, HIV care, support and treatment, as well as gender-based violence. Uptake of referrals is promoted through two peer-based strategies: peer education messages about the topic itself as well as accompanied and unaccompanied referrals to relevant service providers in each project location.

Figure 14 shows the types of referrals conducted for KAPs in 2013. Referrals for VCT were the highest in 2013 – this possibly contributed to a number of VCT mobile clinics arranged by the Markham TL team in collaboration with ADRA (see text box below).

Figure 14: Number of referrals conducted, by referral type, 2013

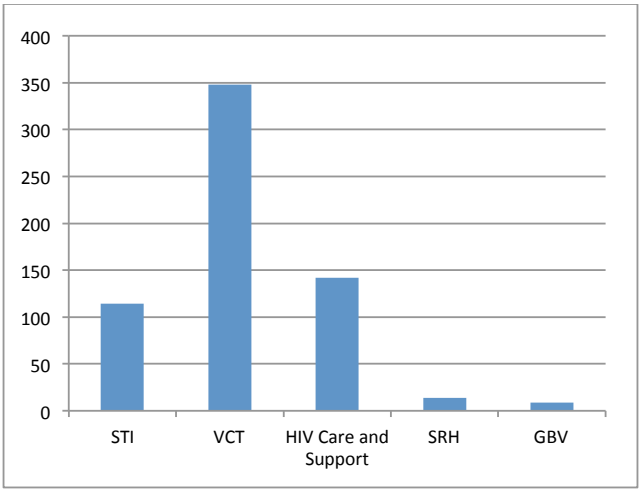


Figure 15 presents the number of times members of KAPs were referred to different services in 2013. Women engaged in sex work were the primary focus for referrals, followed by mobile men with money. This reflects TL's established targets in each project location. STI and VCT referrals were the two most common referrals made for both of these KAPs.

Figure 15: Number of times members of KAPs referred to services, 2013

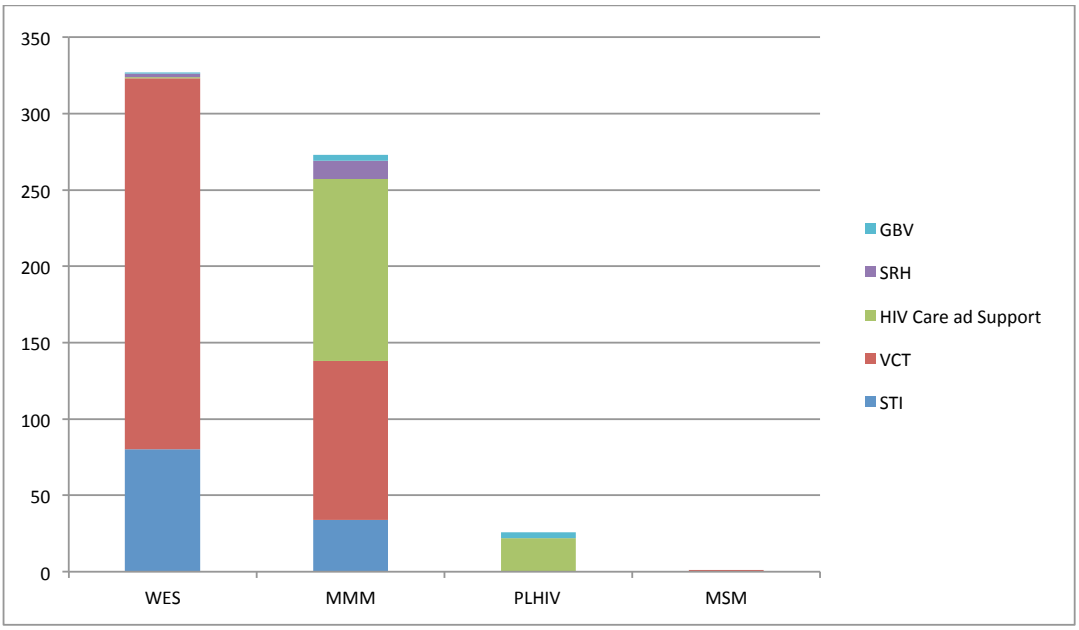
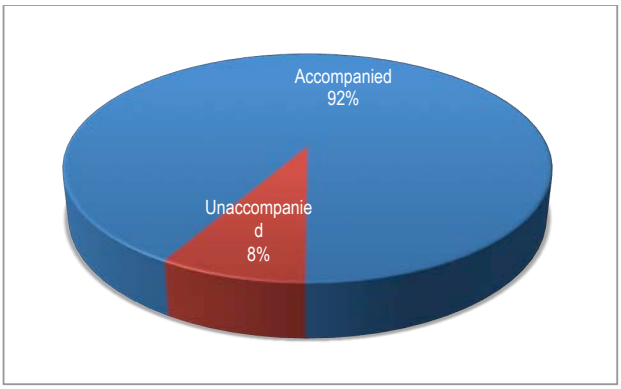


