

MANAGING AND COORDINATING SUB-NATIONAL HIV ACTIVITIES

Volume I

Operational Guide for Provincial AIDS
Committees

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ABBREVIATION

AIDS	Acquired Immune Deficiency Syndrome
AusAID	Australian Agency for International Development
BAHA	Business Coalition against HIV and AIDS
CBO	Community Based Organisation
DAC	District AIDS Committee
DPLGA	Department of Provincial and Local Government Affairs
GoPNG	Government of Papua New Guinea
HHISP	AusAID's Health and HIV Implementing Services Provider
HAMP Act	HIV and AIDS Management and Prevention Act
HIV	Human Immunodeficiency Virus
HRC	HIV Response Coordinator
KAPS	Key Affected Populations which include Female Sex Workers, Men who have Sex with Men and Transgender population
M&E	Monitoring and Evaluation
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NCD	National Capital District
NDoH	National Department of Health
NGO	Non-Governmental Organisation
OLPGLLG	Organic Law on Provincial Government and Local Level Government
PAC	Provincial AIDS Committee
PACS	Provincial AIDS Committee Secretariat
PCMC	Provincial Coordination and Monitoring Committee
PEC	Provincial Executive Committee
PHA	Provincial Health Authorities
PHB	Provincial Health Board
PLHIV	People Living with HIV
PMT	Provincial Management Team
PNG	Papua New Guinea
ProMEST	Provincial Monitoring, Evaluation and Surveillance Team
STI	Sexually Transmitted Infection
TWG	Technical Working Group

FOREWORD

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

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

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

This guide which has been developed through a consultative process provides the necessary information and guidance to improve coordination of the response at the provincial level.

I urge all stakeholders to work with the PACS in ensuring its implementation.



Hon. Michael Malabag, MP
Minister of Health and HIV/AIDS

ACKNOWLEDGEMENT

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The Provincial AIDS Committees (PACs) including the Autonomous Bougainville AIDS Committees, NCDC and their Secretariat staff especially the Provincial HIV Response Coordinators (HRCs) have made important contributions to the development and revision of this guide by providing comments and feedback at the national validation workshops. Their individual and collective contributions are greatly appreciated.

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

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Peter Bire, AFAIM

Director, National AIDS Council Secretariat

SECTION ONE: INTRODUCTION

1.1 PURPOSE

- 1.1.1 This guide provides direction to the PACs on how to manage and coordinate HIV activities at the provincial level. The guide spells out roles and responsibilities of key players and reporting arrangements to ensure proper coordination. Along with the implementation guide (Volume III), it identifies core coordination activities and how these may be carried out by the PACS.
- 1.1.2 The NACS recognises the primary role of provincial governments in the management and implementation of the HIV response and this guide has clarified how they can exercise those roles in line with the relevant provisions of the Organic Law on Provincial Government and Local Level Governments (OLPGLLG).
- 1.1.3 The guide has been developed in line with **Section 5 (1) b** of the **National AIDS Council Act, 1997** which empowers National AIDS Council (NAC) to make recommendations and provide guidelines on any issue relating to HIV and AIDS in Papua New Guinea (PNG). The guide is consistent with the provisions of the OLPGLLG regarding the management, coordination and implementation of service delivery at provincial level. It has also taken into account relevant provisions of the Provincial Health Authorities Act, 2007 and the National Health Administration Act of 1997.
- 1.1.4 HIV implementing organisations including government agencies, NGOs, churches, CBOs, private sector will find this guide useful.

