

Survey Response Details

Response Information

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Response Details

Page 1

1) Country

Papua New Guinea (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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7) Date of submission:

Please enter in DD/MM/YYYY format
31/03/2010

Page 3

8) Describe the process used for NCPI data gathering and validation:

The UNGASS 2010 Core Group conducted NCPI training for 15 interviewers who were nominated to implement the NCPI survey and of the 15 interviewers trained only 7 remained to implement the survey. Consent Letters of consent for participation in the NCPI survey were sent out by the

Director of the National Coordinating Body for various Government and Civil Societies informing them of the purpose of the survey and requested their participation. Sample Selection and Sample Size Seventy One(71) stakeholders at National level were identified by the Core Group as key national HIV program implementers. Of these stakeholders, 50 were nominated to participate in the survey. 20 were from the Government sector while 30 were from Civil Society. Apparently only thirty nine(39) interviews were conducted (16 from Government and 23 from Civil societies, however this is 19 more than 2008 Report where just 20 interviews were conducted. Data Collection Methods Desk review, face to face interviews, self administered questionnaire Survey Implementation Period Questionnaires were piloted over two days with interviewers and the survey itself was conducted over two weeks in Port Moresby and Goroka. Data Management Survey data was entered into Epi Data Database where analyses were done using Epi Info and Excel.

9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

There were no major disagreements with respect to the responses. Some interviewees particularly those in the Government sector, had limited knowledge of existing laws and policies and a poor understanding of the level and scope of current HIV programs.

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

As above, there were concerns with regards to the lack of knowledge of some of the interviewees. However, with regards to the analysis of the data, there was a thorough review of the data by the NCPI review team and consensus was reached on how the data should be presented and on its quality.

Page 4

11)

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1 National Department of Transport	Lucy Pius/Acting HR	A.I, A.II, A.III, A.IV, A.V

12)

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2 National AIDS Council Secretariat	Mr. Wep Kanawi/Acting Director	A.I, A.II, A.III, A.IV, A.V
Respondent 3 Provincial AIDS Committee	Rose Apini/Provincial Counselling Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 4 PNG Forestry Authority	Lesly Elias/Policy Manager Authority	A.I, A.II, A.III, A.IV, A.V
Respondent 5 National Department of Health	Dr. Isimel Kitur/Epidemiologist	A.I, A.II, A.III, A.IV, A.V
Respondent 6 National AIDS Council Secretary	Ishmael Robert/Provincial Liaison Officer	A.I, A.II, A.III, A.IV, A.V

Respondent 7	National Department of Education	Information blocked	A.I, A.II, A.III, A.IV, A.V
Respondent 8	National Volunteer Services	Tony Kluhdapaloh	A.I, A.II, A.III, A.IV, A.V
Respondent 9	National AIDS Council Secretariat	Louis Mara/Provincial Liaison Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Natioanl Department of Health	Dr. John Millan/ART Specialist	A.I, A.II, A.III, A.IV, A.V
Respondent 11	PNG National Sports Federation	Loretae Hasu/M&E Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 12	Correctional Institutional Services	Mr Eko /Coordinator AIDS Desk	A.I, A.II, A.III, A.IV, A.V
Respondent 13	Department of Community Development	Joseph Klapat/Member of NAC & Departmental Secretary	A.I, A.II, A.III, A.IV, A.V
Respondent 14	National Planning Department	Rhoda Yani/Senior HIV Program Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 15	Papua New Guinea Defence Force	Lt .Col Gideon Kendino/Director Health Services	A.I, A.II, A.III, A.IV, A.V
Respondent 16	Department of National Planning & Monitoring	Manager Planning and Monitoring Unit	A.I, A.II, A.III, A.IV, A.V
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Baptist Union Church	Pastor Michael Pagasa/HIV Project Manager	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]

Respondent 2	AusAIDS	Joe Anang/Project Consultant	B.I, B.III, B.IV
Respondent 3	Friends Foundation	Rory Sitapai/Program Manager	B.I, B.II, B.III, B.IV
Respondent 4	Nambawan Supa	Mrs Loka Kulu/Manager Human Resource	B.I, B.II, B.III, B.IV
Respondent 5	Care International PNG	Peter Raynes /Country Director	B.I, B.II, B.III, B.IV
Respondent 6	JICA	Davis Kia/Not stated	B.I, B.II, B.III, B.IV
Respondent 7	PNG Sexual Health Society	Dr. Sylvester Lahe / Secretary Board of PNG SHS	B.I, B.II, B.III, B.IV
Respondent 8	Family Health International (FHI)	William Yeka/Senior Technical Officer- M&E	B.I, B.II, B.III, B.IV
Respondent 9	National Catholic AIDS Office	Sr. Tarcisia Hunhoff/NAC Member &HIV Program Coordinantor	B.I, B.II, B.III, B.IV
Respondent 10	Marie Stops	Jet Riparip/ProgramCoordinator	B.I, B.II, B.III, B.IV
Respondent 11	Anglicare StopAIDS	Dominica Abo/Director	B.I, B.II, B.III, B.IV
Respondent 12	Salvation Army	Christine Gee/Coordinator HIV Desk	B.I, B.II, B.III, B.IV
Respondent 13	ADB	Kel Brown/Deputy Team Leader	B.I, B.II, B.III, B.IV
Respondent 14	Hope Worldwide	John Kuman & Peter Sine /Coordinators HIV Program	B.I, B.II, B.III, B.IV
Respondent 15	Apostolic AIDS Association	Lako Manson /Project Coordinator	B.I, B.II, B.III, B.IV
Respondent 16	Susu Mamas	Margaret Rombuk /Clinical manager	B.I, B.II, B.III, B.IV
Respondent 17	Tingim Laip (Burnet Institute)	Judy Tokeimota/Regional Coordinator	B.I, B.II, B.III, B.IV
Respondent 18	PNG- Australia HIV/AIDS Program (Sanap Wantaim)	Dr. Ninkama Moiya/HIV&AIDS	B.I, B.II, B.III, B.IV
Respondent 19	WHO	Dr. Fabian Ndenzako/HIV Surveillance Adviser	B.I, B.II, B.III, B.IV
Respondent 20	Clinton Foundation	Mr Prescott Chow/Deputy Country Director	B.I, B.II, B.III, B.IV
Respondent 21	National HIV Training Unit- IEA	Thomas Lisenia /Team Leader	B.I, B.II, B.III, B.IV
Respondent 22	UNESCO	Andrew Angobe/Not Stated	B.I, B.II, B.III, B.IV
Respondent 23	PACSO	Dr. Moale Kariko/Secretary Board of PACSO	B.I, B.II, B.III, B.IV
Respondent 24			
Respondent 25			

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

Page 7**16) Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2006 - 2010

17)

1.1 How long has the country had a multisectoral strategy?**Number of Years**

5

18)

1.2 Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	No
Transportation	Yes	No
Military/Police	Yes	No
Women	Yes	No
Young people	Yes	No
Other*	Yes	No

Page 8**19) Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Agriculture, Finance, Human Resources, Justice, Minerals and Energy, Planning, Public Works, Tourism, Trade and Industry, Provincial Government Departments and the National Coordinating Body the National AIDS Council

20)

IF NO earmarked budget for some or all of the above sectors, explain what funding is

used to ensure implementation of their HIV-specific activities?

Funding support from: - 1. Respective National and Provincial Government Agencies Annual Activity Plans (AAP) - 2. NACS Development Budget - 3. NACS Grants Scheme - 4. Bilateral/Multilateral Agencies (AusAID, United Nations Agencies, Global Fund to fight TB, AIDS and Malaria, Clinton Foundation, NZAIDS, USAID, JICA) - 5. International NGOs including faith based organisations

Page 9

21)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

23)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)

IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

Page 11

24)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**

Most at risk populations - Sex workers, Men who have Sex with Men, Highway Drivers, Plantation workers, Maritime workers, Uniform services, Mine Workers, Youth (in and out of school), Mobile Men with Money (MMM), Prisoners.

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

27)

1.8 Has the country ensured “full involvement and participation” of civil society* in the development of the multisectoral strategy?

Active involvement (0)

Page 12

28)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

National AIDS Council coordinated the involvement of civil society at national, provincial and district levels.

29)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

30)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, some partners (0)

Page 13

31)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)

IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

- Some partners do not report to the National AIDS Council - Implementation of parallel programs.

Page 14

32)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

Yes (0)

Page 15

33)

Part A, Section I: STRATEGIC PLAN

2.1 IF YES, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Please specify	Yes

34)

2.2 IF YES, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes

Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	Yes

Page 16

35)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

Yes (0)

Page 17

36)

Part A, Section I: STRATEGIC PLAN

3.1 IF YES, to what extent has it informed resource allocation decisions?

3 (3)

37)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

Page 18

38)

Part A, Section I: STRATEGIC PLAN

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes

Other: Please specify

No

Page 19

39)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

HIV testing in the military is part of the routine process for internal medical checks otherwise it is voluntary for all other uniform services

40)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

41)

Part A, Section I: STRATEGIC PLAN**5.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: PLHIV	Yes

42)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Implementation of HIV AIDS Management and Prevention (HAMP) Act through respective implementation Agencies : • Courts, Police, Ombudsman Commission, Public and the Legal fraternity and village courts including • Traditional problem solving systems

43)

Briefly comment on the degree to which these laws are currently implemented:

• Although the HAMP Act came into effect in 2004, there is a low level of knowledge of the Act

among the general population and legal assistance to follow up on discrimination outlawed under the Act is difficult for most people to access

Page 21

44)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 22

45)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	No

46)

IF YES, briefly describe the content of these laws, regulations or policies:

- Summary Offences Act 1977, Sections 55, 56, and 57 and Section 123 of the Criminal Code Act 1974 (living off the earnings of prostitution) - Criminal Code Act 1974, Section 120 deals with the offence on sexual penetration, "against the order of nature", while section 212 covers acts of "gross indecency between male persons". - Health Insurance Policies which discriminate against people with HIV

47)

Briefly comment on how they pose barriers:

The Summary Offences Act and the Criminal Code criminalise consensual sex between adults (sex work, male to male sex); health insurance policies prevents PLHIV from accessing health insurance

Page 23

48)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

49)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

50)

7.2 Have the estimates of the size of the main target populations been updated?

No (0)

Page 25

51)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

52)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

53)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

54)

(b) IF YES, is coverage monitored by population groups?

Yes (0)

Page 27

55)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (b) (continued)****IF YES, for which population groups?**

- Both male and female youth - HIV/STI and TB patients coming through VCT and STI treatment facilities - PLHIV accessing treatment and home and community based care - Pregnant mothers attending antenatal clinics

56)

Briefly explain how this information is used:

- Planning and budgeting - Awareness raising and education - Advocacy for resource mobilisation

Page 2857) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

58)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

Provincial, district and facility levels

59)

Briefly explain how this information is used:

- Planning and budgeting - Awareness raising and education - Advocacy for resource mobilisation

60)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

61)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

6 (6)

62)

Since 2007, what have been key achievements in this area:

Expansion of VCT services to rural areas Increased ownership of programs by government leaders and civil society Increased commitment by government

63)

What are remaining challenges in this area:

Government funding Increased commitment from government, community Resource allocation

Page 31

64)

Part A, Section II: POLITICAL SUPPORT

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

65)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

66)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1997

67)

2.2 IF YES, who is the Chair?

Name Sir Peter Barter
 Position/title Chairman

68)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

Page 33

69)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1
 15

70)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1
 6

71)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1
 1

Page 34

72)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes (0)

Page 35

73)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

- Development of the National HIV Prevention Strategy (2010 – 2015) - Sector policies, strategies and programs that are linked to the national HIV/AIDS response strategy - Establishment of the Business Coalition against HIV and AIDS (BAHA), IGAT Hope, PNG Alliance of Civil Society Organisations (peak organisations for the civil society response to HIV) - Development of the National M & E Framework - Establishment of sub committees under NAC e.g. Research Advisory Committee, NSP Steering Committee, Work Place Policy, Behaviour Change Advisory Committee) - Development of Provincial and District HIV Plans - Joint Budget Planning Framework - Parliamentary HIV Committee (Select Committee on AIDS)

74)

Briefly describe the main challenges:

• Institutional capacity of partner organisations and understanding of the importance of partnership and collaboration • Commitment from Government and political leaders • Lack of knowledge on HIV and AIDS especially among community, church and political leaders

75)

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

Please enter the rounded percentage (0-100)

0

76)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Funding, resource allocation and technical support	Yes

77)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

No (0)

Page 38

78)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

79)

Since 2007, what have been key achievements in this area:

Increased government funding for HIV programs especially at the district level
Outspoken support for HIV programs from some political leaders
Endorsement by the national government of the National HIV Prevention Strategy and the Pacific AIDS Commission Report
Funding allocated by the national government for the purchase of antiretroviral drugs

80)

What are remaining challenges in this area:

Relatively low level of government funding, particularly in comparison to international donors
Inconsistent levels of government funding from one year to the other
Lack of knowledge of HIV among political leaders and lack of commitment to the national response
Lack of understanding of the national response by political, community and church leaders

Page 39

81)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?

Yes (0)

Page 40

82)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

83)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes (0)

Page 41

84)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

85)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes
 secondary schools? Yes
 teacher training? Yes

86)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

87)

2.3 Does the country have an HIV education strategy for out-of-school young people?

No (0)

88)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

Page 42

89)

3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Drug substitution therapy	
Needle & syringe exchange	

Page 43

90) **Part A, III. PREVENTION**

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

PLHIV, Youth, Women, Orphans and other vulnerable children (OVC)

Page 44

91)

Part A, III. PREVENTION**Question 3.1 (continued)**

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

8 (8)

92)

Since 2007, what have been key achievements in this area:

- Development and endorsement of the National HIV Prevention Strategy - Lukautim Pikinini Act (child protection) - Translations of IEC material into two national languages - Development of more user friendly IEC materials - Development of Media Policy by NAC

93)

What are remaining challenges in this area:

- Development, distribution and uptake of behaviour change resources and interventions in line with the current National HIV Prevention Strategy - Improve condom distribution and promotion

Page 45

94)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

Page 46

95)

Part A, III. PREVENTION**Question 4 (continued)**

IF YES, how were these specific needs determined?

Using the Prevention Strategy has identified 4 priority areas: 1. Reduce the risk of HIV transmission 2. Address factors that contribute to HIV vulnerability 3. Create supportive and safe environments for HIV prevention, treatment and care 4. Strengthen the evidence base of the national response

96)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Agree
Other: please specify	N/A

Page 47

97)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

98)

Since 2007, what have been key achievements in this area:

- Development of the National Prevention Strategy - Scaling up of the VCT services - Scaling up of ART services

99)

What are remaining challenges in this area:

- Development, distribution and uptake of behaviour change resources and interventions in line with the current National HIV Prevention Strategy - Review and update of HIV/STI IEC materials - Funding and resourcing of the implementation of the Prevention Strategy

Page 48

100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

102)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

103)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

- 2007 HIV prevalence estimation and projection report - Health facility reports - Numbers of people accessing VCT services and rates of infection determined through VCT - STI prevalence reports

105)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access

HIV treatment, care and support service

Antiretroviral therapy

Agree

Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	N/A

Page 51

106)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes (0)

107)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

Yes (0)

Page 52

108)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 4 (continued)****IF YES, for which commodities?:**

- ARV, drugs for opportunistic infections (OI), HIV test kits and condoms

Page 53

109)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

110)

Since 2007, what have been key achievements in this area:

- Rapid scale up of ART in 2008 &2009 - Increased testing rates at VCT sites and increase in referrals to care and treatment centre - Increased number of testing and treatment sites

111)

What are remaining challenges in this area:

- Expansion of treatment into district level facilities - Monitoring and evaluation of ART and VCT programs - Training of health workers as ART prescribers and counsellors - Procurement and distribution of ART, OI drugs and HIV test kits - Health facility reporting on VCT and ART

Page 54

112)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

Page 55

113)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

114)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

115)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

Page 56

116)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

4 (4)

117)

Since 2007, what have been key achievements in this area:

- Development of Lukautim Pikinini Act – rights and protection of vulnerable children
Increased involvement of civil society in this program - City Mission, PNG Childrens Foundation, Friends Foundation, Child Fund and other agencies
Facilitation by the Department of Community Development of the program

118)

What are remaining challenges in this area:

- Need to promote awareness on the Lukautim Pikinini Act - Monitoring evaluation of specific programs for vulnerable children

Page 57

119)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

Yes (0)

Page 58

120)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2006

121)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2010

122)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

123)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including

people living with HIV?

Yes (0)

124)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, but only some partners (0)

Page 59

125)

Part A, Section V: MONITORING AND EVALUATION

Question 1.4 (continued)

IF YES, but only some partners or IF NO, briefly describe what the issues are:

- Some partners engaged in delivering HIV programs do not report directly to the National AIDS Council, disregarding the three ones principle.
- Monitoring and coordination needs strengthening at all levels - national , provincial, district and community

Page 60

126)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

Page 61

127)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

--	--

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

128)

3. Is there a budget for implementation of the M&E plan?

Yes (0)

Page 62

129)

Part A, Section V: MONITORING AND EVALUATION

3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

7

130)

3.2 IF YES, has full funding been secured?

No (0)

131)

3.3 IF YES, are M&E expenditures being monitored?

No (0)

Page 64

132)

Part A, Section V: MONITORING AND EVALUATION

Question 3.2 (continued)

IF you answer "NO" i.e., indicating the full funding has NOT been secured, briefly describe the challenges:

Most development partners funding for monitoring and evaluation does not come directly to National AIDS Council

133)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

134)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

It is done every 6 months by the Independent Review Group

135)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

136)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)?	Yes
in the Ministry of Health?	No
Elsewhere? (please specify)	No

137) Number of permanent staff:

Please enter an integer greater than or equal to 0

4

138) Number of temporary staff:

Please enter an integer greater than or equal to 0

1

Page 67

139)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Manager	Full time	2006
Permanent staff 2	Senior M&E Officer	Full time	2005
Permanent staff 3	Statistician	Full time	2007
Permanent staff 4	M&E Officer	Full time	2009
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			

Permanent staff 10
 Permanent staff 11
 Permanent staff 12
 Permanent staff 13
 Permanent staff 14
 Permanent staff 15

140)

Please describe the details of all the temporary staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Temporary staff 1	Data Entry Officer	Part time	2007
Temporary staff 2	M&E Specialist	Part time	2005
Temporary staff 3			
Temporary staff 4			
Temporary staff 5			
Temporary staff 6			
Temporary staff 7			
Temporary staff 8			
Temporary staff 9			
Temporary staff 10			
Temporary staff 11			
Temporary staff 12			
Temporary staff 13			
Temporary staff 14			
Temporary staff 15			

Page 68

141)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69

142)

Part A, Section V: MONITORING AND EVALUATION

Question 5.3 (continued)

IF YES, briefly describe the data-sharing mechanisms:

Reporting on a quarterly basis

143)

What are the major challenges?

Page 70

144)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, but meets irregularly (0)

145)

6.1 Does it include representation from civil society?

Yes (0)

Page 71146) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)

IF YES, briefly describe who the representatives from civil society are and what their role is:

- PACSO, PLHIV, Faith based organisations, community based organisations, National Department of Health - Identify indicators - Review policies and validate reports

147)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

148)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

A fulltime statistician who manages all program and surveillance data with the support of the two monitoring and evaluation officers

149)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

150)

7.3 Is there a functional* Health Information System?

At national level Yes
At subnational level Yes

Page 74**151) Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

Provincial and District Levels

152)

8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

153)

9. To what extent are M&E data used**9.1 in developing / revising the national AIDS strategy?:**

4 (4)

154)

Provide a specific example:

M & E Data is used for programs at all levels

155)

What are the main challenges, if any?

Timely and comprehensive reporting Dissemination of reports Coordination, collection and consolidation of HIV data

Page 75**156) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

4 (4)

157)

Provide a specific example:

- Increased annual funding for M&E program - Established provincial level committee in all provinces – Provincial Monitoring , Evaluation and Surveillance Teams (PROMEST)

158)

What are the main challenges, if any?

- Capacity building in terms of technical expertise, manpower at national and provincial levels - Coordination and networking with stakeholder at all levels

Page 76

159)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

4 (4)

160)

Provide a specific example:

- Implementation of reporting forms at all levels and equipping of PROMEST in all 20 provinces

161)

What are the main challenges, if any?

- Capacity in technical expertise at program level - Timely and comprehensive reporting from data sources to PROMEST and National Data Centre

Page 77

162) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, but only addressing some levels (0)

Page 78

163) **Part A, Section V: MONITORING AND EVALUATION**

For Question 10, you have checked "Yes, but only addressing some levels", please specify

at subnational level (0)

164)

10.1 In the last year, was training in M&E conducted

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

Page 79

165) Part A, Section V: MONITORING AND EVALUATION

Question 10.1 (continued)

Please enter the number of people trained at national level.

Please enter an integer greater than 0

36

166) Please enter the number of people trained at subnational level.

Please enter an integer greater than 0

100

167) Please enter the number of people trained at service delivery level including civil society.

Please enter an integer greater than 0

100

Page 80

168)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81

169) Part A, Section V: MONITORING AND EVALUATION

Question 10.2 (continued)

IF YES, describe what types of activities:

Implementation of the revised M&E forms Resourcing of twenty PROMESTs

Page 82

170) Part A, Section V: MONITORING AND EVALUATION

Question 10.2 (continued)

Overall, how would you rate the M&E efforts of the HIV programme in 2009?

7 (7)

171)

Since 2007, what have been key achievements in this area:

Establishment of PROMEST in all 20 provinces Implementation of revised M&E and surveillance forms Resourcing all 20 provinces with M&E equipment(computers, projectors, fax machines)

172)

What are remaining challenges in this area:

Technical capacity at all levels (manpower, expertise, logistics, funding) Timely and comprehensive reports

Page 83

173)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

174)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

HIV and AIDS Management and Prevention Act (2003)

175)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

176)

Part B, Section I. HUMAN RIGHTS**2.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	No

177)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

The National AIDS Council Secretariat (NACS) has been established under the section 20 of the National AIDS Council Act (1977), to oversee the coordination and implementation of the HAMP Act in collaboration with its network of implementing partners made up of government departments, NGOs, Churches, Civil society and private sector organizations and donors. A user friendly tool kit on HAMP Act was produced in 2003 for the employers and workers to formulate their HIV and AIDS Workplace Policies. Ongoing training for organizations to ensure workplace policies are consistent with 12 guiding principles of workplace policy. PACSO (PNG Alliance of Civil Society Organizations) and BAHA (Business Against HIV and AIDS) were established and include the implementation of the Act as part of their organizational mandate. Provisions have been made in the National M&E Strategy for monitoring the implementation of the Act. A notable development at the political level was the establishment of a separate HIV and AIDS portfolio at the government level to support the implementation of the Act. The Minister for Health is officially the Minister of Health and HIV.

178)

Briefly describe the content of these laws:

HAMP ACT: Protection of rights of PLHIV; protection of confidentiality of testing and status; prohibition of discrimination against populations infected and affected; safeguards from intentional infection by HIV. However, law is nonspecific in terms of penalties for violations of human rights.

179)

Briefly comment on the degree to which they are currently implemented:

Through Court, Police, Ombudsman Commission, Legal fraternity system.

Page 86

180)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

181)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. SexWorkers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	No

182)

IF YES, briefly describe the content of these laws, regulations or policies:

- Summary Offences Act 1977: Section 55, 56, and 57, Living off the earnings of prostitution and Section 123 of the Criminal code ACT 1974 - Criminal Code, Section 120 deals with the offence on sexual penetration "against the order of nature" while section 212 covers acts of "gross indecency between male persons. - HAMP ACT 2003 contains provisions which make the above unlawful: To stigmatise a person with HIV or a person belonging to a group presumed to be at risk of HIV - To deny a person access without reasonable excuse to a means of protection from infection of himself or another by HIV. - Health Insurance Policies (of private companies, NTI, etc.) which discriminate against people with HIV - Some Church policies prevent promotion of condom use or discourage ART, and provide false information about faith healing

183)

Briefly comment on how they pose barriers:

The Summary Offences Act and the Criminal Code criminalise consensual sex between adults (sex work, male to male sex); health insurance policies prevents PLHIV from accessing health insurance

Page 88

184) **Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

Page 89

185)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)****IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

HAMP Act: Prohibits discrimination and stigmatisation of PLHIV in employment & access to services; promotes access to prevention, treatment and care
HIV/AIDS Workplace Policy: Prohibits discrimination and stigmatisation of PLHIV in employment and provides access to prevention, treatment and care

186)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

Page 90

187)

Part B, Section I. HUMAN RIGHTS**Question 5 (continued)****IF YES, briefly describe this mechanism:**

There is no separate mechanism specifically to record, document and address such cases. Police, courts & judiciary are identified as mechanisms in place (if there are charges made or court cases), however they are not well known to the public and relevant law enforcement is weak. Some organisations provide limited resources to address cases of discrimination (largely untested) including the Ombudsman Commission, Indigenous Civil Rights Advocacy Forum , Transparency International and the Family Sexual Violence Action Committee.

188)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

189)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)**

IF YES, describe some examples:

The development of the current NSP included input from Igat Hope, National Youth Commission and National Council of Women The development of the new National HIV Strategy has adopted an inclusive approach involving input from PLHIV, women and men in sex work, men who have sex with men and students and other youth (National Youth Commission/Department of Community Development).

190)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

Page 92

191)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

National Department of Health and NAC promote these services through national and provincial public health service delivery as well as the Church Medical Services network. Some access to treatment is provided by private corporations. Prevention services are coordinated by NAC and provincial AIDS committees, including supply of IEC materials and condoms. Training in home-based care, counselling and related skills are also provided through the national government.

192)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

193)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

194)

9. Does the country have a policy to ensure equal access for most-at-risk populations

and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

195)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)

IF YES, briefly describe the content of this policy:

The National Strategic Plan 2006 – 2010 identifies strategies for risk populations, however, the new National HIV Strategy will have a greater focus on prevention, treatment, care and support for most-at-risk populations

196)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

197)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

User friendly, gender specific and non judgemental counselling and testing services. Specific programs for sex workers and men who have sex with men such as Save the Children Poro Sapot project

198)

10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes (0)

199)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

Page 96

200)

Part B, Section I. HUMAN RIGHTS**11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

Yes (0)

201)

IF YES, describe the approach and effectiveness of this review committee:

The research protocols and guidelines are in place to ensure privacy, confidentiality, stigma and discrimination issues are addressed in all researches undertaken in PNG.

Page 97

202)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

Yes (0)

203)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

Yes (0)

204)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

Yes (0)

Page 98

205)

Part B, Section I. HUMAN RIGHTS**Question 12 (continued)****IF YES on any of the above questions, describe some examples:**

There is a legal aid systems for HIV casework There are programmes to educate, raise awareness among people living with HIV concerning their rights

Page 99

206)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

207)

– Legal aid systems for HIV casework

Yes (0)

208)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

No (0)

209)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

210)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

Page 100

211)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: Some IEC materials have been developed; media awareness and theatre; curriculum development; technical vocational education training; some work by NGO, FBO & CSO address stigma & discrimination (Igat Hope's stigma index; Poro Sapot's work with police)	Yes

Page 101

212)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

4 (4)

213)

Since 2007, what have been key achievements in this area:

No real achievements

214)

What are remaining challenges in this area:

Lack of information about existing laws & policies; enforcement of laws & policies weak; monitoring of discriminatory activities weak; lack of national centre for discriminatory cases; legal aid inaccessible, unaffordable to most of the population; stigma disempowers affected populations whose low status in the community contributes to them not believing they can make a difference; high levels of literacy; corruption that subverts implementation of laws & policies; organisations involved in this work poorly resourced.

Page 102

215)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

4 (4)

216)

Since 2007, what have been key achievements in this area:

Four regional trainings on the HAMP Act (2003) for district and local court magistrates, police prosecutors, village court officials and magistrates Conducted national workshop for the judiciary officials at the national level. Employing authorities no longer use HIV status as employment criterias. HIV testing is not mandatory.

217)

What are remaining challenges in this area:

The enforcement mechanism to achieve desired outcomes remains the main challenge for the country.

Page 103

218)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

4 (4)

219)

Comments and examples:

Overall, little impact on high level leaders, although possibly some affect by Transparency International and other groups. PACSO facilitated a workshop in Milne Bay for members of parliament to encourage ownership of the HIV response. Most national strategy/policy formulation involves CSOs and current NHS is one example.

Page 104

220)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?**

4 (4)

221)

Comments and examples:

Civil society organisations have been involved in the strategic planning process (e.g. PACSO, BAHA, Faith based organisations, members of PLHIV groups and the Media Council).

Page 105

222)

a. the national AIDS strategy?

4 (4)

223)

b. the national AIDS budget?

3 (3)

224)

c. national AIDS reports?

3 (3)

225)

Comments and examples:

Six civil society organisations are represented on the NAC. The current NSP was prepared with CSO involvement and the new HIV strategy, currently under development will reflect significant input from civil society organisations including PLHIV.

Page 106

226)

a. developing the national M&E plan?

4 (4)

227)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

4 (4)

228)

c. M&E efforts at local level?

4 (4)

229)

Comments and examples:

a) CSO have been involved in developing the national plan b) CSO are members of the National M&E Oversight Committee c) CSO are active in local level M&E efforts (projects, communities, programs)

Page 107**230) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

4 (4)

231)

Comments and examples:

Formal representation exists in many cases but this by itself may not result in meaningful contributions (due to lack of experience, stigma and other factors). Formal representation exists in many cases but this by itself may not result in meaningful contributions (due to lack of experience, stigma and other factors). PLHIV played a significant role in the launch of the Pacific AIDS Commission report and the National HIV Prevention Strategy 2010 – 2015 held at Parliament House, Port Moresby, 11 March 2010. Over 50 PLHIV were involved and included MSM, female

and male sex workers and transgender participants. PLHIV formed a guard of honour for the guests and presented red ribbons to key stakeholders. Four nominated representatives spoke openly in public for the first time about human rights and the discrimination they faced. Two other representatives then presented the two documents to be launched. The response from PLHIV after the launch was that this was the first time that they ever felt their cries had been heard publicly and this made them feel they belonged to the broader society of the country. The public speeches also stimulated a debate on the culturally sensitive issues of sexual identity and HIV disclosure.

Page 108

232)

a. adequate financial support to implement its HIV activities?

3 (3)

233)

b. adequate technical support to implement its HIV activities?

3 (3)

234)

Comments and examples:

Some CSO, especially international NGOs are extremely skilled in accessing support while others need to have their capacity built.

Page 109

235) Part B, Section II. CIVIL SOCIETY PARTICIPATION

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	>75%
- Sexworkers	51-75%
Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI) *	25-50%
Home-based care	>75%
Programmes for OVC* *	25-50%

Page 110

236)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

7 (7)

237)

Since 2007, what have been key achievements in this area:

– Formation of PACSO, Igat Hope, BAHA, Friends Frangipane – Amendment to National AIDS Council Act has increased CSO representation on the NACS Council – AusAID (funding through Sanap Wantaim) and other development partners (ex: Clinton Foundation) more accessible for some NGOs – NACS small grants program

238)

What are remaining challenges in this area:

– Lack of coordination & communication amongst CSO, and between CSO and government – Networking of national CSO (PACSO, Igat Hope) to provincial and district levels weak – Lack of capacity of national CSO in general – Need for MOU between NGOs directly-funded by other donors and the NACS to clarify roles & responsibilities re: NACS/PACS

Page 111

239)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

240)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

Yes, with the recently launched HIV Prevention Strategy, needs were determined through a series of consultative meetings with stakeholders at national and provincial levels.

241)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree

IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Agree
Other: please specify	N/A

Page 113

242)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

5 (5)

243)

Since 2007, what have been key achievements in this area:

- Prevention efforts have expanded into more rural areas - The new HIV estimate appears to be showing a more stabilised rate which may be related to increased prevention efforts - Role of prevention is being played both by CSO, private corporations and public institutions - Over 200 corporations now have developed HIV workplace policies; PSI/ADB partnership has increased participation in enclave development projects - Increased acceptance of HIV messages, with assumed behavioural changes - Greater openness in discussing HIV and sexual health issues, including by some church organisations - Greater openness in discussing issues affecting women and men in sex work, and affecting men who have sex with other men - Efforts in decriminalisation have moved forward(laws relating to sex work and male:male sex) - A few leaders are coming out openly in support of HIV prevention, including allocating some funds from Rural Development for HIV activities - Improvements in reporting & monitoring of activities

244)

What are remaining challenges in this area:

- Lack of information on which approaches and strategies are working or not working - Lack of sharing lessons, learning from experience and cooperation among stakeholders - Limited resources for programs - Other development issues (ex: LNG) affecting livelihood, mobility and staffing - Prevention programs may need to incorporate activities that alleviate poverty - Policies may not be supported by actual programmes (ex: workplace policies) - GIPA (greater and meaningful involvement of people living with HIV/AIDS) poorly understood and poorly implemented in general

Page 114

245)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

Page 115

246)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)****IF YES, how were these specific needs determined?**

The National Strategy Plan includes treatment, care & support as a major strategy with a goal to decrease morbidity and mortality related to HIV disease. The National Department of Health has taken on this strategy, conducted needs assessments, situation analysis and developed an health sector HIV strategy to scale up the program

247)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	N/A

Page 116

248)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

249)

Since 2007, what have been key achievements in this area:

– In general, good. ART coverage has increased highly, over 60% based on previous national estimates of those who need treatment. – Rapid expansion of VCT centres, many in county – Number of treatment sites has increased with at least 1 in each province – Increase number in HIV testing

250)

What are remaining challenges in this area:

– Funding need for ART procurement due to the failure of round 9 of Global Fund – Need to develop a successful application for round 10 of Global Fund – Ongoing support to support the management of the current program including the support for individuals currently on ART. – Challenge to increase ART coverage for PLHIV needing treatment and care services – Treatment adherence – Need and availability of second line ART drugs – Need for scale up into the rural communities in PNG

Page 117

251)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

Page 118

252)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

253)

2.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

254)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

Page 119

255)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

3 (3)

256)

Since 2007, what have been key achievements in this area:

– New NHS includes youth and children as significant areas to be addressed – Lukautim Pikinini Act passed by Parliament in 2008

257)

What are remaining challenges in this area:

– Developing programs and approaches that specifically address the needs of children – Addressing the needs of children who are additionally members of most-vulnerable groups (eg, involved in sexual exploitation) – Few groups doing work with children; little information on the ground level – Coordination and ownership by Department of Community Development. – Identify stakeholders involve in the program