Figure 16 presents the ratio of accompanied vs unaccompanied referrals conducted in 2013. Accompanied referrals, in which a TL volunteer or field officer goes with their peer to the clinic, makes up 92% of all referrals.

Figure 16: Accompanied vs Unaccompanied Referrals, 2013



Uptake of STI services

Education: TL conducts peer education on STIs to raise awareness amongst KAPs on STIs and to increase demand for services. Peer education messages, conducted by trained volunteers and FOs, include transmission modes, signs and symptoms and information about where to get treatment. Individuals are encouraged to go for regular STI screening and testing and to complete treatment if diagnosed with an STI. Figure 16 presents progress in STI outreach made in 2013.

Referrals for STI services: By educating members of KAPs about STIs, TL aims to increase demand for STI services and promotes this by offering accompanied referrals to relevant service providers in each project location. TL partners with service providers in each location to provide both accompanied and unaccompanied referrals. STI services include screening, testing (where available) and treatment. Each referred person is given a TL referral card that is presented to the service provider. Figures 14 and 15 show that STI referrals comprised almost 20% of the overall referrals for the year. Women engaged in sex work received 70% of the referrals, followed by mobile men with money who received 30% of the referrals. While TL increases demand for STI services among KAPs though peer outreach, there are still barriers to service access in many project locations. TL is working with service providers to reduce these barriers.

Jane's Story*

My name is Jane. I live in [location withheld] which is an oil palm plantation block. I live with my father and mother. We all stay under the care of my uncle. My parents are unemployed so they grow crops to support the family. Most of the time, we find it hard to get food or some things we want in life. I see some of my girlfriends have plenty of good things, and I don't so I wonder if I could have the same things like they have. Because of this struggle, I look for men who have money so I can help support the family in whatever need they have.

[Location] is my pick-up point. I use my phone to contact the palm truck drivers because I know they have lots of money. This type of life continued with me for almost six years. Tingim Laip officers conduct referrals to [name] STI Clinic. I was one of those who was referred to get an STI test to know whether I had an STI or HIV. One of the TL volunteers helped take me to the clinic.

After the test at the clinic the health worker who tested me said I had an STI. When I was told of my result, I was very worried. I thought I was at very high risk - that I was going to die. The health worker advised me that I was going to be fine if I get my medications. After that I was referred to the TL workers to get more education messages on HIV and AIDS. Later, I was told to apply so I can be a TL volunteer to help with their work. I applied without hesitation and now I am a TL volunteer. Now I am one of the TL peer educators. I have helped a lot of women who we were together working as sex workers. Through my peer education sessions with these women, [I tell them] that they must use condoms when they are out and that they must also get blood test at the VCT clinics if they really want to know their status.

name changed to protect identity

Uptake of VCT services

There is strong evidence to show that early diagnosis of HIV infection and subsequent initiation of treatment can result in improved and prolonged quality of life for the individual. There is also evidence of the health benefit of HIV testing through the adoption of safer sexual behaviour by diagnosed individuals and a reduced infectiousness related to antiviral treatment. Barriers to HIV testing are well documented in PNG and exist at the individual, health care provider, and institutional level. Added to this are overarching issues such as low risk perception, fear and stigma around HIV, and lack of knowledge about HIV testing and information around the test itself.

Education and referrals of KAPs to VCT services: TL conducts peer outreach to members of KAPs to increase their understanding of VCT and its benefits to create greater demand for VCT services. TL promotes and provides accompanied and unaccompanied referrals to VCT service providers. Each person referred is given a TL referral card that is presented to the service provider. Figure 16 presents achievements of VCT outreach in 2013.

From Figures 14 and 15, VCT referrals comprised 55% of the overall referrals for the year, with women engaged in sex work receiving 70% of the referrals, followed by mobile men with money who received 30% of the referrals. While TL increases demand for VCT services among KAPs though peer outreach, there are still barriers to service access in many project locations. TL is working with service providers to reduce these barriers.

Promoting uptake of HIV care and support services amongst people living with HIV

Getting an HIV test is the first step to identifying PLHIV and the pivotal entry point into clinical and social care services and networks for both treatment and prevention.

Education and referrals: TL is modelling the continuum of prevention and care (CoC) approach to ensure access to, and uptake of, care and support services to address HIV, and support systems that provide humane, effective, high-quality comprehensive and continuous care to positive people and their families. The CoC includes: diagnosis, linkage to and retention in continuous medical care for

HIV, prevention, counselling and transmission reduction, ART and treatment for opportunities infections.

Through its peer outreach program, TL educates PLHIV and other people from KAPs about positive living and the availability of different clinical and social care services available for people living with HIV in a given location. Key messages include: maintaining a positive attitude and a productive engaged life; personal health and hygiene; healthy diet and nutrition; drugs and alcohol; the importance of adherence to ART; treatment for STIs and OIs; and the importance of practicing safe sex. TL aims to create demand for these services in each location and through referrals will help people to access services. These services vary from location to location.

In 2013, TL engaged short-term advisor Kelwyn Browne to review existing support mechanisms for PLHIV in the Papua New Guinea context and to propose interventions that TL can use to strengthen support for PLHIV in the project. This involved a desk review of national, regional and global interventions, consultation with PNG stakeholders, as well as TL staff and volunteers. Initial findings were presented to the field team at five regional meetings and consultations were conducted towards the development of final recommendations. This report will be delivered in the next quarter and implementation of proposed interventions will commence in Q1 2014.

Strengthening capacity of health workers to provide quality KAP-friendly HIV services

Stigma and discrimination of people from KAPs by health workers has been identified as a key barrier that limits access of people from KAPs to all health care services, including those for STIs, HIV and SRH. Stigma and discrimination can take on different forms including: neglect, differential treatment, denial of care, testing and disclosing HIV status without consent or counselling, verbal abuse, gossip, avoiding and isolating PLHIV patients and many others.

In 2013, TL developed a *Sensitisation* discussion guide to sensitise key service providers, including health workers towards people from KAPs in order to create more KAP-friendly services. Specifically, TL built on initial discussions with Mt. Hagen Tinginga Clinic staff and management to continue sensitisation of 49 health workers from 4 clinics in the Western Highlands: Anglicare VCT Clinic; Rabiamul VCT and ART Clinic; Susu Mama Clinic; and, Tingiga Clinic on how to provide more KAP-friendly services. Based on the experience in Mt. Hagen, TL will be conducting similar sensitisation sessions with all partner health service providers identified through the restructuring process.

Markham Mobile VCT Clinic

Zero Tavern, in Naruburamp village is located on the Highlands Highway just outside of Markham. TL works closely with the village community, in particular women who exchange sex in and around the Tavern. WES at the Tavern come from as far as Eastern Highlands in the Highlands and from Lae on the coast. Most of the women are very mobile and report having unsafe sex with up to three different partners in a single night. These women travel along the Highway every day and exchange sex for money, food and accommodation. Most lack information on STIs, HIV and where to access health services. They don't want people to see them going to the Mutzing Health Centre and do not have regular access to other clinical services that can offer STI and VCT testing. The women are often up very late and sleep most of the day, which increases their difficulties of accessing services to get tested for STIs and HIV.

Following TL's restructure in Markham, trained volunteers and FOs started to regularly conduct peer outreach on HIV, STIs and the importance of knowing your status and getting tested regularly. TL's outreach created demand for services through its outreach. When TL staff learned that testing strips at the Mutzing Health Centre were for antenatal mothers only, they started to make arrangements for a referral to the Ramu Agri Clinic and Gusap Health Centre. However, it was learned that they had run out of test strips and could not provide the requested services.

In Q4 2013, TL worked with the ADRA Clinic in Lae, to travel to Naruburamp village to conduct a mobile STI and VCT clinic. On the basis that the services could be made available to members of general population as well as KAPs, ADRA travelled to Naruburamp village. Two VCT teams were set up: one in the village to serve members of the general population and one in Zero Tavern to receive KAPs referred by TL. Zero Tavern was selected as it is known widely by KAP networks moving up and down the Highway. TL referred 27 WES and 5 MMM for STI and VCT services.

The mobile clinic was considered a success by all involved and a regular mobile clinic services is expected to be established in 2014.

Photo 7: TL Outreach at Mobile VCT Clinic

Photo 8: Markham Mobile VCT Clinic

Component 3: Partnerships and Advocacy

Objective: To facilitate advocacy for the delivery of continuum of prevention and care interventions in project locations.

TL has a specific role in PNG's national response to HIV – providing prevention and care interventions to members of KAPs. TL is one player in the response and seeks to establish partnerships with other implementing agencies as well as service providers that provide clinical, social and emotional care. Working in a collaborative manner is essential for an effective response to the epidemic. Major stakeholders that TL seeks to partner with include: government agencies; healthcare service providers; like-minded civil society organisations; networks of KAPs and the private sector.

During the micro-mapping and restructuring exercises, TL met with stakeholders in each project location to renew relationships, promote TL's renewed focus on KAPs, and share TL's approach to prevention and care initiatives. In all locations this included meetings with Provincial AIDS Committees, Departments of Health, provincial KAP networks (Friends Frangipani, Igat Hope and Kapul Champions), health service providers and other agencies implementing HIV prevention programs. As a result, new partnerships have been identified, while existing ones have been strengthened.

TL is committed to increasing the capacity of volunteers and FOs to help people access services necessary for healthy living and development. This includes: a range of medical services (in particular, those related to sexual and reproductive health, and treatment for people living with HIV); counselling and support services; and any services that help minimise the risk and impact of HIV (such as those that address alcohol abuse or violence). TL works with partners and implements strategies to promote and improve health and reduce the harm caused by drivers of the epidemic.

TL continues to maintain strong linkages with Friends Frangipani, Igat Hope and Kapul Champions at the national level and has received repeated requests from all three agencies to explore opportunities for greater collaboration and technical support for outreach work in their provincial chapters. TL is exploring the possibility further with management and donors.

Component 4: Research

Objective: To generate and use research to guide improvements in the quality of TL responses.

Data collection for the periodic surveys was completed in Q2 2013 and the draft report was completed by the end of June. The report is in the final stages of production and it is expected to be available for review in Q1 2014.

Target: Baseline periodic surveys completed and findings disseminated amongst key stakeholders

Progress: Data collection completed, report in preparation

Component 5: Effective Project Management

Objective: To deliver a well-managed M&E project guided consistent with the national M&E framework and donor requirements.

TL continues to conduct quarterly staff meetings – these are an opportunity for review, planning, coordination and learning. In 2013, TL altered the meeting formats so that they are now conducted at the regional level, fostering more focussed and relevant discussions amongst participants. In addition to performance review and planning, Q4's regional meetings focused on developing a deeper understanding of working with KAPs and exploring practical aspects of working with members of KAPs.

With renewed focus on working with KAPs and efforts to employ more KAPs within the project, many existing TL team members are being challenged to consider their own attitudes and values – this can be difficult and TL is working with team members to address this.

In efforts to increase the participation of members of KAPs across all components of TL and to have the most effective workforce possible for implementing TL's strategy to address the country's HIV response, TL has developed preferential hiring guidelines to guide all future recruitment of staff and volunteers. This process gives preference to one or more of TL's target populations. This approach will: increase TL's collective knowledge and experience that can be applied to interventions; increase TL's sensitivity to the challenges and contributions of such experiences; and help create a project culture that is safe and welcoming for the people who should be at the centre of TL's work.

At the end of Q4, TL conducted annual performance reviews for all locally engaged staff members. Performance and capacity gaps were identified and performance improvement plans were put in place where needed.

Monitoring and Evaluation

In 2013 TL fully adopted the Independent Review Mechanism's recommended program objective and outcomes and advocated these to project staff and amongst key stakeholders.

Since late 2012, TL has been undergoing significant restructuring processes to focus its work on KAPs. With the completion of each micro-mapping, TL has been able to refine its targets for each project location, including setting target population sizes for each project location based on TL target populations and workforces in each location. Final targets have now been developed for each project location based on target population, strategy and planned interventions. The targets have been shared with project locations and are being used to guide planning.

In 2013, TL made a number of improvements to its data collection and information management systems. Data collection forms developed in Q2 were piloted, refined and rolled out in all project locations, resulting in an improved quality and increased number of submitted reports. Forms were modified to incorporate a planned Unique Identifier Code (UIC) system that was rolled out in Q4.

Unique Identifier Code (UIC)

In 2013, TL commenced the design and development of a UIC system. Following consultation with existing efforts by Save the Children, and review of international experiences, TL developed a UIC system to track the movement of TL clients through the continuum of prevention, treatment and care services delivered by TL and project partners. The system is replicable across all project locations and amongst all service providers. It is not location-dependent and has the ability to track outreach as well as referrals. The system has potential for greater use in healthcare systems to strengthen and monitor client service provision and treatment adherence.

It is expected that the proposed UIC system will help TL to have a better understanding of people receiving interventions. Following rollout of the system, from Q1 2014, TL will have the ability to track individuals and the services that they receive, as opposed to activities conducted. This will give TL a much stronger understanding of the quality, reach and impact of project activities.

The UIC system was trialled in eight of ten project provinces: Western Highlands, Jiwaka, Eastern Highlands, Morobe, Madang, Central, Western and Oro. The UIC will be rolled out in the remaining project provinces (Milne Bay and Hela) before the end of Q1 2014. As part of the rollout, 364 individuals have been registered, as follows:

Table 6: KAP registration in TL UIC system by location and KAP group, to end of 2013

Region	Province	No. KAPs Registered								Total Target	Total Actual	% Achievement
		WES		MMM		PLHIV		MSM				
		Target	Actual	Target	Actual	Target	Actual	Target	Actual			
Highlands	Goroka	14	29	42	71	0	0	84	0	140	100	71%
	Mt. Hagen	196	80	28	0	0	1	0	1	224	82	37%
	Tari	28	0	28	0	28	0	0	0	84	0	0%
	Jiwaka	182	9	14	0	98	3	0	0	294	12	4%
Momase	Madang	168	4	28	32	0	0	0	0	196	36	18%
	Lae	84	1	28	35	84	0	84	0	280	36	13%
	Markham	98	30	14	16	0	0	0	0	112	46	41%
Southern	Milne bay	112	0	77	0	28	0	0	0	217	0	0%
	Oro	182	0	28	0	98	0	0	0	308	0	0%
	Daru	98	13	0	1	0	1	14	4	112	19	17%
	Central	56	32	0	0	0	1	98	0	154	33	21%
	Total	**1218**	**198**	**287**	**155**	**336**	**6**	**280**	**5**	**2121**	**364**	**17%**

5 ACHIEVEMENTS WITH REFERENCE TO THE CONTACTOR PERFORMANCE ASSESSMENT FRAMEWORK

Much of the reporting information required in this table of the Contract is contained in the report against the Annual Plan above. Some additional information is provided here for clarification.

Table 7: TL Contractor Performance Assessment Framework

Contractor Performance Areas	Progress in 2013
Partnerships and advocacy	
All potential networks and partnerships are identified and effective relationships are established and supported Functional mechanisms to facilitate ongoing links and communication with partners and networks are clear, in use and actively promoted All partners and networks support and reinforce	We have made significant progress in developing and maintaining partnerships at national, provincial and local levels Strong working relationships with CEO Tari Hospital, Oil Search Health Foundation, MSF, District Health Advisor developed to establish project in Tari, Hela Province Stronger linkages and regular dialogue with Friends Frangipani, Igat Hope and Kapul Champions at national and provincial levels Service provider and other stakeholder identification as part of micro-mapping exercises Service provider sensitisation discussion guide developed and in use with provincial service providers to increase accessibility Strengthening ongoing partnership with PACs – briefing and debriefing sessions are held with each PAC as part of micro-mapping, ensuring they are kept informed of change in project activities and focus
Project Management	
Systems for the equitable recruitment, mobilisation, performance management of staff and volunteers operating effectively Staff and volunteers are appropriately qualified, experienced for the positions, supported in their work and working effectively as a team High quality inputs and support are procured in line with TL procedures and quality processes are maintained Effective support is provided to the Steering Committee	All project systems and policies are now in place and being used Rollout of preferential hiring practices for members of KAPs for all volunteer and staff positions Development and piloting of UIC system for improved monitoring and evaluation Annual performance review and performance improvement plan rolled out to all locally engaged staff Project targets revised based on micro-mapping results M&E data collection tools revised and strengthened UIC system piloted and rolled out in 8 of 10 project locations
Capacity Building	
Capacity building for site committees, volunteers, field and office staff operates at a pace and approach that is appropriate and consistent with their priorities, responsibilities and absorptive ability High quality, timely and appropriate technical assistance is provided in an equitable manner, in accordance with TL priorities Volunteers, field and office staff are motivated and competent in administrative and technical activity	Regular capacity building initiatives continue for both staff and volunteers in accordance with TL performance based incentives capacity building program On-going support provided by National Office staff and short-term advisors in data collection, research, finance management, planning, administration and range of topics associated with HIV prevention TL HIV Sik Long Koap produced and distributed for use in field offices Training of Trainers conducted for all Regional Coordinators and Project Officers so that training can be done at all provincial levels Regional technical support mechanism put in place from Q4 to increase quality and quantity of field based support provided to offices
Research	
Research activities and reporting systems operate effectively to provide quality information to guide development of interventions at sites Continuous improvement and learning across stakeholders is supported (including new and existing tools to strengthen implementation) Continuous improvement and learning across stakeholders is supported (including new and existing tools to strengthen implementation approaches)	Social mapping report is being reworked into shorter more accessible documents for wider distribution and sharing. It is expected that these will be ready for distribution in Q1 Periodic survey field research completed. Preliminary review of data conducted with TL team. Report in draft and expect to be ready for Q1 review and distribution
Interventions	
Location grants distributed and acquitted in	The process of restructure and refocus of project activities towards members

Contractor Performance Areas	Progress in 2013
a timely manner in line with the Annual Work Plan Location volunteers effectively plan, implement and monitor TL activities in line with established best practice and in response to local need Location volunteers are encouraged and supported to pilot and document new methods and approaches Guidance provided to networks, partners and interested parties on replicating and scaling up the TL approach	of KAPs was completed during this period. All project locations have now undergone micro-mapping and a strategy with long term implementation plan is in place. Significant shift in focus from restructure to recruitment and training of new field staff has allowed TL teams to re-start implementation of project activities in a more targeted manner. The volume of grants to project locations is expected to increase in the next period as each project location becomes more active following the restructure. Peer Education, Alcohol Harm Reduction Discussion Guide, Condom Distribution Strategy, Referral Cards and outreach IECs developed and rolled out to support delivery of interventions

6 RISK MANAGEMENT PLAN

The Risk Management Plan was updated in the 2013 Annual Plan and still stands. Particular risks identified in this year include:

- Shift to more rigorous mapping and location assessment and a more comprehensive set of interventions at project locations was met with some resistance in some project locations, where these practices have remained unchallenged for some time. This was overcome by steady capacity development that respects the work that has been done to date but that guides volunteers and staff to a greater understanding of the need to link mapping information with intervention design.
- TL's focus on KAPs was met with some resistance in some project locations. In particular, this happened in locations where past volunteer membership had excluded members of KAPs and interventions targeted the general population. This was overcome by steady capacity development, a volunteer restructure transition plan and an exit strategy for those volunteers who do not reflect the needs of or represent KAPs.
- The shift to more rigorous financial monitoring and controls at project locations was met with resistance and resentment in some locations where poor financial practices have been unchallenged. This was overcome by steady capacity development that guides volunteers and staff to gain a better understanding of the need for financial transparency and accountability.
- The ability for locations to absorb more grant funds was dependent on TLs success in increasing capacity to expand the scope of work. The risk is that the required capacity development will take considerable time (minimum of 3 months in each project location in addition to 3-month micro-mapping and strategy development). This was managed by focusing on in-situ training and coaching and intensive volunteer capacity development across the range of interventions in the STEPs prevention and care continuum. The project experienced a pause in delivery of interventions in the first two quarters of the year during which time locations underwent intense restructuring. By Q3 and Q4, the first and second wave of project locations that had been restructured started to deliver interventions. The increasing intensity of delivery is presented in Component 2 and Annex 1 of this document.
- The LLG Elections planned for June – August 2013 caused significant disruptions to planned activities, particularly in the Highlands provinces. In the interest of TL field workforce safety and security many project activities had to be postponed or cancelled. This also delayed commencement of work in Tari until September of 2013. Once elections were complete, activities resumed as quickly as possible, as presented in Component 2 and Annex 1.
- To establish a trained and capable team, TL made significant time investments in recruitment and training of new volunteers and casual FOs. It is expected that this will provide a stronger foundation for the project and will lead to a stronger, more sustained delivery of activities. The risk is that this will also delay timely increases in the intensity of project activities.

7 CROSS SECTORAL AND INTER-PROJECT/ PROGRAM COORDINATION AND COOPERATION

TL works closely with several other projects/ programs in Papua New Guinea, which are also involved in HIV work or related issues. Some of these include:

Oil Search Health Foundation: In Tari, a strong and collaborative working relationship has been established with Oil Search Health Foundation's HIV projects. This has been beneficial to TL in the establishment of a new project office in this location.

MARPs Training Review and Curriculum Steering Committee: TL sits on this committee, and regularly contributes to ongoing discussions regarding the development of MARPs specific training materials. TL has shared its many resources with the Committee.

Comprehensive Condom Programming Working Committee: TL sits on this committee, and regularly contributes to ongoing discussions regarding increased accessibility of condoms for members of KAPs throughout PNG.

Strategic Information Technical Working Group: TL sits on this committee, and has been one of two programs (with Save the Children's Poro Sapot Project) to pilot a Unique Identifier Code (UIC) system to track client access and movement through the prevention, treatment and care continuum of services.

Igat Hope: In five project locations, working relationships have been established with local branches of Igat Hope, which represents PLHIV. TL has discussed partnerships arrangements with Igat Hope that complement and support the objectives of both organisations.

Friends Frangipani: In five project locations, working relationships have been established with local branches of Friends Frangipani, which represents female sex workers. TL has discussed partnership arrangements with Friends Frangipani that complement and support the objectives of both organisations.

Kapul Champions: Working relationships have been established with two local branches of Kapul Champions, which represents MSM, in Lae and Goroka. TL has discussed partnership arrangements with Kapul Champions that complement and support the objectives of both organisations.

Partnership arrangements will be further discussed with all three agencies in 2014 towards supporting outreach capacity building for long term sustained interventions with PNG's KAPs.

PSI: TL continues to maintain its strong working relationship with PSI at national and provincial levels. TL supports PSI officers in provincial offices by way of offering officers to use TL offices on a weekly basis for administrative purposes. TL continues to use PSI IEC materials for peer outreach discussions.

Save the Children Poro Sapot Project: TL maintains a strong and collaborative working relationship with Save the Children's Poro Sapot Project. In this period, TL has consulted extensively with PSP on their UIC system, in preparation for design and piloting TL's UIC system.

Legacy and Sustainability

Target: TL sustainability strategy developed and endorsed by Steering Committee

Target: Foundation board established

Progress: In 2013, TL facilitated an internal meeting amongst senior team members to commence discussions of a sustainability strategy. From this meeting, TL developed a set of options that were documented and presented to the Australian Government's Aid programme for their review and feedback. At the end of 2013, TL had not received direction on how to proceed, and progress towards meeting this target was restricted.

TL considers the development of a sustainability/ transition strategy to be a priority so as to ensure smooth and ongoing HIV prevention, care and support for PNG's KAPs, and will prioritise further discussions early in 2014.

8 COMMENTS ON THE MANAGEMENT OF STAKEHOLDER RELATIONSHIPS

TL maintains regular contact with the National AIDS Council (NACS), the National Department of Health and the Australian Government's Aid programme. In 2013, TL worked closely with several other stakeholders as follows:

- **Production of IECs:** NACS, PSI
- **Micro-mapping:** Provincial AIDS Committees; clinical and social service providers in target locations; other organisations working with KAPs in target locations – Save the Children (Lae, Goroka), Baptist Union (Mt. Hagen), Anglicare (Oro), Oil Search Health Foundation (Tari)
- **Delivery of coordinated response:** Igat Hope (Minivava, Morobe Network of Positive People, Tru Warriors, Hondate), Friends Frangipani, Save the Children
- **Development of UIC:** Save the Children
- **Establishment of referral pathways:** STI and VCT service providers in each project location

9 DETAILS OF ANY VARIATIONS FROM THE ANNUAL PLAN

TL has revised output targets to reflect the findings of the micro-mapping exercises. These revisions reflect TL location strategies in each project location and target populations in each location. They present more realistic targets for reach, based on recent NACS and HHISP guidelines.

10 AN UPDATE ON EXPENDITURE IN THE PREVIOUS QUARTER AND ANTICIPATED EXPENDITURE IN THE NEXT QUARTER

In summary, project expenditure is as follows:

Table 8: Summary of Project Expenditure (AUD)

Item	Quarter 4 2013	Project to date	Balance	Budget
Operational Costs	1,115,127	14,085,006	8,242,377	22,327,383
Grant Funds	27,997	695,798	946,402	1,642,200
TOTAL	**1,143,124**	**14,780,804**	**9,188,779**	**23,969,583**

Table 9: Expenditure estimates (AUD) for Q4 2013 are as follows

Item	Q1 2014	Anticipated Balance at end of Q1
Operational Costs	1,150,000	7,092,377
Grant Funds	150,000	796,402
TOTAL	**1,200,00**	**7,988,779**

11 CONCLUSION

In 2013, TL achieved significant progress on all annual targets set in the 2013 Annual Implementation Plan and made significant progress towards the achievement of output targets. TL developed individual intervention strategies for each project location and spent the second half of 2013 recruiting and training a new project workforce – specifically volunteers and casual FOs from KAPs. Each project location now has a strategy document that describes the environment of risk, target populations, gatekeepers, stakeholders and the proposed TL workforce and implementation plan.

In addition to establishing its Daru office and team in Q2, TL established a project base in Tari, Hela Province in Q4.

TL increased participation of members of KAPs throughout 2013, and has now recruited 53 volunteers and 32 casual FOs from amongst targeted KAPs. TL has established a comprehensive recruitment and training process to ensure the new field workforce have the necessary knowledge and skills to deliver project interventions. While this has meant that delivery of project interventions slowed in the first two quarter of the year, this investment in the workforce was starting to be realised by the end of the year, with stronger and more consistent project delivery. TL is starting to experience marked improvements across the range of project interventions, in terms of targeting of interventions, which is demonstrated in both numerical and anecdotal reporting.

TL has contributed to improved accessibility of condoms and health services for members of KAPs, through the establishment of condom distribution points and facilitating sensitisation sessions with health service providers.

Additionally, TL piloted and commenced rollout of a Unique Identifier Code (UIC) system to track client access of services throughout the prevention, treatment and care continuum. The system has been rolled out in eight of 10 project provinces.

TL will continue to build on this success and improve prevention and care support for members of KAPs in 2014.