

# MANAGING AND COORDINATING SUB-NATIONAL HIV ACTIVITIES

Volume III

Implementers' Guide

March, 2013



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## ABREVIATION

AAP	Annual Activity Plan
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
BSS	Behavioural Surveillance Survey
CBO	Community Based Organisation
DAC	District AIDS Committee
FBO	Faith Based Organisation
GIPA	Greater Involvement of People Living with HIV
GoPNG	Government of Papua New Guinea
HIV	Human Immunodeficiency Virus
HRC	HIV Response Coordinator
KAPS	Key Affected Populations including Female Sex Workers, Men who have Sex with Men and Transgender population
LLG	Local Level Government
M&E	Monitoring and Evaluation
MSM	Men who Have Sex with other Men
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NCD	National Capital District
NDoH	National Department of Health
NGO	Non-Governmental Organisation
NHS	National HIV Strategy
PAC	Provincial AIDS Committee
PACS	Provincial AIDS Committee Secretariat
PEC	Provincial Executive Committee
PICT	Provider Initiated Counselling and Testing
PLHIV	People Living with HIV
PNG	Papua New Guinea
ProMEST	Provincial Monitoring, Evaluation and Surveillance Team
STI	Sexually Transmitted Infection
UN	United Nations
UNGASS	United Nations General Assembly Special Session (on AIDS)
VCCT	Voluntary Confidential Counselling and Testing
VCT	Voluntary Counselling and Testing

# SECTION ONE: WHY HIV COORDINATION GUIDELINES

## 1.1 INTRODUCTION

There are a range of organisations implementing HIV activities in Papua New Guinea (PNG). Effectiveness of their activities depends in large part on proper coordination. Coordination minimises duplication of efforts and facilitates effective implementation and service delivery.

Through the National AIDS Council Secretariat (NACS), GoPNG has established Provincial AIDS Committees (PAC) to coordinate HIV activities at the provincial level. Provinces are in turn encouraged to support districts to establish District AIDS Committees (DACs) to coordinate HIV activities at the district level.

This guide is intended to assist the PACs and DACs in carrying out their activities working collaboratively with stakeholders.

## 1.2 PURPOSE OF THIS GUIDE

This is **Volume III** of the: *Managing and Coordinating Sub-national HIV activities*. It provides guidance on how core coordination functions outlined in Volume I (provincial coordination) and Volume II (District Coordination) maybe carried out. It answers four basic questions- what, why, when and how.

The guide is developed in line with **Section 5 (1) b** of the **National AIDS Council Act, 1997** which empowers the NAC to make recommendations and provide guidelines on any issue relating to HIV and AIDS in PNG.

The guide is intended primarily for the PACS and DACs although implementing organisations such as provincial divisions, NGOs, churches, CBOs, private sector will find it useful.

## 1.3 WHAT THE IMPLEMENTERS' GUIDE COVERS

The guide covers six main coordination roles ordinarily performed by the PACS and DACs:

- Knowing your epidemic and the response;
- Planning for the response;
- Supporting implementation;
- Facilitating cross-program learning and information sharing;
- Facilitating monitoring and evaluation; and
- Reporting on the response.

The guide should be read in conjunction with Volume I (Provincial Coordination) and Volume II (District Coordination).

## SECTION TWO: KNOW YOUR EPIDEMIC, KNOW YOUR RESPONSE

### What is covered in this section?

- Why know your epidemic and response
- What you need to know
- Where to get information

### 2.1 KNOW YOUR EPIDEMIC

Knowledge of the provincial epidemic is the foundation for developing an effective HIV response. This section explains why, what and where relevant information on the provincial epidemic may be obtained.

#### 2.1.1 Why know your HIV epidemic?

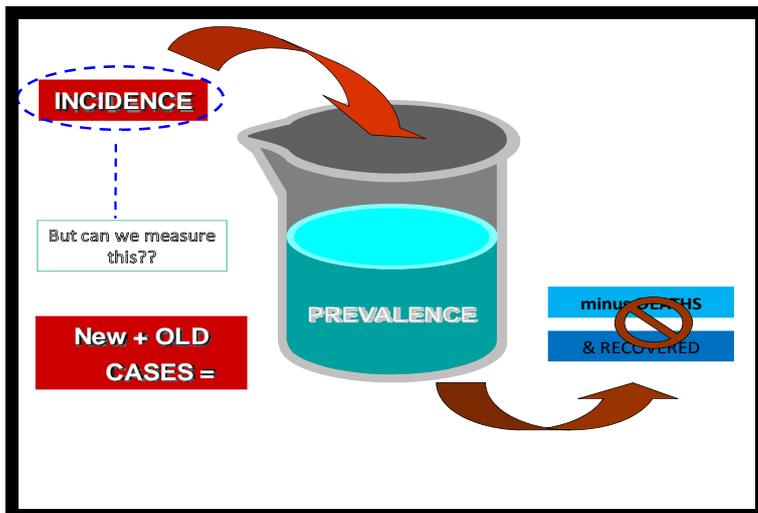
- **To advocate for action:** good information on the levels of infection, risk behaviors and social and economic impact of the epidemic are critical for generating a will to act. Data needs to persuade decision makers to take action to change the course of the epidemic.
- **To plan appropriately:** before deciding how much money should be spent on the response, it is important to know the size and distribution of the epidemic. It makes no sense to devote large resources to prevent HIV in an area where it does not exist. Experiences from different countries including PNG show that reduction in HIV infection is feasible if interventions are based on appropriate evidence. Interventions need to target sources of transmission, high risk behaviors and take into account cultural, linguistic and geographical diversity.
- **To mobilise resources:** good data and information on the levels and trends of HIV and other STI is critical in keeping HIV high on the agenda. Credible evidence shapes provincial, national government and donor decisions about funding.
- **To understand if existing programs are working or not:** if trend data shows that HIV incidence is reducing, then we know current prevention programs are working. On the other hand, if trend data shows that HIV incidence is increasing, then we know existing approaches are not working and may need to change.
- **To improve program interventions:** good information on HIV and other STI levels, trends, groups most at risk and risky behaviors helps to improve existing programs and planning future interventions.
- **To comply with national policies and guidelines:** PNG National HIV Strategy (NHS) promotes use of evidence in advocacy, research and HIV program planning at all levels. Evidence is information that is current and reliable.

#### 2.1.2 What you need to know?

- **Infection levels and trends:** to determine the amount of HIV and STI in the population, two main measures are used- **incidence** and **prevalence**.
  - ✓ Incidence refers to the number of NEW CASES over a given period, usually a year. Incidence is the best measure of whether a disease is increasing, decreasing or staying steady. It is the best measure of effectiveness of HIV and health programs.
  - ✓ Prevalence is the TOTAL NUMBER OF CASES, new and old in a population. It is harder to interpret than incidence, because we don't know how long people have been infected or how many are dying. For example, HIV prevalence may drop if deaths outweigh new infection, but this doesn't mean new infections are declining.

On the other hand, prevalence may rise if AIDS related deaths decline and people are living longer with HIV even if new infection has not increased.

### The Bathtub Analogy



- ✓ The most available data are usually absolute number of people with HIV. However, it is hard to compare absolute numbers, because provinces or districts have different populations and direct comparisons are therefore misleading.
  - ✓ It is therefore recommended to use rates and proportions. For example, in absolute numbers, National Capital District had 957 HIV cases and Western Highlands Province had 859 in 2010 which makes NCD seem much worse. But NCD's rate of infection based on ANC data was 1.2% compared to WHP's 1.3% during the same year.
  - **How HIV is distributed geographically:** HIV infection may be spreading faster in some districts or LLGs compared to others. This could be due to a variety of reasons - differences in economic, social and cultural activities. Understanding locations where most infections are occurring or hot spots helps in targeting interventions appropriately.
  - **Who is most at risk and why:** surveillance and behavioural data show that not everyone experiences the same level of risk in terms of exposure to the HIV virus. For instance, findings from studies conducted in Port Moresby in 2010 found that HIV prevalence was much higher among female sex workers, men who have sex with men and transgender compared to the general population. Knowledge of key affected population helps to target prevention efforts appropriately.
  - **Factors driving transmission:** in order to target prevention efforts appropriately, it is important to determine the main sources of transmission. Behavioural surveys show the following as some of the contributing factors to the spread of HIV in PNG:
    - ✓ Commercial or transactional sex- without condoms;
    - ✓ Multiple concurrent sexual partnerships- without condoms;
    - ✓ Unprotected penetrative sex among men who have sex with men (MSM);
    - ✓ Presence of other Sexually Transmitted infections (STI).
- Other sources of transmission include:
- ✓ Mother to child transmission during pregnancy, delivery or breastfeeding;
  - ✓ Blood transfusion;
  - ✓ Use of contaminated injecting needles.

- **Impact of HIV:** information on impact of HIV is vital for persuading policy and decision makers to act. Analysis should include impact on individuals, families, communities and development prospects of the province:
  - ✓ Impact on individuals: stigma and discrimination, emotional distress, difficulty accessing basic services such as health especially for MARPs, etc.
  - ✓ Impact on families- rising cost of care, funeral expenses in cease of death, reduced productivity in times of illness.
  - ✓ Development impact- increase in health care cost, cost of absenteeism, loss of skilled workforce and cost of replacing them in case of death.

### 2.1.3 Where to get information?

- In Papua New Guinea, the most reliable source of information on HIV is the surveillance data which is routinely compiled by the Provincial Monitoring, Evaluation and Surveillance Team (ProMEST) and the National Department of Health (NDOH). It integrates data from:
  - Voluntary Confidential Counseling and Testing (VCCT);
  - HIV case notification;
  - Blood Transfusion Services;
  - Provider Initiated Counseling and Testing (PICT) Sites- ANC, STI and TB clinics.
- Copies of the Annual Surveillance Reports can be obtained from NDoH or NACS.
- Information on most at risk population comes from periodic surveys:
  - Sero- sentinel surveys (ANC), STI, TB
  - Behavioral Surveillance Surveys (BSS)
  - Special surveys/research
  - National Sero-surveys
  - Qualitative research
  - Social mapping.

The PACS should always liaise with the NACS Research Coordination Unit for information on specific studies conducted in their respective province.

## 2.2 *KNOW YOUR RESPONSE*

### 2.2.1 Why know your response

- So you can tell a good story about the provincial response- what is being done, where, by whom and with what success;
- So you can determine if existing programs and interventions are adequate and appropriate;
- So you can identify gaps in the current response and areas requiring more efforts;
- So you can make the case for more resources if necessary- good information on current response can be used to convince government and donors on the need for further investment in the response.
- To contribute to knowledge of what works: by sharing information on successful interventions, the province can contribute to national and global understanding of what works and what doesn't (best practice);

### **2.2.2 What you need to know**

- Major programs and implementers- this should include programs and activities implemented by all stakeholders:
  - ✓ Government departments- health, education etc;
  - ✓ National and International Non-Governmental Organisations;
  - ✓ Faith Based Organisations and churches;
  - ✓ Community Based Organisations including PLHIV groups;
  - ✓ Private Service providers;
- Existing services and interventions:
  - ✓ HIV Counselling and testing services and sites;
  - ✓ Treatment services and sites;
  - ✓ Prevention programs and activities;
- Coverage of current programs- this includes program elements and their geographical coverage (districts, LLGS and or communities).
- Gaps in existing programs and response.
- Total investments in the response from all sources- provincial government, national government, development partners, NGOs and private sector;
- Opportunities for further interventions.

### **2.2.3 Where to get information**

- Routine program monitoring data- compiled regularly by ProMEST;
- Stakeholder plans- provincial health, education, NGOs, churches, CBOs etc;
- Stakeholder mapping;
- Individual NGO monitoring data;
- Information presented during stakeholders' forum
- Evaluation reports such as the Independent Review Reports;
- Filed monitoring visits.

## SECTION THREE: SPEARHEAD PLANNING FOR THE RESPONSE

### What is covered in this section?

- Why should you plan
- What type of plans should you develop
- When should you plan
- How do you plan

### 3.1 WHY PLAN?

Planning fulfils a range of strategic objectives:

- **It gives direction:** without plans, organizations merely react to daily occurrences without considering what will happen in the long run. Plans help avoid this situation by ensuring short-term efforts support and harmonize with future goals.
- **It focuses attention on objectives and results:** plans keep people who carry them out focused on results. In addition, clear goals help motivate employees.
- **It ensures optimal use of resources:** resources are targeted at key priorities.
- **It establishes a basis for teamwork:** diverse groups cannot effectively cooperate in joint projects without an integrated plan.
- **It helps anticipate problems and cope with change:** planning helps forecast future problems and makes necessary changes up front to avoid them. Changes are easier to forecast and manage with better planning.
- **It provides guidance for decision making:** if management doesn't have any plans for the future, they will have few guidelines for making current decisions. Plans help managers and employees keep eyes on the big picture.
- **It serves as a pre-requisite for fulfilling all other management functions:** planning serves as a basis for organizing, staffing, leading, and/or controlling.

### 3.2 WHAT TYPE OF PLANS DO YOU NEED?

Two types of plans are relevant for guiding provincial and district HIV response:

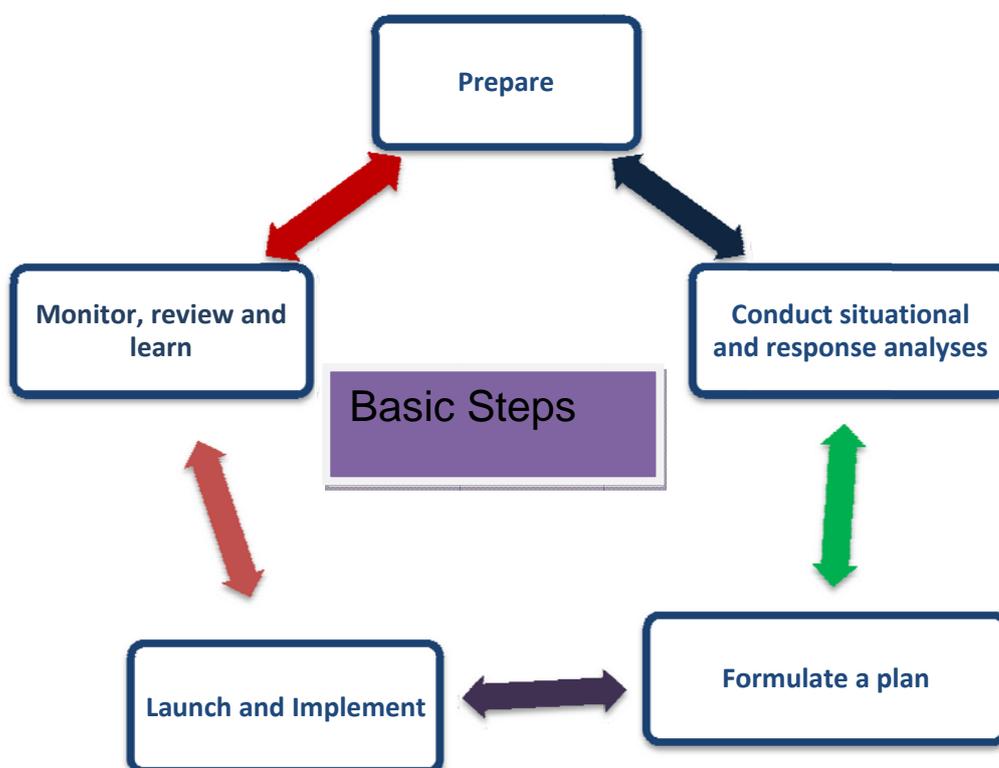
- **HIV strategic plan-**this is designed with the goals of the entire provincial or district response in mind, rather than the goals of the PAC, DAC or individual stakeholders. It looks ahead over the next three to five years and seeks to move the response from where it currently is to where it needs to be. It requires multilevel involvement and demands harmony among all stakeholders. It sets direction for individual stakeholder planning and activities. It should be developed in line with national and provincial priorities.
- **Annual activity plan:** annual activity plan sets out specific activities and results to be achieved in a given year. It should be developed by the PACS and individual

stakeholders. The goals are precise and measurable. It is derived from the strategic plan and identifies specific activities to be implemented in a given year.

### 3.3 WHEN SHOULD YOU PLAN?

- **Provincial/District HIV Strategy:** It is advisable to develop a provincial or district HIV strategy after a new National HIV Strategy has been completed. That way, the strategy can be aligned with the national priorities.
- **Annual activity plan:** is developed annually and it should be consistent with the overall provincial or district strategy. A generic timetable for developing AAP is provided in annex 9.4. Detailed guidelines can be obtained from the NACS Policy and Planning Unit.

### 3.4 HOW DO YOU PREPARE A PLAN?



#### 3.2.2 Prepare

- Why:** to map out activities and resources needed to develop a strategy.
- How?**
  - Constitute a core team to drive strategy development;
  - Agree on a process and methodology;
  - Develop a timetable with all activities and tasks;
  - Identify resources to develop the strategy- human, financial and materials;
  - Cost all activities that require funding;
  - Identify and mobilise resources for the exercise;
  - Develop Terms of Reference if external input is required;
  - Assemble relevant documents for situational and response analyses.

**iii) Information required**

- Relevant data and information and where they can be obtained from;
- Budget and funding availability for the process

**iv) Outcome of Step 1**

- An action plan with activities, timelines, roles and budget to develop the strategy.

**3.2.2 Conduct situational and response analyses**

**i) Why:** to document the nature, extent and impact of HIV and current response.

**ii) How?**

- Review relevant documents;
- Consult key stakeholders- government, NGOs, PLHIV, MARP setc;
- Consolidate findings from documents review and stakeholder consultations into a draft situational and response analyses report;
- Share draft report with key stakeholders for comments;
- Incorporate comments and produce final situational and response analyses report.

**iii) Information required**

- Surveillance reports;
- Relevant research publications;
- Statistics from testing sites;
- Program reviews;
- Routine monitoring reports;
- Quarterly and annual reports;
- Stakeholder reports.

**iv) Outcome of Step 2**

A situational and response analyses report highlighting:

- Levels and trends of HIV infection in the province disaggregated by districts and population sub-groups;
- Geographical spread;
- Most at risk populations and factors driving infection;
- Current interventions and their appropriateness;
- Gaps in current response;
- Opportunities for future interventions.

**3.4.3 Formulate goals, objectives and strategies**

**i) Why:** to set results to be achieved and the pathways for getting there.

**ii) How?**

- Conduct a 3-4 day participatory strategy planning workshop, involving all key stakeholders. The workshop should identify and build consensus on the goals, objectives, strategies and priorities for the duration of the strategy;
- For each strategy, identify priority interventions to achieve stated objective;
- Set clear measurable targets for each activity;

**iii) Information required**

- Situational and response analysis report;
- National HIV strategy;
- National/provincial health plan;
- Any other relevant documents as you deem appropriate.

**iv) Outcome of Step 3**

- Clearly defined set of objectives and strategies to achieve the desired results.

**3.4.4 Describe coordination and implementation arrangement**

**i) Why:** to determine who will do what to implement the strategy.

**ii) How?**

- Describe how the strategy will be coordinated and implemented - PAC and DAC are responsible for overall coordination while stakeholders deliver services such as prevention, counselling, testing and treatment;
- Describe how different levels will relate with each other during the course of implementation– the focus should be on reporting and accountability relations.

**iii) Information required**

- Strategic plan framework (the report produced in Step 4);
- Coordination Guidelines;
- Information on key stakeholders.

**iv) Outcome of Step 4**

- Clearly defined and flexible institutional arrangement to facilitate coordination, management and implementation of the strategy.

**3.4.5 Develop a monitoring and evaluation plan**

**i) Why:** to describe how the HIV strategy will be monitored and evaluated.

**ii) How?**

- Describe overall provincial response goal and strategy;
- Describe your monitoring and evaluation questions and indicators;
  - ✓ identify specific indicators;
  - ✓ Specify source of information/data for each indicator;
  - ✓ Specify frequency with which indicators will be monitored- quarterly, annually, every 2 years etc.
- Describe your strategy for collecting, analysing and storing data
  - ✓ What data will be collected
  - ✓ Who will collect data
  - ✓ How often will data be collected
  - ✓ How will data be analyzed and stored
- Describe your plan for disseminating and using analyzed data
  - ✓ Specify when activities will be carried out and by whom
  - ✓ Specify how data will be analysed, stored, disseminated and used.

- ✓ Devise a flow chart indicating data flow from data collection sites to analysis and dissemination.

**iii) Information required**

- Strategic Plan Framework (report produced in Step 4);
- National M&E plan;
- List of national indicators which act as a guide for developing provincial indicators.

**3.4.6 Determine resourcing requirement**

- i) **Why:** to determine total funding requirement for implementing the provincial HIV strategy and any funding gap that may exist.

ii) **How?**

- List all inputs for every activity in step 4– (human, financial, materials);
- Establish cost of each activity by summing up the cost of all inputs;
- Establish total funding requirement by summing up the cost of all activities;
- List all funding sources available to the province with respective amounts;
- Determine total available funds by summing up funds from all sources;
- Establish funding gap by subtracting available funds from total requirement;
- Develop strategies for mobilising additional resources to close the gap.

**iii) Information required**

- Strategic plan framework (produced in Step 3);
- Situational and response analyses report;
- List of current funding with their sources;
- List of other potential funding sources.

**iv) Outcome of Step 6**

- Total funding requirement for implementing the strategy;
- Available funds from current (known) sources;
- Funding gap;
- Strategies for mobilising additional resources to close the gap.

**3.4.7 Seek formal approval**

- i) **Why:** get commitment of all stakeholders in implementing the plan.

ii) **How?**

- Liaise with provincial administrator on when to present the strategy to PEC;
- Work with responsible office to include strategy on the order paper;
- Circulate copies of the plan to all member at least 2 weeks in advance;
- Prepare PEC submission summarising key elements of the plan where necessary.

**iii) Information required**

- Calender of PEC meetings;
- Copies of the draft Strategic Plan.

**iv) Outcome of Step 6**

- An approved provincial HIV strategy.

**3.4.8: Launch and implement the strategy**

**i) Why:** to unveil final strategy document to all stakeholders for implementation.

**ii) How:**

- Use the stakeholders' forum or any other strategic event to launch the strategy;
- Distribute copies to all key stakeholders;
- Provide summary of key elements of the plan to the media as appropriate.

**iii) Outcome of Step 7**

- A commitment from stakeholders to implement the plan.
- Content of strategic plan shared with and known by stakeholders.
- Copies of the strategy available to stakeholders.
- Strategy used in annual activity planning.

**3.5 Things to keep in mind when developing your HIV plan?**

- **Your plan should support national priorities:** provincial/district HIV plan should contribute to achievement of national HIV goals and priorities.
- **Your plan should be guided by evidence:** interventions should be guided by latest available information; address factors contributing to local HIV spread and be scientifically proven.
- **Involve beneficiaries and key affected population:** these include PLHIV, sex workers, MSM, young people. See annex 9.1 and 9.2 on how to integrate gender and GIPA.
- **Your planning process should promote transparency and accountability:** priorities, targets and resources must be discussed and agreed with stakeholders in an open and transparent manner. Planning must consider all funding sources- provincial and national government and any other known sources.
- **Your plan should be realistic:** a plan that cannot be implemented is worthless. Plans must be based on existing capacity (financial, human and material resources).
- **Your planning process should involve key stakeholders:** all relevant divisions, churches, NGOs, PLHIV and private sector.
- **View planning as an ongoing process:** HIV response environment is continually changing. Priorities should be continually re-assessed to accommodate new and emerging developments in the epidemic and the response.
- **Your plan should address the link between gender and HIV:** include measures to address gender as a driver and consequence of HIV.

## SECTION FOUR: SUPPORT IMPLEMENTATION

### What is covered in this section:

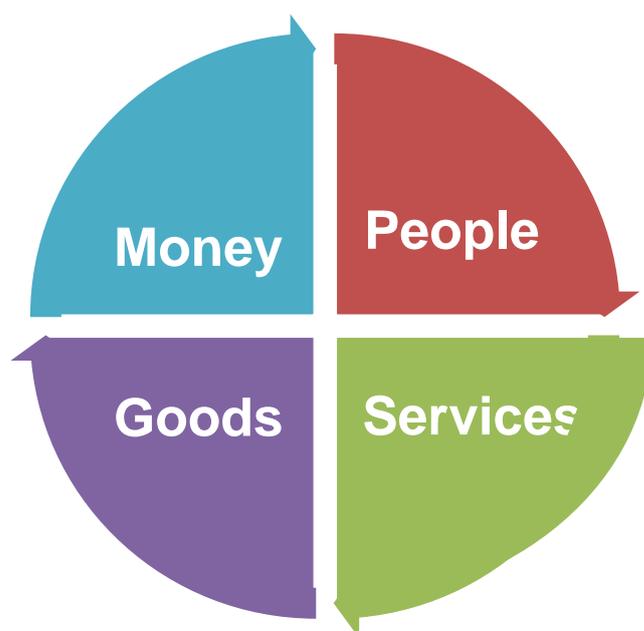
- Resource mobilization
- Capacity building
- Advocacy

Implementing a multi-sectoral response is a collaborative effort. It involves a range of stakeholders: provincial health, churches, CBOs, NGOs, private sector etc. As a coordinating entity, the Secretariat plays a key support role. These include but certainly not limited to assisting with resource mobilization, stakeholder management and building capacity. This section offers basic guidance on how these activities may be carried out by the PACS.

### 4.1 RESOURCE MOBILISATION

#### 4.1.1 What is resource?

Resources refer to all forms of input required to implement an activity or a project.



- **Money**- financial resources.
- **People**- a range of skills and competencies, paid or unpaid, full time or part time.
- **Goods** - buildings, computers, materials, furniture etc.
- **Services**- transportation, printing, photocopying, publication, slots on FM stations etc.

#### 4.1.2 What is resource mobilization?

For the purpose of this guide, resource mobilisation refers to the process of identifying and obtaining necessary financial and material inputs needed to develop, implement and sustain the HIV response. It involves developing and expanding relationships with individuals and organisations that provide resource as well as enhancing skills, knowledge and capacity to utilise available resources properly. It encompasses seeking new sources and maximising existing ones.

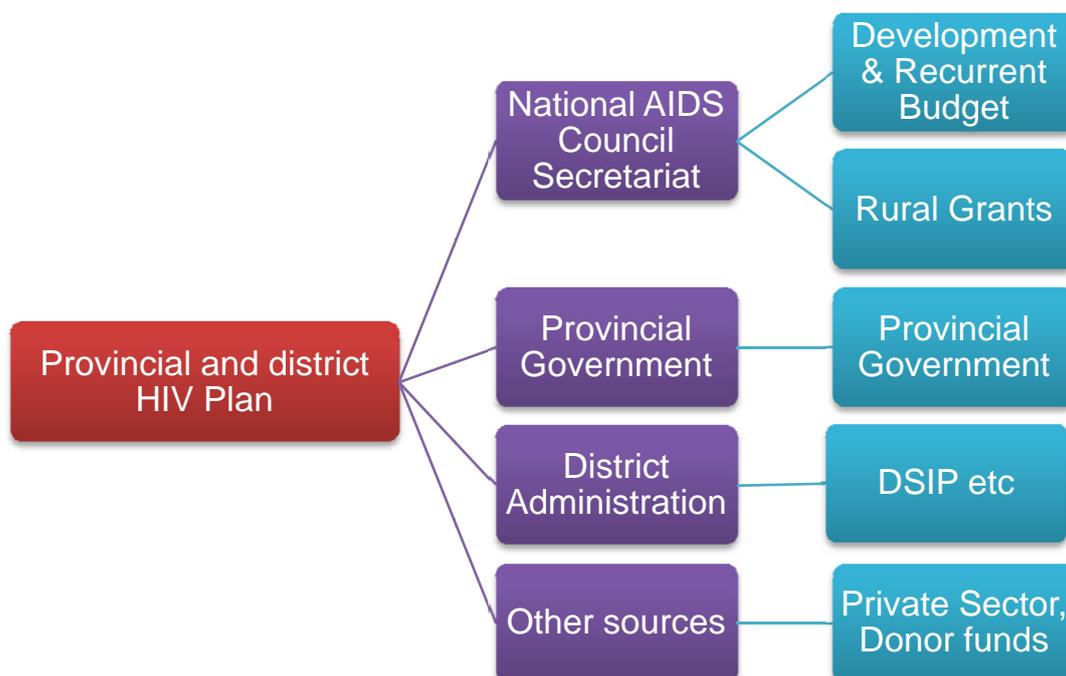
### 4.1.3 Why resource mobilization?

Access to resources is difficult for the vast majority of local organisations and funding is unpredictable for the majority of the PACS as well. A clear resource mobilisation strategy helps to:

- Identify funding options;
- Maximise available resources- it is not always the case that resources are lacking; sometimes you can use the same level of resources to achieve better results;
- Develop capacity for better management of resources; and
- Reduce vulnerability associated with reliance on a single or few sources.

### 4.1.4 What are the funding options?

The diagram below highlights possible funding sources for the provincial and district HIV response.



### 4.1.5 Basic steps in resource mobilisation

#### i) Develop a clear plan

- This can be provincial HIV strategy- refer to section 4 above;
- An annual activity plan;
- A new proposal for unfunded activities in the plan. This can be developed by the PACS, by a stakeholder or jointly by the PACS and stakeholders.

#### ii) Determine resource requirements

- Do this by identifying all major activities, quantifying and costing them.

#### iii) Determine available resources

- Do this by identifying and summing up resources available from all confirmed sources. For instance - commitments from provincial or district administration, NACS and any other known sources over the period of the plan.
- Consider all confirmed sources including from NGOs and private sector.

**iv) Determine resource gap**

- Do this by subtracting total available resources from the total requirements.

**v) Develop and implement strategies to close the resource gap**

- Participate in provincial/district planning process and lobbying funds for HIV
- Submit project proposals to potential donor agencies (locally or nationally),
- Fund raising drives.
- Joint initiatives with Civil Society organization;
- Public-private partnership.

#### **4.1.6 Tips to improve resource mobilization**

**○ Identify and map out all possible sources**

- ✓ Provincial Government;
- ✓ National government;
- ✓ Multi-lateral donor partners - Global Fund, UN System;
- ✓ Bilateral donor programs where they operate in your province or district;
- ✓ International and national NGOs;
- ✓ Elected representatives;
- ✓ District administration (DSIP etc);
- ✓ Business houses.

**○ Know funding requirements of different agencies**

Different agencies have different funding conditions. Knowing these requirements will help you tailor your proposals appropriately. Broadly, the following are key things to consider:

- ✓ Funding priorities - NHS priorities, beneficiaries and geographical areas.
- ✓ Eligibility criteria - who is eligible and who is not.
- ✓ Application format and accompanying documentation.
- ✓ Where to obtain application forms.
- ✓ Timeline for submitting application.
- ✓ Location where funding proposals is delivered.
- ✓ Contact persons (for receipt of application and follow-up).
- ✓ How and when feedback is provided by funding agencies.

**○ Maintain sound financial management systems**

Financial integrity enhances your chances of attracting external financing. Funding agencies usually want assurances that their funds will be managed properly. Elements of a good financial management system include:

- ✓ Effective internal controls;
- ✓ Maintaining books of accounts in line with international accounting standards;
- ✓ Timely & acceptable financial reporting;
- ✓ Timely and adequate activity reporting;
- ✓ Responding to queries from donors in a timely manner;
- ✓ Keeping expenditures within approved plan and budget;
- ✓ Seeking prior approval before using or reallocating any unspent funds.

## 4.2 BUILD CAPACITY

The PAC Secretariats may be called upon by stakeholders to assist in a range of areas. This section offers basic information on how the PACS may respond in case of such requests. We start by offering a simple definition of capacity development and its importance in the response.

### 4.2.1 What is capacity development?

Capacity is the ability of individuals, organisations and institutions to perform appropriate functions effectively, efficiently and in a sustainable manner.

Capacity development is therefore the process by which individuals, organisations and institutions develop competencies and capabilities that will lead to sustained and self-generating performance improvement.

### 4.2.2 Why capacity development?

The HIV epidemic and response is a fast evolving field. New information and approaches continue to emerge on an on an ongoing basis. It is important that individuals and organizations working on the response are abreast with the latest information, techniques and approaches to respond appropriately. Apart from the technical aspects of HIV (epidemiology, prevention, counseling, testing, treatment), stakeholders require knowledge and skills in HIV program development and management- see examples in section 4.2.3 below. Capacity development should thus be considered an integral part of an effective response.

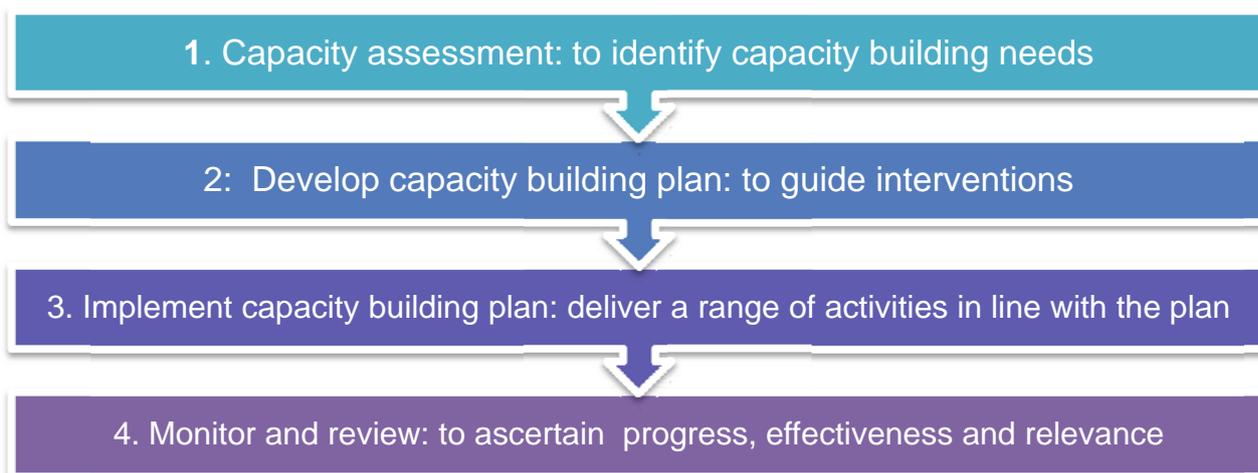
### 4.2.3 In which areas?

Capacity development may be required in the following areas:

- HIV technical areas- prevention, counselling, testing, treatment, care and support.
- Developing HIV strategy or annual activity plan.
- Mainstreaming HIV in provincial and stakeholder plans.
- Developing workplace policies and programs.
- Developing and implementing M&E systems including filling relevant M&E forms.
- Developing funding proposals.
- Facilitating meaningful involvement of PLHIV in the response.
- Report writing.

### 4.2.4 How can PACS assist with Capacity Development?

In order for capacity development to be effective, it should be systematic and follow a structured process. It should be driven by clearly identified needs, priorities and plan.



#### 4.2.5 Capacity development options

##### a) Targeted Training

Training is one way of imparting new knowledge and capability in people and organisations. The main provider of HIV training in PNG at the moment is the National HIV and AIDS Training Unit (NHATU). NHATU's training activities are coordinated at the provincial level by the PACS. The roles of the PACS include but are certainly not limited to the following:

- Conducting training needs assessment;
- Developing provincial HIV training plan based on clearly identified needs and priorities;
- Identifying suitable people to be trained in different areas;
- Developing training schedule in consultation with NHATU;
- Developing training budget in consultation with NHATU.

##### b) Mentoring and coaching

Mentoring and coaching are about supporting individuals to gain new skills and competencies. Mentoring is provided by a senior more experienced officer to another in making significant transitions in knowledge, work or thinking.

Coaching on the other hand is a process that enables learning and development to occur and thus performance to improve. To be a successful, a coach requires knowledge and understanding of process as well as the variety of styles, skills and techniques that are appropriate to the context in which coaching takes place.

The HRC, M&E and HIV Technical Officers can play a useful role in mentoring and coaching stakeholder staff and volunteers to improve their contribution to the response.

##### c) Technical assistance

Technical assistance is the provision of expertise in the form of personnel, training and research. It comprises activities that complement the level of knowledge, skills and technical ability of people as well as services (such as consultancies, technical support or the provision of expertise) that contribute to the execution of an activity or project.

There are different ways through which technical assistance may be provided and include: direct support by PACS, use of provincial technical support team where this exists, facilitating organizational linkages and seeking support from the national level (NACS and NDoH).

### **Direct support by PACS staff**

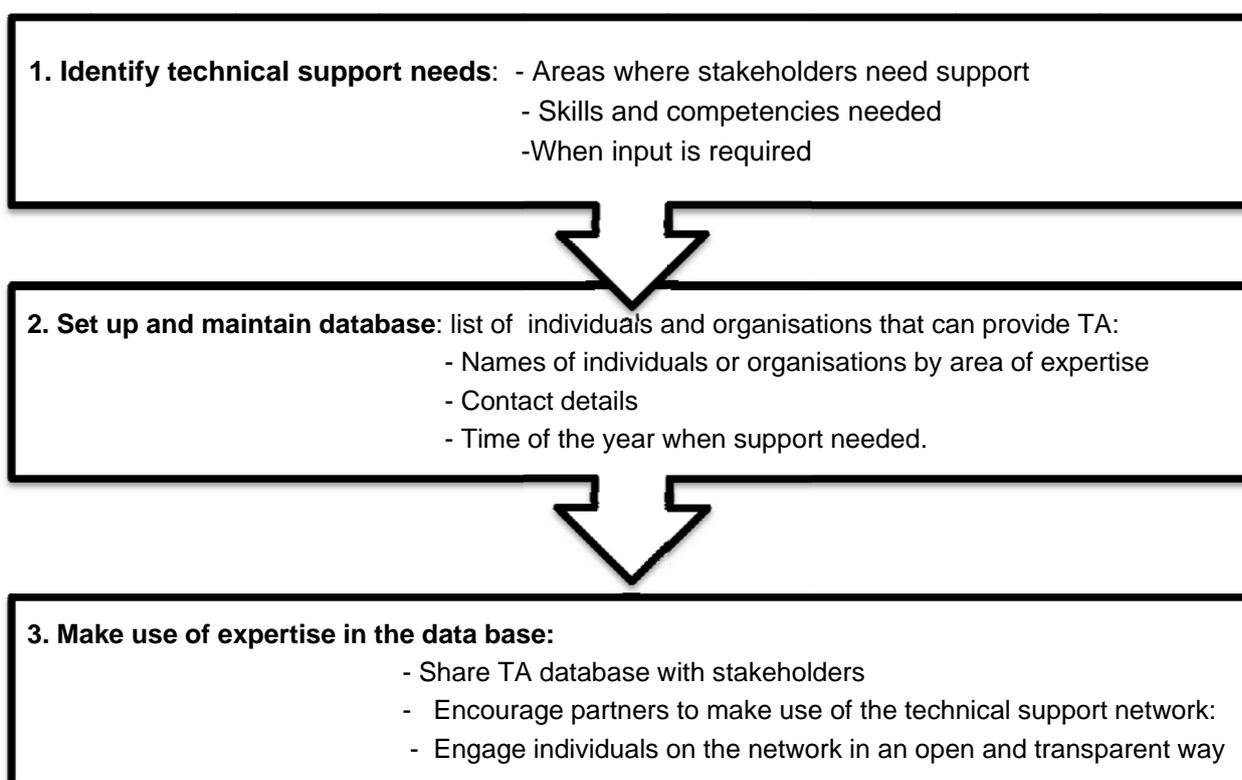
- This is where support is provided by (HRC, M&E Officer and HTO).
- The person providing support must be technically competent in the relevant field.
- The request must be possible within existing time and resource constraints.

### **Support by the provincial technical support team**

- Support may be provided by a pool of expertise drawn from relevant divisions- Provincial Disease Control Officer, ProMEST etc.
- It may consist of individuals or organisations identified and pre-qualified by the PAC.
- The network may also consist of individuals working with other organisations– but willing to support in their areas of expertise.

### **How you can set up a technical support team**

The diagram below describes how PACS may set up a technical support team to build capacity.



## **4.3 SPEARHEAD MOBILISATION AND ADVOCACY**

### **4.3.1 What is advocacy?**

Advocacy is a method and a process of influencing decision makers and the public to focus on an issue of concern. Advocacy helps mobilise individuals and communities to take action to achieve social change, including legislative and policy reform to address the concern.

### **4.3.2 Why Advocacy?**

Effective HIV response requires an environment where:

- Laws and public policies support the development and implementation of programs;
- The rights of key affected populations (PLHIV, women and sexual minorities) are respected- where these groups are not stigmatised and excluded from services;
- Factors that give rise to vulnerability such as gender and sexual violence are not tolerated;
- There is political will to allocate resources and support program implementation.

Factors that give rise to the enabling environment for effective HIV response include:

- presence of supportive leadership;
- presence of supportive laws and policies;
- existence of appropriate social norms;
- Supportive community attitudes;
- Leadership champions.

In PNG, key policies and legislation have been developed but implementation lags behind. Advocacy can help ensure these policies and legislations are implemented.

### **4.3.3 How to carry out advocacy?**

- Set clear objectives about what you are seeking to achieve;
- Identify target audience and structure the message to suit them;
- Actively involve key affected populations such as PLHIV, Sex Workers, MSM;
- Develop strategic partnerships with influential people and organisations;
- Support your messages with empirical data to increase acceptability.

### **4.3.4 How to gain support and commitment of leaders?**

#### **a) Identify and know your leaders and their key roles**

- Elected leaders (Governor, Open members, LLG members);
- Bureaucrats (Provincial Administrator, heads of division, district administrators);
- Cultural or traditional leaders;
- Business (heads of private businesses- mining, logging, chamber of commerce);
- PLHIV representatives;
- NGO leaders;
- Religious leaders (Bishops, Reverends, Priests, etc.);
- Women leaders and youth leaders.

#### **b) Involve leaders in key HIV events and processes**

- World AIDS Day commemoration;
- HIV joint planning;
- PAC activities;
- Monitoring outreaches;
- Official opening and closing of HIV training workshops and seminars;
- Meeting with important guests visiting the province from the national level.

**c) Recognize leaders for outstanding contribution to HIV work**

- Publicly acknowledge important contributions such as funding for World AIDS Day;
- Provide written acknowledgement for financial and material support;

**d) Share reports and key documents with leaders**

- Annual and quarterly reports;
- Important publications from the national level;
- Quarterly newsletters.

**e) Provide leaders with simple and user-friendly advocacy materials**

- HIV fact sheets;
- Strategic HIV advocacy and awareness materials such as pamphlets and brochures.

**f) Targeted advocacy and influencing**

- Discuss HIV issues with leaders whenever there is an opportunity- e.g. at planning meetings;
- Influence speeches and talking points to ensure HIV issues are included.
- Build relationship with speechwriters and involve them in trainings to build capacity.
- Provide speechwriters with HIV information and data to include in the speeches.

**g) Facilitate access to capacity building for leaders**

- Include leaders in relevant HIV trainings as appropriate;
- Involve leaders in HIV related learning and exchange visits;
- Encourage and support leaders to participate in national and international HIV events.

## SECTION FIVE: FACILITATE CROSS PROGRAM LEARNING AND INFORMATION SHARING

### What is covered in this section:

- Establishing and maintaining stakeholder data base
- Facilitating effective communication
- Convening and conducting stakeholder forum

Learning and information sharing-between programs and among stakeholders-is one way to improve HIV programming. It provides opportunity to share best practice and learn from one another. This section focuses on stakeholder identification and mapping, effective communication and stakeholder forums as key mechanisms for learning and information sharing.

### 5.1 *STAKEHOLDER IDENTIFICATION AND MAPPING*

#### 5.1.1 Who are stakeholders?

Stakeholders are individuals, groups or organizations that have an interest in or are affected by a project or an activity. For the purpose of the HIV response, these include provincial divisions, DACs, churches, FBOs, CBOs, NGOs, PLHIV groups and businesses involved with response.

#### 5.1.2 Why stakeholder identification?

- To know major players and their contribution to the response:
  - ✓ what they are doing,
  - ✓ where they are working,
  - ✓ coverage of their activities,
  - ✓ amount of resources they are investing in the response.
- To establish key contacts for ongoing communication and collaboration;
- To establish legitimacy- confirm that they are implementing what they state on paper;
- To establish legal status- are they registered with any authority or not;
- To know if organisations have the capacity to deliver in line with stated claim (objectives)
- To identify gaps in geographical and thematic coverage.

#### 5.1.3 How do you identify stakeholders?

Stakeholder mapping is the most basic way to identify key stakeholders and their activities. It is a collaborative process of research, debate, and discussion that helps to determine a key list of stakeholders, activities, coverage and investments in the response.

#### 5.1.4 Basic steps in stakeholder mapping

##### a) Identifying

The first step is to brainstorm and come up with a list of all stakeholders and their areas of work. This is what we call a “long list”. You may use the following list to help:

- Government (provincial divisions, hospitals etc)
- NGOs (both national and international including faith based organizations)
- Churches

- CBOs (Associations, PLHIV Groups and networks etc). Focus on key ones
- Private Sector organizations (business houses etc)
- Media houses

### **b) Prioritizing**

It is not practical and usually not necessary to engage with all stakeholder groups with the same level of intensity all of the time. Being strategic and clear about whom you are engaging with and why can help save time and money. Look closely at the stakeholder list and decide whether they are material to merit detailed gathering of information and ongoing engagement. The decision can be based on the size and nature of contribution to the response but also influence.

### **c) Gathering data**

Once a short list has been determined, administer a simple questionnaire to collect basic information covering nature of organisation, major activities, and resources. Ensure information is provided by authorised and most knowledgeable person in the organisation. The template in section 9.6 of the annex may assist in collecting the information.

### **b) Analyzing**

The collected information should be analysed and an electronic data base established. A simple summary report should be prepared and shared with stakeholders. The report should bring out key stakeholders, geographical and thematic areas of their work and key contacts. Data base should be updated from time to time (once a year) as the list may change over time- new organizations come while others leave.

The following criteria may help with the analysis:

- **Type of organization:** is it government, NGO or private sector?
- **Thematic area of work:** which area of the NHS is the organization working- prevention, counseling, testing, treatment and care or systems strengthening?
- **Geographical area of work:** which district or LLG?
- **Funding level:** what is the relative contribution in terms of budget to the response?

### **c) Mapping**

This entails visual representation of stakeholder activities on the map of the province or district to show location and coverage. It enables you to see where stakeholders are working, location of their activities but more importantly shows which areas are not covered by current programming. Refer to annex 9.6 for template for collecting stakeholder information.

## **5.2 FACILITATE EFFECTIVE COMMUNICATION**

You and your PAC exchange information with a range of stakeholders and partners every day. This process is known as “communication”, and it may take many forms. Communication can range from auditory means, (such as speaking and tone of voice) to nonverbal, physical means (such as body language, eye contact and the use of writing).

Communication can be complex and involves interactions between individuals, groups, organisations and communities.

Communication is a very powerful process as it portrays the core values, roles and responsibilities of your PAC in coordinating the HIV response in your province. Given the significant impact of communication, it is vital that it is considered in a strategic manner.

This section outlines the different components of proactively managing communication.

### **5.2.1 Why communicate?**

The first step in communication is to determine the purpose of communication. That is, the “objectives” of your communication. Each PAC is different and therefore will have different communication objectives at different phases of coordination.

### **5.2.2 Who do you communicate with?**

Prior to communicating with stakeholders you should carefully consider the key individuals, groups, organisations or communities you are interested in reaching. These are your “target audiences”. For a PACS, target audiences may include:

- The provincial divisions;
- National AIDS Council Secretariat;
- PAC members;
- Elected members;
- PLHIV network;
- DAC;
- Other key stakeholders such as NGOs, businesses, CBOs, FBOs, Churches etc;

While this may seem like a lengthy list you can apply some prioritisation to break them into primary and secondary audiences. Primary audiences would be the focus of your communication as they are the key decision makers in your work area. However secondary audiences are still important as they exert influence on primary audiences - and can impact on your communication objective.

### **5.2.3 What to communicate?**

Once you have determined your communication objectives and target audiences, it is time to devise your “key messages”. These are key statements your organisation wants to communicate about its activities or performance.

Key messages are developed to ensure information given to target audiences is complete, reliable and accurate. It reduces the risk of information being misunderstood by your audiences.

### **5.2.4 How to Communicate?**

There are many “channels of communication” that can be used to get your message out to your target audiences. Some channels to consider include:

- Mass media - such as radio, animation, television and newspapers;
- Electronic media - such as the internet, email, , text messaging; etc
- Publications and resources - such as brochures, pamphlets, posters, flyers; newsletters
- Circulars - such as letters;
- Billboards;
- Person to person - such as role models, peer groups, celebrity spokespersons, executive briefings and workshops.

The most important consideration in selecting a channel of communication is to understand which is most relevant and commonly used by your audience.

To illustrate - if your objective is to communicate with staff in your office about the new Monitoring and Evaluation Framework, then you may want to use person-to-person communication, in the form of a workshop. In this example, mass media would not be relevant - and the information would reach many people that have little interest in the framework.

### **5.2.5 How effective is your communication?**

Like any activity undertaken by your organisation, monitoring and evaluation plays a part in communications. It allows you to assess how well you are meeting your communication objectives, and this knowledge enables you to make changes as required.

Monitoring and Evaluation can be conducted through either qualitative or quantitative methods.

Qualitative methods may include:

- In depth interviews;
- Focus groups;
- Projective techniques.

You can undertake the following qualitative methods to assess your communication objectives:

- Conduct a one-on-one in-depth interview with key informants such as provincial health advisor to assess their personal opinions, beliefs and values;
- Conduct focus groups with your PLHIV network. This involves an interactive unstructured (or loosely structured) discussion led by a moderator. It allows the participants to freely discuss their thoughts;
- Conduct projective techniques with the general public - such as role playing or completing a story in order to ascertain their thoughts or opinions.

Qualitative methods are most commonly used in communications, as they assess:

- Target audience views;
- Opinions;
- Perceptions.

Quantitative methods can also be employed and most often this involves the development of questionnaires and scales. For example, target audiences are asked to complete a survey that is used to gauge their thoughts on a particular communication activity.

### **5.2.6 Special case: media communications**

When communicating with media outlets you will sometimes be required to provide information on a reactive basis, such as responding to a burning HIV issue on the media in your province.

In this case, there are some simple steps to assist in responding effectively to such situations:

- Stop and think - rather than give an immediate response to a media query. Ask the journalist when their deadline is, and if possible, ask for some time to respond. Normally media outlets will accommodate a small wait for the right information.

However do not let the time slip as the journalist may go to another source - which may not be reliable.

- Should you be making a comment or statement? The first question to ask yourself is whether your PAC is in the appropriate position to respond to the media query. Sometimes the media will seek comments that are out of the scope of your work, or may be highly contentious or political in nature.
- It is particularly important to seek advice if the issue could escalate to national or international interest. If it is not in the scope of your mandate, then refer the journalist to the relevant person or agency.
- Research: If the media query does relate to your PAC then it is essential to research as much as you can about the issue. This may require you refer back to files, or seek out relevant experts who can provide current, reliable and accurate information.
- At this stage it is worthwhile developing key messages to get across to the media.
- Media Statements, Conferences and Spokespeople: Now that you have all that you need it is time to get back to the media.
- If it is a minor issue, then you may just want to respond on the phone or in person. If the issue is more complex, then you may set up an interview with an expert who can comment on the issue in greater depth.
- Elements to consider in an interview are:
  - ✓ Who is the media outlet?
  - ✓ Why they want the interview?
  - ✓ Who will be attending?
  - ✓ What will the media require?
  - ✓ What information does your organisation want to convey?
  - ✓ Where and when the interview will be held?

If you set up a media conference, or release a statement, all media outlets will have the same information and this will increase coverage of the issue.

Media statements should contain the who, what, where, when, why and how of the story:

- ✓ Why do I want to say it?
- ✓ What do I want to say?
- ✓ Who do I want to say it?
- ✓ How do I want people to react?

**Remember - when conducting an interview or media conferences:**

- **Be honest**
- **Stick to your key messages**
- **Pace yourself**
- **Don't keep on talking unnecessarily as you may divulge more than is necessary.**

## 5.3 CONVENE REGULAR STAKEHOLDERS' FORUM

### 5.3.1 What is it?

Stakeholders' forum is an event that brings key players together on a regular basis to learn and share information on the provincial or district epidemic and the response. Among other things, the forum provides opportunity to:

- Share information, lessons and experiences between programs and organisations;
- Identify successful and promising interventions and ways to scale them up;
- Discuss challenges and jointly identify solutions;
- Networking between individuals and organisations;
- Identify areas for joint action including advocacy, resource mobilisation;
- PACS and stakeholders identify common priorities for the future; and
- Helps strengthen relationship between PACS and implementing organisations.

### 5.3.2 Who attends?

Participants for the forum may include but certainly not limited to:

- Provincial divisions- health, education, correctional services etc;
- Representatives of provincial hospital;
- Major NGOs (national and international);
- Churches and faith based organisations;
- State-owned enterprises (e.g. telecom, electricity, water);
- DACs representatives
- Private sector including mining, petroleum and logging companies operating in the area;
- Media;
- CBOs including organisations of PLHIV and other KAPs
- Organisations of positive people;
- Women's organisations;
- Youth organisations.

### 5.3.3 How often?

Stakeholder forum requires significant preparation and funding. It may not be possible to hold more than two in a year. Actual number will depend on funding availability. PACS are encouraged to include this in their annual activity plan and budget. The duration of each forum will depend on the issues to be covered but should last no more than three days.

### 5.3.4 How do you organise it?

#### a) Meet and prepare

- Decide on objectives and outcomes.
- Determine a suitable date.
- Decide the number and list of participants.
- Assign roles and responsibilities for organising the forum.
- Decide on the program and agenda.
- Identify facilitators- session presenters, guest speakers etc.
- Identify logistics and where they will come from.
- Determine format of presentations.

#### b) Execute agreed tasks

- Develop detailed program- topics, facilitators and time for each session;
- Prepare detailed budget and confirm availability of funds (ideally this should have been included in the PACS annual activity plan and budget for current year);

- Identify and secure a venue.
- Write to the facilitators and confirm their availability to present giving at least three weeks' notice. Invitation should spell out topics and format of presentation. Sessions should reflect the diversity of stakeholders and different areas of the response.
- Send invitation letters to all participants giving them at least 3 weeks' notice.

### **c) Conduct the forum- structure of the forum**

The following may act as a guide for the forum session:

- Prayer
- Official opening by a key figure- Governor, Open Member, Administrator,
- Overview of provincial epidemics. This session will ideally be led by a member of ProMEST. The focus is on promoting better understanding of the epidemic, its drivers, key affected population, geographical spread and challenges relating to data.
- Overview of the provincial response: this will feature the main achievements, challenges and lessons in the overall provincial response and should utilise the most recent data. It should cover all areas of the response (prevention, counselling and testing, treatment, care and support and systems strengthening) as per the national and provincial strategy
- Presentations by selected stakeholders featuring successful practices, lessons and how these can be replicated. This should be driven by the theme for the forum. Remember to include session for representatives of PLHIV network and key affected populations.
- Provide adequate time for discussion in between presentations and consider discussion in small groups and plenary;
- Way forward. This requires agreeing on broad priorities for the coming period. ;
- Formal closure of the forum

### **Prepare forum report**

- Produce a consolidated forum report;
- Produce a summary of key recommendations with follow up actions;

### **Implement key outcomes**

- Circulate forum report to all key stakeholders drawing attention to agreed action points.
- Follow up with responsible persons to ensure agreed action plans are implemented.
- Include forum report in quarterly/annual reports to provincial administration and NACS.

## SECTION SIX: MONITOR AND EVALUATE THE RESPONSE

### What is in this section:

- **Monitoring and evaluation**

Monitoring and Evaluation is an important element of coordination and a key function of the PACS through the ProMEST. Broadly, PACS M&E roles include but are not limited to:

- The developing and implementing provincial M&E strategy in line with national M&E system;
- Developing and implementing provincial M&E plan;
- Establishing and ensuring functional ProMEST;
- Providing technical assistance to stakeholders in developing and implementing their M&E plan system in line with provincial and national M&E plan;
- Collating, analysing and disseminating clinical and non-clinical data covering the entire provincial response.
- Establishing and maintaining provincial M&E database for HIV activities;
- Dissemination of the M&E products.

A comprehensive M&E guide is available separately from NACS and NDoH M&E divisions.

## SECTION SEVEN: PREPARE AND DISSEMINATE PERIODIC REPORTS

### What is covered in this section:

- Why report
- What types of reports should you prepare
- When to report
- Reporting format
- Reporting format

### 7.1 WHY REPORT?

Reporting fulfils a range of strategic objectives:

- **It is a statutory requirement:** NAC is required by law (NAC Act 1997) to submit progress reports to government on implementation of HIV activities in the country. The same Act empowers NAC to obtain information and reports from all organisations working on HIV in the country.
- **It is a means to document and share achievements, challenges and lessons:** regular reporting enables the PACS to communicate its achievements, challenges and lessons to all stakeholders.
- **It is an accounting tool for resources received:** quarterly and annual reporting enables the PACS to provide information on what it has achieved using resources received from different sources.
- **Internal management tool:** reporting enables the PACS to keep track of activities, challenges and opportunities for improvement.

### 7.2 WHAT KIND OF REPORTS SHOULD YOU PREPARE?

- **Activity (program) report:** this is the main report for which the PACS is accountable. It covers all activities implemented by the PACS during the reporting period. It should reflect funding and other resources received by the PACS from all sources- NACS, provincial government etc. It should include activities carried out by all stakeholders funded through the PACS (e.g. local CBOs funded under the rural grants). Achievements of stakeholders not funded directly by PACS should be included as annex.
- **Financial reporting:** this provides information on total receipts and expenditure during the reporting period. Detailed guidelines for financial reporting are available separately and can be obtained from the finance division of NACS. The financial report should normally be submitted alongside program report.
- **Monitoring and evaluation report:** M&E report is a subset of the overall PACS activity (program) report and should always be considered as annex to the main report. It generally derives from the ProMEST work. This report provides evidence to illustrate the functionality of the ProMEST.

### 7.3 WHEN SHOULD YOU REPORT?

- Progress reports are prepared quarterly and annually.
- PACS must receive stakeholder reports early enough to prepare a comprehensive report.

The table below provides an indicative reporting schedule for quarterly and annual reports. It incorporates timelines for submission of stakeholder reports to PACS.

Quarter	stakeholders and DACs submit report to PACS by	PACS prepare consolidated reports by	PACs submit consolidated report to PAC, PMT & NACS by PACS
First Quarter	Second week of April	Third week of April	Last week of April
Second Quarter	Second week of July	Third week of July	Last week of July
Third Quarter	Second week of October	Third week of October	Last week of October
Fourth Quarter & Annual Report	Second week of January (following year)	Third week of January (following year)	Last week of January

### 7.4 WHAT IS THE REPORTING FORMAT?

- Formats for quarterly and annual reporting are identical. The only difference is that quarterly reports capture activities carried out during the quarter, while annual report covers activities carried out during the entire year.
- PACS should ensure stakeholder reporting complies with provincial reporting regime for ease of compilation and comparison.
- Reports will generally capture: summary of activities planned during the reporting period, actual achievements and reasons for any variations.
- See annex 9.5 of this guide for the reporting template.

### 7.5 WHERE SHOULD YOU SUBMIT REPORTS?

- The PACS consolidated quarterly and annual reports should be submitted to the provincial administrator with copies to NACS. Generally, the report should be reviewed and endorsed by the PAC prior to distribution.
- All stakeholder reports (funded and resourced directly or indirectly by the PAC) should be submitted to the PACS for incorporation into the provincial report;
- DAC reports should be submitted to the district administrator with copies to the PACS.

## SECTION EIGHT: IMPLEMENTATION AND REVIEW

What is covered in this section:

- How to resource implementation of the HIV coordination activities
- When and how this guide can be reviewed

Predictable resourcing in form of technical, financial and materials are required to support and sustain implementation of HIV coordination as outlined in this guideline.

The PACS and DACs are encouraged to work closely with the provincial and district administrations through the annual planning process to ensure budget allocation for HIV coordination and service delivery in line with GoPNG policy on decentralisation.

National AIDS Council Secretariat will provide technical assistance to support implementation of this guideline through the PACS. NACS may also provide modest recurrent budget allocation to meet the core cost of the PACS operation.

The PACs are encouraged to work with key stakeholders and solicit their contribution towards major activities such as Stakeholders' Forum, stakeholder mapping, joint provincial HIV planning and outreach monitoring visits.

This guide should be viewed as a living document to be reviewed from time to time to keep pace with new developments in the national response.

Any revision will be initiated and led by the NACS. The PACS, DACS and stakeholders may make recommendations or proposed changes as appropriate.

## SECTION NINE: ANNEXES

### What is covered in this section:

- Supporting meaningful involvement of PLHIV
- Integrating gender in HIV response
- Annual planning format
- Calendar of annual planning events
- Annual reporting template
- Template for collecting stakeholder information
- Format for recording meeting minutes

### 9.1 SUPPORTING MEANINGFUL INVOLVEMENT OF PLHIV IN THE RESPONSE

#### What is it?

- GIPA means Greater Involvement of people Living with HIV
- It aims to realize the rights and responsibilities of PLHIV, including the right to self-determination and participation in decision-making processes that affect them
- GIPA also aims to enhance the quality and effectiveness of the AIDS response

#### How did GIPA come about?

- GIPA was first announced in 1983 at the National AIDS conference in Denver, USA (“Denver Principles”)
- In 1986, the Ottawa Charter for Health Promotion pronounced the importance of empowerment for communities
- In 1994 it was declared at the Paris AIDS Summit, known as the Paris Declaration signed by 42 countries.
- UNGASS 2006 political commitment by leaders to support GIPA principle

#### Why do we need GIPA?

- Publicly acknowledged involvement helps to break down stigma and discrimination
- Positive people have a great deal to contribute towards the response
- Positive people challenge the myths and misconceptions of HIV and AIDS
- Positive people can perform valuable functions
- Improves self-esteem, decreases isolation and depression and improves health through access to better information
- By sharing personal testimonies, PLHIV can be powerful advocates for behavioural change. In doing this, they provide counselling services for others.

#### How can PLHIV be involved?

- Policy making process
- Program development and implementation
- Annual planning process
- Leadership and support, group networking and sharing
- Advocacy

- Campaigns and public speaking
- Treatment roll-out and preparedness
- Adherence counselling

### **Barriers to implementing GIPA**

- Stigma and discrimination
- Expectations relating to disclosure
- Low skills level / language barriers
- Violence against PLHIV
- Fear of losing employment
- Poor role models

### **What can you do to promote GIPA?**

- **Promote better understanding of issues affecting PLHIV in the province**
  - ✓ Support PLHIV groups to carry out baseline assessment on the situation of PLHIV;
  - ✓ Support dissemination of baseline assessment findings;
  - ✓ Carry out inventory of PLHIV organisations and groups in the province.
- **Support formation of PLHIV groups and networks**
  - ✓ Provide financial and technical support to hold PLHIV meetings.
  - ✓ Provide technical support to PLHIV on how to hold meetings.
  - ✓ Provide advice to PLHIV groups on how to elect their Executives;
  - ✓ Provide advice to PLHIV groups to define roles and responsibilities;
  - ✓ Encourage and support PLHIV groups to adopt good governance practices e.g. regular election of committee members.
  - ✓ Provide advice to PLHIV groups on how to register with relevant authorities- registration requirements e.g. as Memoranda, Articles of Association, Constitution.
  - ✓ Funding allocation to PLHIV groups to facilitate registration where necessary.
- **Provide organizational development and management support:**
  - ✓ Provide support in establishing functional office as appropriate;
  - ✓ Provide technical support in establishing office procedures- simple record keeping, financial management, visitors log, data on activities etc.
  - ✓ Provide advice to PLHAV groups on how to document and share their activities.
- **Support PLHIV organizations and networks to develop and implement their plans**
  - ✓ Provide advice to PLHIV groups on how to develop long term vision (strategic plan);
  - ✓ Provide advice and support to PLHIV groups to develop annual plans and budgets;
  - ✓ Provide advice to PLHIV groups on possible sources of funding for their activities;
  - ✓ Provide advice to PLHIV groups on how to develop funding proposals;

- **Support effective participation of PLHIV in decision-making processes**
  - ✓ Facilitate representation of PLHIV groups on the PAC and its technical committees.
  - ✓ Involve PLHIV representatives in stakeholders' forum and key HIV events.
  - ✓ Involve PLHIV representatives in provincial HIV planning process.
  
- **Support PLHIV groups to advocate against stigma and discrimination**
  - ✓ Provide opportunity for PLHIV groups to participate and present at key HIV forums;
  - ✓ PLHIV participation in local, national and international HIV events where possible.
  
- **Advocate for involvement of PLHIV in prevention, treatment and care programs**
  - ✓ Involve PLHIV in planning prevention and awareness campaigns;
  - ✓ Work with service providers to train and involve PLHIV as lay counsellors;
  - ✓ Work with service providers to involve PLHIV in key programs as appropriate.
  
- **Facilitate referrals between PLHIV and AIDS service organizations**
  - ✓ Support PLHIV groups to disseminate information on the location of AIDS services- counselling, testing and treatment services.
  
- **Facilitate access of PLHIV groups to capacity development opportunities**
  - ✓ **Organisational development and management:** planning, proposal writing, project implementation, report writing, conflict resolution, communication etc.
  - ✓ **Leadership:** leadership development trainings.
  - ✓ **Advocacy:** trainings on how to organise and conduct advocacy with various groups - government, NGOs, politicians, community leaders, media etc.
  - ✓ **Public speaking:** training in public speaking
  - ✓ **Positive living:** facilitate access to information and training on positive prevention, nutrition physiological wellbeing etc.
  - ✓ **Peer counselling:** facilitate access to information and training on counselling.
  - ✓ **Treatment Literacy:** information and training on ART, STI, treatment of opportunistic infections.
  - ✓ **Documentation, learning & sharing:** basic training on how to document and share their own personal testimonies and record of their achievements in battling HIV.

## 9.2 INTEGRATING GENDER IN THE RESPONSE

### What is gender?

Gender refers to the economic, social, political, and cultural attributes and opportunities associated with being female and male. The social definitions of what it means to be female or male varies among cultures and changes over time. Gender is thus:

- Socially-constructed;
- Specific to a given context at a given time – and therefore changeable;
- Determines what is expected, allowed and valued in men and women;
- Recognizes the differences and inequalities between women and men regarding their responsibilities, roles, access to and control over, resources and decision-making.

Sex and gender are not the same thing. Sex is used to describe biological differences. Gender is dynamic. Sex is fixed.

Differences between men and women should be considered and dealt with at all stages of HIV planning and implementation because HIV affects men and women differently.

### Why integrate gender in HIV response?

- Women are biologically more susceptible to HIV and other STI than men.
- Evidence shows that women are disproportionately affected by HIV compared to men.
- Women aged 15-24 years make up a large proportion of PLHIV in PNG.
- Gender and sexual violence including rape increase women's risk of contracting HIV greatly. A woman who is raped has no chance of negotiating safer sex, using condom or abstaining from sex.
- Programs that integrate women's risks and vulnerability are likely to be more effective.

### How and when do you integrate gender?

- **Conduct gender analysis as part of situational and response analyses**
  - ✓ Use gender disaggregated data when conducting situational analysis.
  - ✓ Identify specific risks and vulnerability for both men and women.
  - ✓ Consider differences in access to resources between men and women and how these affect the way HIV is transmitted or prevented;
  - ✓ Consider the varied roles of women and men and how these hinder or enhance access to HIV prevention, treatment, care and support services;
  - ✓ Identify how existing policies and programs affect men and women in the face of HIV;
- **When setting goals, objectives and strategies**
  - ✓ Involve both men and women in the planning process.
  - ✓ Apply outcomes of gender analysis in goal and strategy setting.
  - ✓ Consider the range of choices for both men and women.
  - ✓ Set objectives for specific target groups by sex, age group and need.
  - ✓ Include specific strategies for engaging men.

**○ When developing a monitoring and evaluation plan**

- ✓ Plan strategies for collecting gender disaggregated data;
- ✓ Develop gender sensitive indicators- indicators that track progress and impact of activities on both men and women;
- ✓ Consider participation of women in collection, interpretation and contextualization of data;
- ✓ Identify areas where further gender research may be needed.

**○ When allocating resources for implementing the plan**

- ✓ Consider specific needs of both men and women in funding allocation;
- ✓ Allocate funding for specific prevention activities for women- e.g. gender and sexual based violence, promotion and distribution of female condoms,

**○ When implementing strategy**

- ✓ Ensure equal participation of both women and men;
- ✓ Ensure male involvement in activities;
- ✓ Ensure funds are disbursed to implement gender sensitive programs;

### 9.3 ANNUAL ACTIVITY PLAN FORMAT

**The Annual Activity Plan should contain the following essential elements:**

- **Cover page:** Self-explanatory
- **Table of contents:** Self-explanatory

#### **a) Abbreviations**

All abbreviations used in the content of the plan should be listed alphabetically and written in full. When used for the first time in the document, it should be spelt out in full and then abbreviated from thereafter.

#### **b) Executive Summary**

This provides a summary of the plan in not more than two (2) pages covering HIV challenges in the province, key drivers, gaps in the response and proposed objectives and strategies for implementation. The summary must also include a budget. It may be presented in as follows:

- Overview of HIV/AIDS situation in the proposed areas of work
- Key drivers and gaps in the response
- Proposed objectives and priority areas along with key expected results
- Strategies for implementation
- Summary of budget

#### **c) Section 1: Introduction**

In this section, provide a brief write up of your strategy for dealing with the HIV challenges in the province including the purpose of this plan, why and how (process) it was developed.

#### **d) Section 2: Overview of HIV and AIDS situation in the working areas**

In this section provide a brief update on the levels and trends of HIV situation in the province or district; who is most affected, areas most affected and any special features of the epidemic. Also provide a description of the main modes of transmission and key driving factors. If working

#### **e) Section 3: Review of HIV and AIDS response in the working areas**

In this section, describe the main initiatives in the area to address HIV. Also describe the main partners and what they are doing, gaps in the current response and opportunities that could be seized to improve the response.

#### **f) Section 4: Review of last year's performance**

In this section, describe how you performed implementing the first half of this year's AAP. The review should cover the following:

##### *Performance outcomes and outputs*

Outline key achievements against what was planned in the first half of this year and provide explanation of any variations.

##### *Budget Outturn*

In this section provide feedback on your budget proposal for the first half of this year's annual activity plan. Identify the sources and amounts of funding. If there were any variations between your proposal and actual expenditure, what were the variations and reasons for the variations

Priority Area (PA)	Total Annual Approved (Kina)	Budgeted Jan-June (Kina)	Expenditure Jan-June (Kina)	% Utilization	Remarks
PA-1					
PA-2					
PA-3					
Administration					
<b>Total</b>					

### *Major Constraints and lessons*

In this section, describe the major constraints you encountered in implementing last six months plan/activities? What actions did you take to overcome those constraints/challenges faced? Constraints can be due to failure to realize funds or late disbursement of funds from the different funding sources, lack of human capacity, too many activities, insecurity etc. Furthermore, outline the most important lessons learned implementing the current plan.

Constraints/Challenges faced	Remedial actions taken
...	...
...	...

### **g) Section 5: Priority Activities**

In this section, outline your major objectives, strategies, target areas and groups, and activities for the coming year. .

#### **Objectives:**

Explain here the major goals and objectives focusing on the key expected change or results your province wants to achieve.

#### **Activities:**

Explain here the major activities that will be implemented by your province to achieve the stated goals and objectives stipulated above. Give number and names of districts and Local Level Government to be covered by the activities as appropriate. Included target groups and number that will be reached with activities in the year.

### **h) Section 6: Summary of Budget**

In this section provide a summary of budget for implementing proposed activities covering the following aspects:

- total amount of money you expect to receive from all sources indicating how they will be spent broken down by source;
- Any unspent balance from previous year and this should be broken down by source; and
- Show how you intend to spend the money by program area).

### **i) Section 7: Implementation arrangements**

In this section, describe roles and responsibilities of different actors in the implementation of the Annual Activity Plan including any partnerships. Also outline the involvement of target groups, provincial/district/local level government in the implementation process.

### **j) Section 8: Monitoring and Evaluation**

In this section, outline your approach to assessing the quality and impact of your activities, describing how you will monitor the plan, by whom and when? You may adopt Log Frame

format (below). Also include detailed work plan and budget in Section 10, what key activities will be carried out to assess the performance/achievement outlined in those sections).

Results/ Hierarchy	Data				Time	Person Responsible	
	Indicator, data or information needed	Baseline	Target	Source of Information	Collection/ Reporting Frequency	Who will collect?	Who will analyse?
<b>Goal/ Impact</b> (The long term development impact – policy goal) that the activities contribute at a national or sectoral goal)	How the achievement will be measured	Status of the indicator and year	Target to be reached and year	Sources of information on the Goal/Impact indicator			
<b>Purpose or Outcome</b> (The medium term results that the activity aims to achieve – in terms of benefits to target groups)	How the achievement of the purpose will be measured	Status of the indicator and year	Target to be reached and year	Sources of information on the Purpose indicator			
<b>Outputs</b> (The tangible products or services that the activity will deliver)	How the achievement of the Outputs will be measured	Status of the indicator and year	Target to be reached and year	Sources of information on the Outputs indicator			

#### k) Section 9: Risk Management

In this section, identify and describe possible risks that might affect implementation of your plan and possible measure to mitigate the risks.

Risk	Likelihood impact on the implementation of the plans	L	C	RL	Mitigation plan of actions	Responsible (Org/person)*	Time
<b>Internal</b>							
<b>External</b>							

Note: (coding for L, C, and RL)

**L**=Likelihood (1=Unlikely, 2=Possible, 3=Likely, 4=Almost certain)

**C**=Consequence (1=Minor, 2=Moderate, 3=Major, 4=Severe)

**RL**=Risk Level (1=Low, 2=Medium, 3=High, 4=Extreme)

\*For multi-partner project, organization should be responsible and specified, whereas in the case of single organization person should be specified.

**I) Section 10: Detailed work plan and budget**

Attach detailed work plan and budget using the template provided.

**Annual Implementation Plan and Budget**

<b>Priority Area of NHS:</b>									
<b>Goal:</b>									
<b>Strategic Priority:</b>									
<b>Cluster(s):</b>									
<b>Strategic Objectives:</b>									
Activities	Annual Target (s)	Performance Indicator	Year				Estimated Budget	Funding Source(s)	Remarks
			Q1	Q2	Q3	Q4			

**Notes:**

- **Activities** – activities under the strategic objective you will implement this year.
- **Annual Target**– the targets you aim to achieve through the activity at the end of the year that will contribute to the national target.
- **Performance Indicator** – How to show that you have achieved the target that has been set for the activity during the year.
- **Estimated Budget** – the total amount of money needed to implement the specific activity under the strategic objective.
- **Funding Source (s)** – the names of agency- provincial government, NACS, NGO or other entities that will finance the activities.
- **Remarks** – Any comments you may have for clarity and rational in regards to the information provided in the AAP to assist with the assessment of the plan.

#### 9.4 ANNUAL PLANNING EVENTS CALENDAR

When?	What?	By whom?
March	Update provincial HIV situational and response analyses	HRC assisted by Provincial Planning Officer and PCC.
1 <sup>st</sup> week of April	PMT and PAC meet to determine provincial government contribution.	PAC Chairperson and HRC.
1 <sup>st</sup> week of April	DAC Chairperson and Open member meet to determine district contribution.	DAC Chairperson assisted by HRC.
2 <sup>nd</sup> & 3 <sup>rd</sup> week of April	<b>NHS (National) planning workshops- disseminates new any new information to PACS and stakeholders.</b>	<b>NACS supported by NHS steering Committee.</b>
4 <sup>th</sup> week of April	2-3 days provincial joint planning workshop with DACS and stakeholders.	PACS assisted by Provincial Planning Officer
2 <sup>nd</sup> week of May	Development of annual activity plan by PACS and stakeholders.	PACS assisted by Provincial Planner.
3 <sup>rd</sup> week of May	Review and endorsement of provincial plan by PAC and PEC.	Provincial Administrator assisted by HRC.
End of June	<b>Submission of annual activity plan to NACS by PACS.</b>	<b>HRC.</b>
1 <sup>st</sup> week of July	Review of annual activity plans against national priorities and available funding.	NACS and NHS Steering Committee.
Second week of July	Preliminary feedback to PACS and stakeholders on annual activity plan	NACS with support of NHS Steering Group
3 <sup>rd</sup> Week of July	Development of consolidated national annual activity plan. HRC may be called upon to clarify issues in the provincial plan.	NACS with support of NHS- TWG.
4 <sup>th</sup> week of July	Review and endorsement of consolidated NHS Plan by the NAC.	NACS Director.
When?	What?	By whom?
First week of August	Submission of consolidated NHS plan to Treasury and DNPM.	NACS Director.
By end of December	Final feedback to PACS and stakeholders following appropriation.	NACS with support of NHS Steering Group
January	Final revision of AAP and budget by PACS and stakeholders.	PACS assisted by Provincial Planner.

## 9.5 QUARTERLY AND ANNUAL REPORT FORMAT

### Quarterly and Annual Report Format

#### Outline of the narrative

1. Cover page- self explanatory
2. Table of content- self explanatory
3. **Introduction:** in this section, explain the purpose, period covered and highlights of main achievements.
4. **Overview of last year's priorities:** in this section, give a summary of key activities you had planned to carry out during the reporting period (last quarter or last year).
5. **Budget performance**
  - a) **Revenue performance:** in this section, give a summary of how much money you (PACS) received from all sources during the reporting period. This should also include any carryover from previous period. You may use the table below to capture information:

Budget Source	Budgeted amount for the reporting period	Actual amount received	% received against budget
NACS Development Budget	XXXXXXXXXX	XXXXXXXXXX	
NACS Operational Budget			
Provincial Government			
Any other source- (indicate if any)			
<b>Totals</b>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

- b) **Expenditure performance:** in this section, provide a summary of expenditure by broad areas of the NHS. You may use the table below to summarize the information.

NHS Area	Budgeted amount for the reporting period	Actual spending for the reporting period	% spent against budget
Prevention			
Treatment, Care and Support			
System Strengthening			
<b>Totals</b>	XXXXXXX	XXXXXXX	XXXXXXX

## 6. Achievements and Results

In this section describe your main achievements and results during the reporting period. Information should be factual supported by real performance data.

- Include both outputs (e.g. Number of people trained, Number of PAC meetings held etc) and outcomes (changes arising from those activities)
- Please include any activities carried out but were not in the work plan.
- Be selective, highlighting key achievements which tell a story, rather than long lists of tasks.
- Note that the reader is likely to compare these results with the elapsed implementation time and amount of money spent on the activity.

**7. Major constraints & lessons: in this section, describe** major implementation challenges/issues encountered during the reporting period? This can be failure to realise funds, late receipt of funds, lack of capacity, too many activities, tribal fights etc. Key lessons from previous reporting period should be taken into account in preparing the current report.

**8. Summary and recommendations-** these are key suggestions and recommendations to tackle identified challenges and improve implementation for the coming period.

9. Summary matrix below for reporting achievements against target

### Quarterly and Annual Reporting Matrix- Provincial AIDS Committees

1. Name of Province:-----
2. Reporting Period: -----(e.g. January31st - December 30<sup>th</sup> 2012)
3. Name of Reporting Officer: -----

What were your planned activities for the reporting period?	What did you achieve (be specific and quantify achievements- e.g. trained 100 health workers in VCT; conducted 4 PAC meetings; established DAC in Y district)	What are the main reasons for over or under achievements of this activity	What are the main challenges/ lessons learned implementing this activity	Actions to improve future performance

## 9.6: GENERIC FORM FOR GATHERING STAKEHOLDER INFORMATION

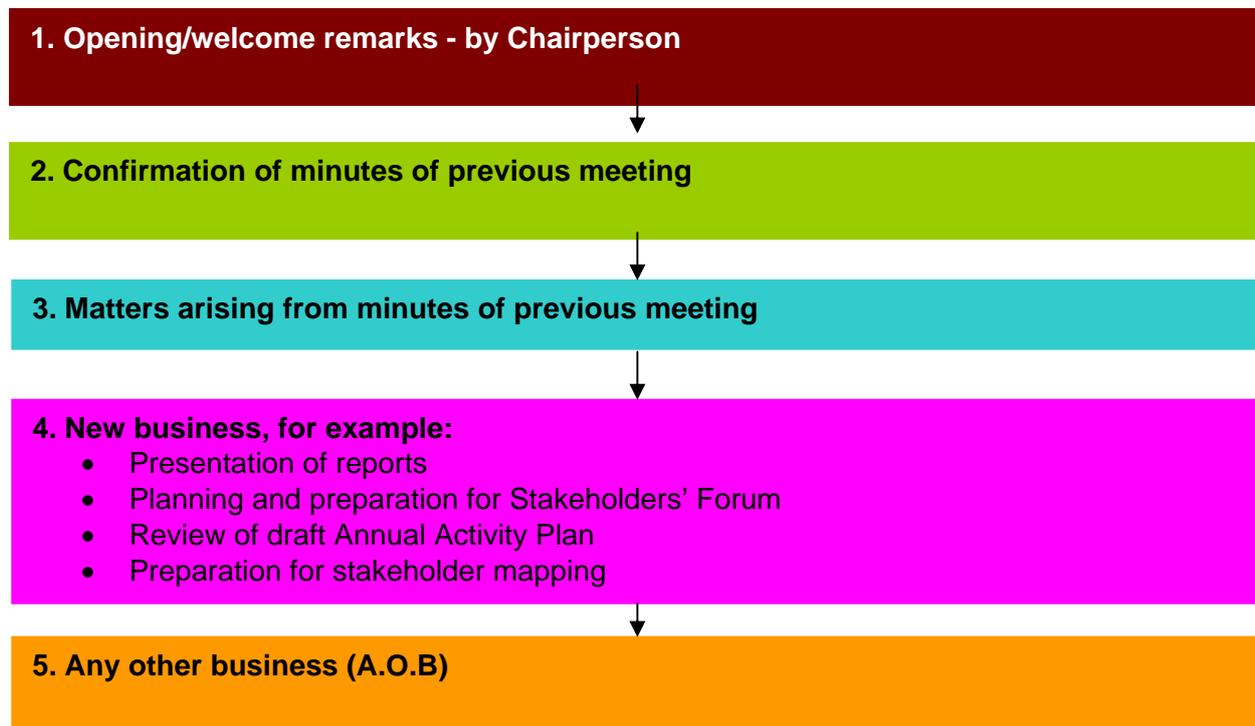
**This form may help with gathering information on organisations and their activities**

Name of Province or district: \_\_\_\_\_  
 Name of organisation: \_\_\_\_\_  
 Name of respondent: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Date when this form is filled: \_\_\_\_\_

1. Type of organisation							
Government Department	Intern NGO	Nat NGO	FBO	Private Sector	CBO	Other (specify)	
2. Year when organization started working in the province:							
3. Is your organisation registered with any authority in PNG?			Yes		No		
4. If yes, which authority, provide IPA address							
5. List names of districts and LLG where organisation is working							
6. Target population and estimated number of people served by your organisation							
7. List NHS area (s) your organisation is working							
8. List key activities implemented by your organisation by NHS area							
9. List equipments your organisation has if providing counselling, testing & treatment services.							
10. List gender specific activities implemented as part of your organisation's HIV work							
11. List your main sources of funding							
12. Give estimated annual budget (current year).							
13. Give number of technical staff working on your HIV program.							
14. Give number of Volunteers working on your HIV program							
15. List key partners your organisation is working with							
16. Give physical Address in the province							
17. Give postal address							
18. Office telephone							
19. Fax							
20. Contact person							
21. Mobile of contact person							
22. Email and website							

This information should be updated regularly say quarterly or annually.

#### 9.7 Guide for conducting meetings and recording minutes



#### General principles in running smooth meetings

- Check that you have nominated who will Chair the meeting. This may be the Chairperson of the PAC, but some organisations like to rotate this responsibility amongst its members;
- Check that as a team you decide upon how decisions can be made. For example, who is able to vote on motions, how many speakers can speak for or against a motion - and who can vote?
- Check that the meeting is guided by an agenda. An agenda is simply a list of items to be discussed at a meeting. It provides the structure for the meeting.
- You may develop briefing papers to help focus your meeting. Briefing papers are an efficient way to provide PAC members with additional information.
- Check that there is a quorum present for the meeting. A quorum is the smallest number, or proportion of, people required to attend the meeting to be able to make decisions.
- Check that someone is always responsible for taking minutes at every meeting. Minutes are a written record of your meetings. Minutes should be written in an objective, factual, non-emotional way.
- Briefing papers are usually circulated before the meeting so that members have time to read and think about the information

## Sample format for recording minutes

### 1. Title of the Minutes

### 2. Members present

This is a record of the members present during the meeting. You should list their:

- Name
- Title or position
- Organisation they represent
- Contact details (e.g. their regular telephone number and email address).

### 3. Apologies

This is a list of the names and titles of members who are unable to attend the meeting, but have sent in apologies;

### 4. Confirmation of minutes of previous meeting

The chair should check that the previous minutes have been circulated and members have had time to read them.

The chair should ask those present whether the minutes represents an accurate account of what was discussed in the previous meeting, or whether they need to be corrected.

Once the minutes are confirmed as accurate, they become the official record of the last meeting.

### 5. Matters arising

The chair should then lead a discussion on business arising from the previous meeting, based on the information in the minutes.

For example – at the previous meeting, it was decided that Guidelines for developing annual activity plan be photocopied and circulated to all stakeholders by 15<sup>th</sup> May 2008. The HRC was asked to circulate the Guidelines.

The chair should ask what has been done on this matter and the answer should be recorded in the minutes of the new meeting.

### 6. New Business

- This is the part of the meeting where issues have the opportunity to be discussed and decisions are made.

For example, issues for discussion can include:

- Presentation of reports;
- Planning and preparation required for the next Stakeholders' Forum;
- Review of the draft Annual Activity Plan 2009;
- Preparation required for the stakeholder mapping exercise.

### 7. Any other Business (A.O.B)

- These are issues of a general nature worth noting.
- Any additional information can be raised in this section of the meeting, e.g. announcements.

## 8. Next meeting

- Set a date, time and venue for the next meeting.

### Checklist for recording minutes

- It is important to decide how formal or how detailed, the minutes will be.

There are no set rules about how much or how little information should be included. It is a matter of personal style.

However - minutes must record the decisions made and areas requiring follow-up action.

When taking minutes:

- Check that you are prepared. Always have a pen and paper;
- Check that you have a copy of the agenda;
- Follow the structure of the agenda – use the same numbering and headings;
- Check that the minutes include:
  - ✓ The name of your organisation (e.g. East Sepik PAC);
  - ✓ The date of the meeting (day, month, year);
  - ✓ The place of the meeting (e.g. ESP PAC office, Wewak);
  - ✓ A list of the people who attended;
  - ✓ A list of the people who sent their apologies;
  - ✓ The name of the person who Chaired the meeting;
  - ✓ The name of the person who took the minutes of the meeting;
- Check that you include any corrections to the previous minutes. Record the fact that the corrected minutes were accepted as a true record of the previous meeting;
- When the minutes from the previous meeting are corrected, check that both the Chair and the Minute Secretary sign them. These people do not necessarily have to have been at the previous meeting, as they are signing the minutes on behalf of the people who were present at the meeting;
- Check that minutes record:
  - ✓ Any decisions reached during the meeting;
  - ✓ Any decisions not to take action;
  - ✓ Actions that require follow-up.
- Check that full text of any motions or amendments are recorded. This includes the proposer and seconder of each motion. If need be, ask that the meeting be stopped and the wordings repeated so that you can record it accurately.
  - ✓ You should list the results of any votes – for example, “six people for the motion and two people against”. The Chair is responsible for announcing the outcome of a vote;

- Be aware that some agenda items may be confidential. The Chair is responsible for clearly stating that the agenda item is confidential and to ensure the meeting is aware of what it means to respect this confidentiality. Items that may be confidential could include issues about someone’s health or their personal situation.
- The full copy of the minutes, which are to be circulated, may not necessarily include the confidential items. However, the Chair and should retain a copy of the complete minutes, including confidential items.
- Check that the minutes record the date, time and place of the next meeting. Additionally, they should record who will be chairing and taking minutes at the next meeting.
- Endeavour to write up the minutes very soon after the meeting. Even people with good memories can forget important details once time goes by;
- Circulate the minutes in advance of the next meeting;
- For PAC meetings, check that a copy of the minutes is filed at PACs office and that a copy is also sent promptly to the NACS.
- Address the minutes to the Director of NACS - and copy them to the respective Provincial Liaison Officer. The Provincial Liaison Officer will help follow up on any necessary actions.
- You might want to use the following Action Sheet to help you record the activities to be undertaken, arising from the minutes of your PAC meeting (**Table 13**).

**Table 13** Action Sheet - in support of the minutes

This should be attached to your minutes:

<b>Recording minutes – Action Sheet</b>		
<b>Action</b>	<b>Person responsible</b>	<b>Date when task is to be completed</b>

## References

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

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