1.2 SCOPE OF IMPLEMENTATION

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

1.3 HOW THE GUIDE IS ORGANISED

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

SECTION TWO: OVERVIEW OF THE NATIONAL HIV COORDINATION

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

SECTION THREE: PROVINCIAL COORDINATION

3.1 POLICY AND LEGAL BASIS

- 3.1.1 **Section 5 (1) b** of the **National AIDS Council Act, 1997** empowers the NAC to make recommendations and provide guidelines on any issue relating to HIV and AIDS in PNG.
- 3.1.2 The NAC policy decision number one (1) of 1999 established PACs as a mechanism for coordinating HIV activities in the provinces.
- 3.1.3 Section 74 (1) e of the OLPLLG empowers the Provincial Administrator to coordinate and monitor implementation of functions of all national departments and agencies in the province. The OLPLLG is the PNG law that sets the legal basis for decentralization in the country. The Administrator is therefore the Chief Accountable officer of all government services in the province including the HIV response.
- 3.1.4 Function Assignment Determination assigns specific service delivery roles and responsibilities to provinces and LLG including HIV and AIDS.
- 3.1.5 Section 14 (1) of the National Health Administration Act of 1997 mandates the PHBs with the responsibility for advising provincial governments on policy matters relating to health; monitoring and coordinating implementation of the National Health Plan, the National Health Standards and the Provincial Implementation Plan; and for advising the Joint Provincial Planning and Budget Priorities Committee on resource allocation for health in the province among other things. Similarly, the Provincial Health Authorities Act of 2007 establishes PHA as a single authority responsible for all health matters in the PHA provinces. Both the National Health Administration Act and the Provincial Health Authorities Act have a bearing on the management and coordination of the HIV response because HIV is a public health issue which cannot be separated from other health issues.
- 3.1.6 Section 110 (4) of the OLPLLG mandates the Provincial Coordination and Monitoring Committee (PCMC) to monitor and coordinate the implementation of national policies at the provincial and local level among other things. Membership of the PCMC includes managerial level representatives from service delivery agencies including national and provincial government, private sector, churches and NGOs. The PCMC provides a link between provincial government and stakeholders to facilitate a coordinated approach to service delivery. The PCMC provides a useful mechanism for linking with churches, private sector, NGOs and other key service providers in the province.
- 3.1.7 Section 119 of the OLPLLG provides for provincial governments to compile and submit report of their activities including HIV and AIDS to Parliament annually.

3.2 PROVINCIAL HIV COORDINATION MECHANISMS

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

SECTION FOUR: ROLES AND RESPONSIBILITIES

The following sections describe the roles and responsibilities of key players.

4.1 PROVINCIAL ADMINISTRATION

The administration operates through the Provincial Management Team (PMT) chaired by the Provincial Administrator. It is responsible for planning and implementing decentralised functions and services. The administration may support provincial HIV coordination in the following ways:

- 4.1.1 Ensure implementation of the provincial HIV functions as per the Function Assignment Determination. This may be done through relevant divisions of the administration such as provincial health, education, community development etc. The administration may also enter into partnership with churches, NGOs and private sector to implement its activities. The administration should also support the PACS to fulfill its coordination role;
- 4.1.2 Overall coordination and monitoring of provincial HIV response by the Administrator in line with Section 74 (1) e of the OLPLLG;
- 4.1.3 Overall supervision and direction of NACS employees assigned to the province by the Provincial Administrator in line with Section 75 (1) d of the OLPLLG;
- 4.1.4 Establishment and operation of the PAC in consultation with NACS;
- 4.1.5 Mainstream HIV in relevant sector programs and activities;
- 4.1.6 Formulate and implement HIV workplace policy and programs as appropriate;
- 4.1.7 Monitor utilization of funds and other resources allocated to the PACS;
- 4.1.8 Report on provincial HIV activities as per Section 119 of the OLPLLG.

4.2 PROVINCIAL HEALTH BOARD OR PROVINCIAL HEALTH AUTHORITIES WHATEVER THE CASE MAY BE

Provincial Health Authorities are responsible for all health issues in the PHA provinces while Provincial Health Boards are responsible for rural primary health services in non PHA provinces. HIV and other STIs are an integral part of public health. PHAs and Provincial Health Boards therefore have primary responsibility for preventing the spread of HIV and managing its impact in their respective provinces.

4.3 PROVINCIAL AIDS COMMITTEE

4.3.1 Composition

The PAC consists of representatives of major stakeholders operating in the province. To ensure the Committee's effectiveness, membership may be kept small consisting of individuals with technical expertise in the field of HIV. Wide stakeholder participation may occur through the stakeholders' forum. The following sectoral representation is recommended:

- a) Provincial divisions:
 - ✓ Health;
 - ✓ Education;
 - ✓ Community development;
 - ✓ Agriculture and livestock.
- b) A representative of women's groups;
- c) A representative of People Living with HIV and other Key Affected Population;
- d) A representative of churches;
- e) A representative of International NGOs;
- f) A representative of the media houses;
- g) A representative of the private sector;
- h) A representative of the Youth.

4.2.2 Roles and responsibilities

- a) Meet regularly to discuss HIV issues and identify ways to strengthen the response in the province;
- b) Review and endorse provincial HIV plans and budgets before presentation to Provincial Health Board or PHA and NACS for consideration;
- c) Review and endorse progress reports before presentation to Provincial Health Board or PHA and NACS or NACS;
- d) Advise the Provincial Health Board or PHA and NACS on issues requiring research or policy interventions;

- e) Advocate for mainstreaming of HIV in relevant programs and activities;
- f) Advocate for greater and meaningful involvement of PLHIV and other Key Affected Populations (KAPs) in relevant HIV programs and activities;
- g) Encourage stakeholders to work in partnership to improve coordination;
- h) Assist Provincial Administrator in monitoring implementation of HIV activities.

4.2.3 Chairperson

The PAC should be chaired by the Provincial Administrator or his/her delegate. The Chairperson is responsible for:

- a) Appointment of the PAC members on the advice of the PACS;
- b) Convene regular PAC meetings with the assistance of the PACS;
- c) Preside over (chair) all PAC meetings;
- d) Ensure annual plans and budgets are presented to relevant authorities for endorsement;
- e) Ensure annual and quarterly reports are presented to the relevant authorities for endorsement;
- f) Use his/her position to advocate for resources for the HIV response;
- g) Monitor implementation of major resolutions related to the HIV response;
- h) Act as the official spokesperson for the PAC and provincial HIV response;
- i) Mediate in dispute resolution among PAC members as appropriate.

4.2.4 Vice chairperson

The Vice Chairperson, elected during the first sitting of the PAC from among members, assists the Chairperson in running the affairs of the Committee. The Chair may delegate some responsibilities to the Vice as appropriate. He/she chairs the PAC meeting in the absence of the Chair. Where the Chair and Vice are both absent and a quorum is realised, members present may appoint one among them to chair that particular meeting.

4.2.5 Ordinary members

- a) Attend and participate in all the PAC meetings;
- b) Contribute agenda items for the PAC meetings as appropriate;
- c) Read all minutes and working papers in preparation for upcoming meetings;
- d) Participate in Stakeholders' Forum and any other meetings as appropriate;
- e) Support implementation of the PAC decisions;
- f) Use their position to advocate for effective HIV response in the province;
- g) Undertake any other task assigned by the Committee.

4.2.6 Appointment of members

The PAC members are appointed by the Provincial Administrator or an officer assigned by the Administrator, on the recommendation of sectors they represent. Nominations should be carried out in an open and transparent manner. Individuals appointed to the PAC should be willing to support the activities of the Committee and generally possess the following qualities:

- a) Be of high moral standing;
- b) Be interested and willing to serve on the Committee as this is not a paid position;
- c) Be actively involved in HIV work or possess interest in HIV issues;
- d) Be a role model in promoting appropriate public health behaviour;
- e) Be willing to speak openly against stigma and discrimination of PLHIV and other key affected populations in all its forms.

4.2.7 Term of office

The PAC members shall serve for a period of three years and are eligible for reappointment.

4.2.8 Filling vacant positions

A PAC position becomes vacant when:

- a) a member becomes permanently incapable of performing the PAC function due to illness;
- b) a member resigns by submitting a written resignation to the Chairperson;
- c) a member is convicted of criminal offence by a competent court;
- d) a member is absent, without reasonable justification from three consecutive meetings;
- e) a member is recalled by the sector he or she represents;
- f) a member dies;
- g) Following expiry of term of office (three years).

The Chairperson shall appoint a replacement within three months of becoming aware that a position has fallen vacant. Appointment a replacement shall follow the same process as that of appointing new members.

4.2.9 Induction and swearing in of members

PAC members shall be sworn in by appropriate authority and inducted before commencing duties. Broadly, the induction may cover but certainly not be limited to the following:

- a) Communicate basic HIV information;
- b) Communicate the roles and responsibilities of the PAC members;
- c) Communicate the roles and responsibilities of stakeholders;
- d) Communicate the link and relationship between the PAC, PHB/PHA, provincial administration and the national level- NAC, NACS;

- e) Communicate the relationship between the PAC, DAC and implementing stakeholders;
- f) Discuss strategies and options for developing a provincial HIV plan;
- g) Discuss options and strategies for financing provincial HIV activities.

4.2.10 Meeting procedures

The PAC shall meet as often as business requires, but at least once every quarter. Ideally, the meetings shall be held before the PHB or PHA to enable resolutions to be presented to the PHB or PHA for consideration. The following schedule may act as a guide:

- a) Quarter One: last week of March
- b) Quarter Two: last week of June
- c) Quarter Three: last week of September
- d) Quarter Four: second week of December

The PAC Chairperson shall determine the meeting times and venues with the assistance of the Secretariat. Fifty per cent (50%) of members present shall form the quorum. Resolutions of the PAC shall be by consensus or by simple majority in case where an issue is put to vote.

The Secretariat will provide administrative and secretarial support to the Committee. The HRC shall serve as Secretary and ex-officio member of the PAC.

4.2.11 Technical support and working arrangements

The PAC may establish technical working groups (TWG) to provide advice on different areas of the response. The Committee may also utilise existing mechanisms to seek advice instead of setting up parallel working groups. Where they are set up, the TWGs, shall consist of individuals with expertise in their area of responsibility and shall report to the PAC Chairperson. The roles of the TWG shall include but may not be limited to the following:

- a) Meet regularly as determined by the PAC and the TWG;
- b) Work closely with the Secretariat to provide advice in line with their TOR;
- c) Review materials in their thematic area of work and make recommendations as appropriate;
- d) Work with the PACS to develop advocacy materials when required in consultation with NACS;
- e) Perform any other tasks as assigned by the PAC.

4.2.12 Reporting arrangement

- a) Recommendations of the PAC are presented to the PHB or PHA or other relevant authorities by the PAC Chairperson with the assistance of the Secretariat. In particular, the Secretariat assists in preparing documents to be presented by the Chairperson.
- b) Minutes of PAC meetings may be shared with NACS for information or for action where an issue requires the intervention of NACS.

4.3 PROVINCIAL AIDS COMMITTEE SECRETARIAT

The PACS is the technical and operating arm of the PAC. It consists of technical officers assigned to the province by the NACS. It is responsible for day-to-day management and coordination of HIV activities in the province. Its specific responsibilities include but may not be limited to:

- a) analysis and dissemination of HIV data and information;
- b) Spearheading development of evidenced informed provincial HIV plan;
- c) Coordinating and supporting implementation and monitoring of provincial HIV plan;
- d) Work with the planning division to integrate HIV in provincial plans and activities;
- e) Prepare quarterly and annual reports on HIV activities and use of funds;
- f) Spearheading social mobilisation and advocacy on HIV issues in the province;
- g) Maintaining financial records and acquitting all funds provided to the PACS;
- h) Providing technical support to stakeholders and the DACs;
- i) Building and maintaining relationship with the stakeholders;
- j) Coordinating learning and sharing of information on the HIV response;
- k) Spearheading resource mobilisation for HIV activities;
- l) Maintaining system for collecting, storing, analysing and disseminating HIV data in line with the national M&E system;
- m) Coordinating key HIV events such as World AIDS Day, training and research;
- n) Providing Secretarial support to the PAC and Technical Working Groups;
- o) Act as a link between NACS, provincial administration and stakeholders;
- p) And any other task as assigned by the provincial administration and NACS.

4.4 SECTORAL FORUMS

For the purpose of this guide, 'sector' refers to organisations that share a common identity and work on similar set of issues or activities. They may include NGOs, Churches, government department, private organisations, Organisations of PLHIV, youth groups etc.

These organisations may establish sector-specific forum to facilitate information sharing and learning within the group. Organisations such as PLHIV network and Business Coalition against HIV and AIDS (BAHA) already have organised groups in some provinces. They may be represented on the PAC as appropriate. Roles of sector forums include but may not be limited to the following:

- a) Meet as frequently as HIV business of the sector dictates;
- b) Define modalities for collaboration and coordination within the sector;
- c) Share best practice information, lessons and experiences within the sector;
- d) Support resource mobilisation and sharing within the sector;

- e) Nominate sector representation to the PAC and other important HIV forum;
- f) Facilitate networking;
- g) Identify challenges and possible solutions to improve the sector response to HIV;
- h) Advocate on behalf of member organisations as appropriate.

4.5 IMPLEMENTING ORGANISATIONS

HIV implementing organisations have important roles to play in contributing to better coordination of the response. Their roles include but may not be limited to following:

- a) Work with provincial administration and the PAC to improve coordination;
- b) Develop and implement their own annual activity plan in line with the provincial and national priorities;
- c) Share their annual activity plan and budget with the provincial administration and PAC;
- d) Share quarterly and annual report with the provincial administration and PAC;
- e) Participate and contribute towards the provincial joint HIV planning as appropriate;
- f) Participate and contribute towards organising key HIV events such as World AIDS Day, Stakeholders' Forum;
- g) Share information on location and geographical coverage of their activities with PAC.

SECTION 5: IMPLEMENTATION AND REVIEW

- a) Predictable resources in form of technical, financial and materials are required to support and sustain the implementation of HIV coordination as outlined in this guide.
- b) The PACS are encouraged to work closely with the provincial administration through the provincial annual planning process to ensure budget allocation for HIV coordination and service delivery in line with the GoPNG policy on decentralisation.
- c) National AIDS Council Secretariat will provide technical assistance to support implementation of the guide.
- d) The PACs are also encouraged to work with and solicit stakeholder contribution towards major activities such as Stakeholders' Forum, stakeholder mapping, joint provincial HIV planning and outreach monitoring visits.
- e) This guide should be viewed as a living document which may be reviewed from time to time to keep pace with new developments in the national and provincial response.
- f) Any revision will be initiated and led by the NACS. The PACS and stakeholders may make recommendations or proposed changes as appropriate.

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Feedback form for review

National AIDS Council Secretariat

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

Chapter	Page	Comments

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

Thank you

Sign:

Name:

Province:

District: