

# MANAGING AND COORDINATING SUB-NATIONAL HIV ACTIVITIES

Volume II

Operational Guide for District AIDS  
Committees

March, 2013



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## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AusAID	Australian Agency for International Development
BAHA	Business Coalition against HIV and AIDS
CBO	Community Based Organisation
DAC	District AIDS Committee
DMT	District Management Team
DSIP	District Services Improvement Project
HHISP	AusAID's Health and HIV Implementing Services Provider
HAMP Act	HIV and AIDS Management and Prevention Act
HIV	Human Immunodeficiency Virus
KAPS	Key Affected Populations which include Female Sex Workers, Men who have Sex with Men and Transgender population
IHI	Igat Hope Incorporated
JDPBPC	Joint District Planning and Budget Priorities Committee
LLG	Local Level Government
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NCD	National Capital District
NGO	Non-Governmental Organisation
NHS	National HIV Strategy
OLPGLLG	Organic Law on Provincial Government and Local Level Government
PAC	Provincial AIDS Committee
PACS	Provincial AIDS Committee Secretariat
PCMC	Provincial Coordination and Monitoring Committee
PLHIV	People Living with HIV
PMT	Provincial Management Team
PNG	Papua New Guinea
STI	Sexually Transmitted Infection
TWG	Technical Working Group
YAHA	PNG Youth Alliance against HIV and AIDS
WAD	World AIDS Day

## FOREWORD

Like many developing countries, Papua New Guinea (PNG) is faced with the challenge of reversing the spread of HIV and minimising its impact on individuals, families and communities. Surveillance data shows that HIV prevalence has levelled but new infections are still occurring in significant numbers with the vast majority of cases reported in the Highlands provinces, Morobe and the National Capital District (NCD).

Our Government is fully committed to addressing HIV and other sexually transmitted infections (STI). To that end, the Government has put in place a number of measures to prevent the spread of HIV and other STI and minimise their impact. These include establishment of the National AIDS Council (NAC) and its Secretariat (NACS) to oversee and coordinate a multi-sectoral response; development of key national policies, legislations and guidelines; and development and implementation of priority programs in close collaboration with stakeholders.

The Government recognises the importance of proper coordination in achieving the goals and objectives of the national HIV response. Coordination minimises duplication of efforts and facilitates better implementation and improved service delivery. Through the Secretariat (NACS), Government has established the Provincial AIDS Committees (PAC) to coordinate HIV activities in the provinces. To ensure alignment of HIV coordination with the broader Government policy on decentralisation, the National Health Administration Act of 1997 and the Provincial Health Authorities (PHA) Act of 2007, the PACs will function under and report to the Provincial Health Boards (PHB) in non PHA provinces and Provincial Health Authorities in the PHA provinces.

To ensure better coordination of the HIV response at the district level, districts are encouraged to establish District AIDS Committees (DAC) under the District Management Team (DMT) to help with planning, implementation and monitoring of activities. In doing so, districts are encouraged to seek support from the PACS.

This guide which has been developed through a consultative process provides the necessary information and guidance for the establishment and functioning of the DACs.

I urge all stakeholders to work with their respective District Administrators and DACs to ensure implementation of these guidelines.



**Hon. Michael Malabag, MP**

**Minister of Health and HIV/AIDS**

## ACKNOWLEDGEMENT

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Provincial AIDS Committees and their Secretariat staff, especially the Provincial HIV Response Coordinators (HRCs) have made invaluable contributions to the development and revision of the guidelines by providing comments and feedback at the national validation workshops. Their individual and collective contributions are greatly appreciated.

The guideline has been compiled by Abraham L. Opito, with contributions from Dr. Moale Kariko, Phillip Tapo, Angesula Jogamup, Ishmael Robert, Valentine Tangoh, and Fredah Taimbari.

Finally, a big thank you to Lydia Tundimi and Kinjohn Lui for the administrative support and general lay out of the documents.

A handwritten signature in blue ink, appearing to read 'Bire', with a small dot at the end.

**Peter Bire, AFAIM**

**Director, National AIDS Council Secretariat**

# SECTION ONE: INTRODUCTION

## 1.1 PURPOSE

- 1.1.1 This is **Volume II of: Managing and Coordinating Sub-national HIV activities**.
- 1.1.2 It provides direction to the District Administrators and District AIDS Committees where they exist on how to manage and coordinate HIV activities at the district level. It spells out roles and responsibilities of key players and where and how they should report to ensure effective coordination. Along with the implementation guide (Volume III), it identifies core coordination activities and how these may be carried out.
- 1.1.3 The guide has been developed in line with **Section 5 (1) b** of the **National AIDS Council Act, 1997** which empowers National AIDS Council (NAC) to make recommendations and provide guidelines on any issue relating to HIV and AIDS in Papua New Guinea (PNG).
- 1.1.4 The guide is consistent with the provisions of the OLPGLLG with regard to management, coordination and implementation of service delivery at district level.
- 1.1.5 Organisations implementing HIV activities at the district level including district officers, NGOs, churches, CBOs, private sector will find this guide useful.

## 1.2 SCOPE OF IMPLEMENTATION

- 1.2.1 This guide is applicable to HIV activities implemented by all organisations regardless of funding source. These include government agencies, international and national NGOs, churches, private sector and CBOs including organisations of positive people (PLHIV).

## 1.3 HOW THE GUIDE IS ORGANISED

- 1.3.1 The guide is divided into five main sections. **Section One** on introduction covers the purpose, scope and organisation.
- 1.3.2 **Section Two** provides overview of the national coordination as per the NAC Act of 1997.
- 1.3.3 **Section Three** covers overview of service delivery coordination and how HIV coordination links with overall government system at the district level.
- 1.3.4 **Section Four** identifies key players or committees, roles and responsibilities and the reporting relationships.
- 1.4.4 **Section Five** provides guidance on resourcing, implementation and how the guide may be reviewed.
- 1.4.5 The implementation guide is available separately as Volume III.

## SECTION TWO: OVERVIEW OF THE NATIONAL AND PROVINCIAL HIV COORDINATION

### 2.1 NATIONAL COORDINATION

- 2.1.1 The NAC is established under section 3 sub-sections 1 of the NAC Act to oversee and coordinate PNG's overall response to HIV and AIDS. The Objects of the Council as outlined in the Act are:
- i. to take multi Sectoral approaches with a view to prevent, control and to eliminate transmission of HIV in PNG; and*
  - ii. to organise measures to minimise the personal, social and economic impact of HIV infection and the disease of AIDS; and*
  - iii. to ensure, as far as is possible, that personal privacy, dignity and integrity are maintained in the face of the HIV/AIDS epidemic in PNG.*
- 2.1.2 The functions of the NAC are set out in Section 5 of the NAC Act, 1997.
- 2.1.3 Established as a working arm of the Council, the NACS provides secretariat support and importantly, ensures Council policies, priorities and directives are implemented. The role of the Secretariat is multi-faceted and fulfills a range of leadership functions associated with coordination of the overall national response.
- 2.1.4 The NACS specifically: provides high quality secretariat support to the NAC and its committees; initiates and coordinates regular and proactive monitoring and evaluation of the national response; monitors and reports on HIV grants allocated to service providers; coordinates sector wide policy and strategy development and planning; fosters, coordinates and facilitates the collection and dissemination of research, information and data; promotes the creation of an enabling environment; monitors and reports on compliance with HAMP Act; collaborates with NDOH on the setting of HIV protocols and standards; ensures effective and efficient outsourcing of services in line with the NAC Act.
- 2.1.5 The Secretariat has offices in twenty two provinces across the country to help coordinate provincial level HIV activities.
- 2.1.6 The National HIV Strategy (NHS) Steering Committee assisted by different thematic technical working groups assist in overseeing the development, monitoring and implementation of the national HIV strategy.
- 2.1.7 Within different sectors, key coordination structures have been established to facilitate coordination and reporting. These include but are not limited to the Coalition of Business against HIV and AIDS (BAHA) for the private Sector; the PNG Civil Society Alliance against HIV (PACSO), for Civil Society; Igat Hope Incorporated (IHI), for organizations of People Living with HIV (PLWHA), PNG Youth Alliance against HIV (YAHA), and PNG Church Alliance against HIV.

## 2.2 PROVINCIAL COORDINATION

- 2.2.1 The Provincial AIDS Committee is responsible for coordinating HIV activities in the province. The Committee is broad based and multi-sectoral comprising representatives of provincial administration, churches, NGOs, media, private sector, Women, youth and PLHIV groups and other key affected populations (KAPs).
- 2.2.2 To ensure alignment of HIV coordination with the National Health Administration Act and the Provincial Health Authorities Act, the PACs will function under and report to the PHB in non PHA provinces and the Provincial Health Authorities in the PHA provinces.
- 2.2.3 The PCMC provides a useful mechanism for linking with civil society organizations, private sector and other key service providers in the province. The PACs are encouraged to make use of the PCMC to provide regular information and reports to stakeholders, present plans and budgets and other issues to PCMC and PMT like other service delivery sectors in the province.
- 2.2.4 It is important that the deliberations and decisions of the PAC are informed by appropriate technical advice. To achieve this, the PAC may set up technical working group (s) to provide advice on different areas of the response. The establishment of technical working group (s) is needs driven and at the discretion of individual province.
- 2.2.5 Individual sectors such as private sector, churches, PLHIV organizations may establish their own forum or mechanisms to facilitate sector wide coordination, dialogue and advocacy.
- 2.2.6 HIV Forum, a platform that brings together all stakeholders working on HIV issues in the province, provides a mechanism for sharing information on the epidemic as well as cross program and cross-sectoral learning.
- 2.2.7 Day to day coordination of the response is the responsibility of the PACS working under the general supervision and direction of the Provincial Administrator. The PACS consists of Technical Officers appointed by the NACS in conjunction with the Provincial Administration.
- 2.2.8 Provincial HIV Strategy, developed collaboratively with all stakeholders, under the leadership of the provincial government ensures closer alignment of stakeholder HIV plans and activities with provincial and national priorities and resources.

## SECTION THREE: DISTRICT HIV CORDINATION

- 3.1 The Joint District Planning and Budget Priorities Committee (JDPBPC) is responsible for approving District Plans, reviewing Local Level Government (LLG) plans, directing priorities against district plans and allocating district grants and linking with national priorities.
- 3.2 The District administrator is responsible for coordinating and monitoring implementation of functions of national departments and agencies at the district level and is therefore the Chief Accountable officer for the district.
- 3.3 The District Health Management Committee (DHMC) is the key administrative committee responsible for planning, coordinating and overseeing implementation of health service delivery in the district. It is therefore the key entry point for coordinating HIV activities in the district.
- 3.4 The District Administrator may establish a District AIDS Committee (DACs) to coordinate HIV activities in the district.
- 3.5 To ensure closer alignment of HIV management with government system, the DAC where it is established, will operate under the District Health Management Committee.
- 3.6 The District Administrator may designate one of the district staff, preferably a district health worker as District HIV Focal Point person. He or she will be responsible for day to day coordination of HIV activities in the district.
- 3.7 Districts are encouraged to develop their own HIV plans to guide the response in the district. The district HIV plan, developed jointly with all stakeholders, ensures closer alignment of stakeholder activities with provincial and district priorities and resources. It is also essential to ensure support and assistance is provided to the local response but at the same time provide feedback to the PACS and NACS on HIV work being done in the district.

## **SECTION FOUR: ROLES AND RESPONSIBILITIES**

### **4.1 District Health Management Committee**

The District Health Management Committee has the primary responsibility for preventing the spread of HIV and other STIs and managing their impact in the district.

### **4.2 District AIDS Committee**

#### **4.2.1 Composition**

Members of the DAC are appointed by the District Administrator on the recommendation of the sector they represent. The Committee is chaired by the District Administrator or a senior officer assigned by the Administrator. Members are appointed for a period of three years and are eligible for reappointment. As much as possible, membership should reflect the diversity of stakeholders working on HIV issues in the district and consist of individuals with appropriate skills drawn from the following key sectors:

- a) District divisions of especially health, education, community development, police;
- b) A representative of women's groups;
- c) A representative of youth Groups;
- d) A representative of People Living with HIV and other Key Affected Population;
- e) A representative of churches;
- f) A representative of CBOs;
- g) A representative of private sector;
- h) A representative of LLGs in the district.

Individuals appointed to the DAC should be willing to support the activities of the committee and generally possess the following qualities:

- a) Be of high moral standing;
- b) Have a passion for HIV work;
- c) Be role model in championing appropriate public health behaviour;
- d) Be willing and able to speak out against discrimination of PLHIV and other key affected populations in all its forms;
- e) Demonstrate understanding of HIV issues in the district;
- f) Be working on HIV related field;
- g) Be interested and willing to serve on the Committee.

## 4.2.2 Roles and responsibilities

Roles and responsibilities of the DAC include but may not be limited to the following:

- a) Meet regularly (at least once every quarter) to discuss HIV issues in the district and recommend ways to improve the response;
- b) Review and endorse district HIV plan and budget before presentation to the Joint District Health Management Committee (DHMC) and to Joint District Planning and Budget Priorities Committee (JDPBPC);
- c) Review and endorse progress reports before presentation to the DHMC;
- d) Advocate for allocation of DSIP and other district resources for HIV activities;
- e) Provide advice to provincial administration and the PAC on issues requiring further research or policy interventions;
- f) Advocate for mainstreaming of HIV issues in district programs and activities;
- g) Allocate funds provided by Open Member and PAC for HIV activities;
- h) Ensure funds allocated to DAC are spent according to plan and accounted for;
- i) Advocate for meaningful involvement of PLHIV and other KAPs in relevant district activities;
- j) Encourage stakeholders to work in partnership to improve coordination;
- k) Assist the District Administrator in monitoring implementation of HIV activities.

## 4.2.3 DAC meetings

The DAC should meet as frequently as business demands but at least once every quarter.

## 4.2.4 DAC reporting

The DAC reports to the DHMC and copies of its reports may be forwarded to the PACS for information.

## 4.2.5 Formation of DAC

The following steps may act as a guide in forming the DAC.

**Mobilise and convene initial stakeholders' meeting-** the purpose of this first meeting is to:

- a) Discuss and analyse HIV situation in the district;
- b) Identify key stakeholders involved in HIV activities in the district;
- c) Discuss any coordination mechanisms in district;
- d) Explore options for the formation of the DAC;
- e) Discuss criteria for selection of DAC members as specified in this guideline;
- f) Discuss and agree on the steps for setting up a DAC. Consider any follow-up issues including meetings, timetables for key activities and who will do what.

This first meeting should preferably be convened and chaired by the District Administrator or his/her designate, with guidance from the PACS. It may be facilitated by the PACS with the support of one or two other members of the PAC.

#### **4.2.6 Meet to elect DAC members**

This second meeting should preferably be convened by the District Administrator or his/her delegate. A representative of the PAC does not need to be present but their presence will add value especially in guiding the meeting.

The following key activities may take place during this meeting:

- a) Individual groups (constituencies) elect a representative to the DAC;
- b) Full membership of the DAC is constituted and confirmed - including names, titles, place of work and contact details;
- c) A tentative date for the induction of members is set;
- d) District Administrator designates a District HIV Focal Person.

#### **4.2.7 Induction of DAC**

The following may be covered during the DAC induction:

- a) Communicate basic HIV information;
- b) Communicate roles and responsibilities of members;
- c) Communicate roles and responsibilities of stakeholders;
- d) Communicate link and relationship between the DAC and PAC;
- e) Communicate links and relationship with the national level eg NAC, NACS;
- f) Communicate links and relationship between DAC and other district functions;
- g) Discuss strategies and options for developing a District HIV plan;
- h) Discuss options and strategies for financing district HIV activities.

### **4.3 DISTRICT HIV FOCAL PERSON**

A District HIV Focal Point is a person assigned by the District Administrator to coordinate HIV activities in the district. The responsibility should preferably be assigned to one of the District health workers although it can also be assigned to one of the active stakeholders in the absence of a substantive District HIV Coordinator. The District HIV Focal Person will report to the District Administrator. Technical support will be provided by the PACS. The roles and responsibilities of District HIV Focal Person include but may not be limited to the following:

- a) Spearhead development of district HIV plan;
- b) Prepare quarterly and annual reports on district HIV activities as required;
- c) Provide updates on implementation of HIV activities in the district to the DHMC and DMT;
- d) Dissemination of HIV information to stakeholders;
- e) Maintain database of stakeholders implementing HIV activities in the district;
- f) Compile and provide data on district HIV activities to the PACS as appropriate;

- g) Coordinate the preparation of World AIDS Day and other HIV events;
- h) Support LLGs to develop and implement their own HIV activities;
- i) Collaborate with stakeholders to ensure equitable distribution of HIV services in the district;
- j) Spearhead advocacy on HIV issues in the district;
- k) Record and keep minutes of DAC meetings.

## **4.4 IMPLEMENTING ORGANISATIONS**

These are organisations implementing HIV programs and activities in the district. Their roles and responsibilities include but may not be limited to the following:

- a) Recognise and work with the DAC to ensure proper coordination of activities;
- b) Develop and implement their HIV plan in line with district and provincial priorities;
- c) Share their annual HIV plan with DAC to facilitate coordination;
- d) Provide copies of their annual and quarterly progress reports to the DAC;
- e) Participate in district HIV annual planning process;
- f) Participate and contribute towards the development of district HIV plan;
- g) Participate in relevant meetings convened by the DAC as required;
- h) Participate and contribute towards the organisation of WAD and other HIV events;
- i) Share information with DAC and stakeholders to facilitate planning & coordination.

## SECTION FIVE: IMPLEMENTATION AND REVIEW

- a) Predictable resources in form of technical, financial and material resources are required to sustain the coordination activities outlined in this guide.
- b) The DACs are encouraged to work closely with their respective district administrations and Open members through the DHMC to mobilize appropriate resources for district HIV coordination. Additional support may be sourced from the PACS through the annual planning process.
- c) Pooling of resources between the DAC and stakeholders involved in the HIV response in the district level is encouraged.
- d) DACs are encouraged to work closely with the PACs to seek technical support with resource mobilisation.
- e) This guide should be viewed as a living document which may be reviewed from time to time to keep pace with new developments in the national and provincial response.
- f) Any revision will be led by the NACS. The DAC through the PACS and stakeholders may make recommendations or proposed changes as appropriate.

## References

BSR (2012), *Back to Basics: How to Make Stakeholder Engagement Meaningful for Your Company*, BSR publishes.

Chiam V. (2011), *A Guide to Resource Mobilization Planning*, *Telecentre Foundation, Quezon City*.

Gavin J.C. (2010), *Delivering Training and Technical Assistance*, U.S. Department of Health and Human Services, New York.

Independent State of Papua New Guinea (1997), *Provincial Health Authorities Act 2007*, Port Moresby.

Independent State of Papua New Guinea (consolidated to No 29 of 1998), *The Organic Law on Provincial Governments and Local-level Governments*, Port Moresby.

Independent State of Papua New Guinea (1997), *National AIDS Council Act 1997*, Port Moresby.

Independent State of Papua New Guinea (1997), *National Health Administration Act 1997*, Port Moresby.

National AIDS Council (2011), *PACS M&E Toolkit, User Guide*, Port Moresby

National AIDS Council (2008), *NHS Planning and Budgeting Guidelines (2011-2015)*, Port Moresby.

National Department of Health (2012): *2010 STI, HIV and AIDS annual surveillance report*, Port Moresby.

Provincial and Local Level Services Monitoring Authority (2009), *the Determination Assigning Service Delivery Functions to Provincial and Local-Level Governments*, Port Moresby.

## Feedback form for review

National AIDS Council Secretariat

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This form may be used to record any comments for the purpose of improving this guide. For the benefit of our records, we ask that you sign and provide contact details for follow up purposes.

Chapter	Page	Comments

We appreciate the effort of the National AIDS Council Secretariat to improve the HIV Coordination mechanism in PNG by providing the operating guidelines. Would request you to consider the comments listed above in your next review.

Thank you

Sign:

Name:

Province: