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1. Introduction:

Cardno Emerging Markets is providing this report on Tingim Laip Project in accordance with the requirements of its contract with AusAID. This report complements the detailed six-monthly Quality at Implementation (QAI) reports that Cardno submits. It reports on Tingim Laip’s approved Annual Plan 2011.

In summary, after the project inception period (September – December 2010), Tingim Laip (TL) has undergone significant consolidation and refocussing in 2011 to ensure that it can deliver effectively on the outcomes set out in the Project Design Document, AusAID Contract and Annual Plan. This has involved re-establishing the Grants Mechanism to sites; developing a clear intervention model (the STEPs Model) that refocusses attention on the populations most at-risk and most affected by HIV; developing a Monitoring and Evaluation Framework that can track and report on activity, processes and outputs; and, mapping the changing HIV risk and impact environment in PNG to determine where TL should be working in the future.

This has required significant change in the way that the Site Committees work, brought about by the establishment of a clear and solid foundation for TL’s work in the next three and a half years. It has also involved the development of a formal quarterly planning and reporting cycle for Site Committees, backed up by a program of capacity development for provincial and local staff and Site Committees that involves strategic training, on-the-job coaching and closer performance management.

2. Summary of key issues

2.1 Increasing the volume and quality of activities at site level

Our focus throughout 2011 has been to increase the volume and quality of work at site level. In the 2010 extension period, grant funds to sites dropped to a very low level and this saw a decrease in site activity. Since the beginning of TL Phase 2 we have steadily increased grant funds to sites and steadily increased the volume of activity at sites from occasional events to regular outreach activities. We are also working to increase the quality of the interventions – focussing sites once again on the reasons for the interventions to ensure that they are thinking about how their interventions can assist in reducing HIV risk and impact.

2.2 Shifting the focus back to key populations

Part of the effort to increase quality has involved assisting sites to shift their focus from general population activities to activities involving and targeted towards key populations. For example, some sites find it more convenient (and safer perhaps) to distribute condoms to people at the market gate rather than think about populations at particular risk and
impact and choosing distribution sites and times that are targeted better to the needs of these populations. We have used the quarterly planning meetings, the coaching sessions and other strategies to refocus the project on these key populations. We have also used the Social Mapping exercise to broaden the definition of key affected populations from the narrow definition of sex workers, MSM/transgender populations and PLHIV to open up discussion and inclusion of other populations – mobile men with money, landowners receiving compensation, women with several concurrent sexual partners, single mothers trading sex for food, shelter and security and so on. Our challenge is to assist Site Committees to better understand HIV risk and impact in their place and focus their work sharply in response to that.

2.3 Election/security issues:

This is an election year in PNG and that brings up several challenges:

- Keeping our staff and volunteers safe and secure as the election campaign and counting process rolls out
- Responding to the increased risk of HIV that accompanies the election campaign – rallies, parties, travelling campaign teams
- Ensuring that TL staff and volunteers do not engage in electioneering on TL time or with TL resources

We are working with the Electoral Support Project and with other partners to respond to these challenges whilst maintaining as much activity in TL as possible throughout the election period.

2.4 Fraud/theft/cash controls

A steady increase in the amount of grant money distributed each month and the geographical spread of activities has presented significant challenges. In 2011 we put in place a set of strategies to reduce the need for cash at sites – closed phone user groups, central purchasing of items where that is possible. Getting cash to sites safely and ensuring that it is spent and accounted for properly remains a challenge as we seek to work in sites where HIV risk and impact are higher. In an effort to increase accountability and reduce fraud and theft we have placed finance officers at regional office level and in 2012 will place some finance officers alongside isolated POs.

2.5 Staff retention/housing

Increased development in PNG has meant increased pressure on our skilled national staff to take up other employment opportunities that pay better or have greater job security. We have issued contracts that expire at end June 2011 and will issue letters of intent to most staff to novate them into the next phase of TL. We cannot guarantee their employment until Cardno’s contract with AusAID is renewed for the next phase. Many of our national staff
members are also facing significant pressure from the rapidly increasing cost of living in PNG – particularly in relation to the cost of rental housing. We have approached AusAID with a set of recommendations to increase national staff salaries to enable us to compete effectively in the marketplace and retain our skilled staff.

3. Identification of emerging policy issues

3.1 Volunteer recognition and remuneration

The Volunteer Recognition and Remuneration Review was completed in late 2011 and we are responding to this by:

- Setting up a Volunteer Advisory Committee structure
- Putting in place a Volunteer Code of Practice
- Establishing a set of non-cash incentives to recognise and reward volunteers

We are keen to comply with the about to be released NACS Volunteer Policy that prefers casual employment to a system that pays honorariums to volunteers that are below the minimum wage. We will be releasing a volunteer policy in mid 2012, once the NACS Policy is finalised.

4. Progress of the Project by component and output during the reporting period

It was agreed in early 2011 (and approved in the 2011 Annual Plan) that the Monitoring and Evaluation Framework would be developed throughout 2011 and approved by the end of the year. This was to give TL sufficient time to determine a set of practical and relevant indicators and to develop an intervention model in collaboration with sites. Therefore, for 2011 TL is reporting primarily against the Annual Plan, under the following Priority Areas:

Linking and Aligning with NHS Principles, Priorities and Priority Areas:

In support of NHS Principles and Priorities in 2011, TL undertook to:

- *develop and scale-up combination prevention programs for addressing multiple concurrent sexual partnerships in locations where this behaviour is common;*
  Progress: We are working with PSI on a set of messages and BCC materials that can be embedded in TL’s work at Site Level, based on PSI’s relationships training modules. The Love Patrol community education program developed by Wan Smolbag has been rolled out to sites as a tool for opening up a discussion of sexual risk and includes material on multiple concurrent partners.

- *develop and scale-up targeted HIV and STI combination prevention interventions for key affected populations;*
Progress: We have used the STEPs Model to work with Site Committee’s to focus their work away from general community HIV awareness onto specific work with key affected populations. This shift is reflected in the quarterly Site Committee Plans for 3rd and 4th quarter 2011. We have also, through STA, redesigned the HIV 101 and HIV/STI training modules and are rolling these out to sites in early 2012. These contain information on intervention methods and messages for targeted HIV and STI interventions.

› contribute to improved availability and accessibility of male and female condoms through condom social marketing and distribution; and

Progress: We have worked with BAHA to dramatically increase the volume of condoms distributed through TL sites and to increase the quality of BCC accompanying condom distribution (through discussion and demonstrations).

› develop specific interventions to reduce HIV vulnerability associated with gender-based violence and sexual violence against women and girls.

Progress: We have developed a Gender Strategy to support the TL HIV Prevention and Care Strategy, included a gender review into all Site Committee quarterly plans to ensure greater attention to gender issues in planning and activities and conducted gender issues discussion groups in several sites. We are also in the process of developing a set of interventions to reduce alcohol-related harm and these will pay specific attention to gender-based violence.

The following section reports progress under the components of the PDD and Contract:

Component 1: Capacity Building of Implementers

The TL Learning and Development Strategy was developed in late 2010 and followed up with a Training Plan. Although we had some difficulties in recruiting a Training Coordinator in early 2011, that position in now filled and a full training report is contained in Section XXX below. The TL Capacity Development Needs Assessment conducted in 2010 revealed that many people at Site Committee level had difficulty connecting the work that they were doing to a model or set of desired outcomes. Training to sites in 2010 was provided under a separate AusAID contract by FHI International. AusAID renewed this contract in 2011, TL negotiated to have the primary responsibility for Capacity Development as a core TL activity and revised FHI’s TL Support Plan to focus on developing a model for TL Sites to connect with local clinical services.

TL’s Capacity Development focus in 2011 saw a significant shift away from dislocated 5-day external trainings to quarterly on-the-job coaching by Short-term Advisers working closely
with Regional Coordinators. This has allowed for the consolidation of skills and information received in previous trainings and allowed greater attention to real-time problem solving and embedding of new approaches to TL site work and supervision.

Tingim Laip has increased the capacity of site committees to plan and acquit activity grants through formal financial trainings delivered by Tingim Laip finance staff, and ongoing coaching and support provided by Project Officers. Grants distribution has been successfully administered through all project offices to all site committees for the last 5 quarters. Graph 1 shows budget versus expenditure for grants from January – September 2011 (cumulative – Kina). The amount of grants requested has increased steadily each quarter. There are still some issues with grant monies being returned unspent (often due to insufficient time to implement the activities in the month allocated), and the proportion of grants returned appears to have remained steady throughout the year. We are working to improve systems, planning and supervision so that we can close this gap in 2012.

Graph 1. Grants cumulative budget vs expenditure Jan 2011 – Sept 2011

<table>
<thead>
<tr>
<th>Months</th>
<th>Budget</th>
<th>Cumulative Budget</th>
<th>Actual Expenditure</th>
<th>Cumulative Exp</th>
<th>%age Achievement</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-11</td>
<td>0</td>
<td>0</td>
<td>2,017</td>
<td>2,017</td>
<td></td>
<td>-2,017</td>
</tr>
<tr>
<td>Feb-11</td>
<td>450</td>
<td>450</td>
<td>20,146</td>
<td>22,163</td>
<td></td>
<td>-19,696</td>
</tr>
<tr>
<td>Mar-11</td>
<td>0</td>
<td>450</td>
<td>1,287</td>
<td>23,450</td>
<td></td>
<td>-1,287</td>
</tr>
<tr>
<td>Apr-11</td>
<td>26,042</td>
<td>26,492</td>
<td>22,890</td>
<td>46,340</td>
<td>88%</td>
<td>3,152</td>
</tr>
<tr>
<td>May-11</td>
<td>34,978</td>
<td>61,470</td>
<td>23,880</td>
<td>70,219</td>
<td>68%</td>
<td>11,098</td>
</tr>
<tr>
<td>Jun-11</td>
<td>34,081</td>
<td>95,551</td>
<td>9,313</td>
<td>79,533</td>
<td>27%</td>
<td>24,768</td>
</tr>
<tr>
<td>Jul-11</td>
<td>80,713</td>
<td>176,264</td>
<td>4,899</td>
<td>84,432</td>
<td>6%</td>
<td>75,814</td>
</tr>
<tr>
<td>Aug-11</td>
<td>70,030</td>
<td>246,294</td>
<td>37,833</td>
<td>122,265</td>
<td>54%</td>
<td>32,197</td>
</tr>
<tr>
<td>Sep-11</td>
<td>60,934</td>
<td>307,228</td>
<td>50,113</td>
<td>172,378</td>
<td>82%</td>
<td>10,821</td>
</tr>
<tr>
<td>Oct-11</td>
<td>103,705</td>
<td>410,933</td>
<td>31,134</td>
<td>203,512</td>
<td>30%</td>
<td>72,571</td>
</tr>
<tr>
<td>Nov-11</td>
<td>121,746</td>
<td>532,679</td>
<td>39,814</td>
<td>243,326</td>
<td>33%</td>
<td>81,932</td>
</tr>
<tr>
<td>Dec-11</td>
<td>129,092</td>
<td>661,771</td>
<td>87,426</td>
<td>330,752</td>
<td>68%</td>
<td>41,666</td>
</tr>
<tr>
<td>Total</td>
<td>661,771</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The graph above (in Kina) shows the increase in grant requests by Site Committees over time, compared with the actual amount spent (requests minus returned funds).

**Progress indicator 1: Capacity Needs Assessment report and Learning and Development Plan developed by end Q1 2011.**

Achieved. The Learning and Development Plan will be now be revised by end Q1 2012 to incorporate the new curricula on Basic HIV, Sexual Health and Peer Education.

**Progress indicator 2: Mentoring teams established and three rounds of mentoring visits carried out in 2011**

Achieved. Four mentors (now called coaches) are now in place and have visited their Regions three times. A standard guide to coaching has been developed and coaching agreements developed with each region.

**Progress indicator 3: Four field guidance documents developed, circulated and evaluated in 2011 (Site committee structure and volunteer incentives; Alcohol harm reduction interventions; supporting VCT; Gender based violence)**

Not fully achieved in 2011. The Volunteer Recognition and Remuneration Review was carried out in 2011 and has resulted in the development of a Volunteer Advisory Committee comprised of national and provincial bodies. These will allow for greater participation of volunteers in the evaluation and design of TL’s work. The Alcohol Guidance is still in preparation and will be available by end Q1 2012. The Supporting VCT and Gender-based Violence guidance materials will be available by end Q2 2012. The TL Gender Strategy was developed and circulated in 2011.

**Progress indicator 4: Volunteer site committee structure and volunteer incentives system reviewed and new system in place by end Q3 2011**

The Volunteer Recognition and Remuneration Review was conducted in 2011 and the STA Report and TL Response were both provided to AusAID. There have been significant developments in the NACS’ Volunteer Policy in this period and we have been tracking those to ensure that TL’s new volunteer recognition and remuneration is in line with the new policy. In summary:

- it is unlikely that TL can evenly distribute a set of honoraria across all Site Committee members as this does not comply with the new NACS policy and would also not be financially sustainable
- TL is in the process of developing a set of opportunities (in-kind, training, accreditation and other opportunities) that volunteers can access
- TL is also examining the feasibility of establishing an additional cadre of part-time staff at site level to increase the reach and regularity of site work into key affected populations
- TL conducted several cluster meetings of volunteers in late 2011 and as a result, has
established a Volunteer Advisory Committee structure with representation from each site.

Component 2: Effective HIV Prevention Response

To reflect the need for a connection between HIV prevention and care in an effective response to AIDS, the Prevention Strategy was developed as the Tingim Laip HIV Prevention and Care Strategy. The Strategy was developed in consultation with sites, stakeholders and the TL Steering Committee.

The STEPs model forms a central plank of the Strategy. The quarterly planning meetings, on-site coaching sessions and volunteer cluster meetings have been used to embed the Strategy in the work of the project.

Following up on the STEPs Model, we have had STA assistance to define quality standards for effective implementation at each level and the competencies that site committees will require to work effectively at each level. The tools for self and project assessment of where sites are according to the levels were in final stage of preparation at the end of 2011 so these assessments will be carried out in Q1 2012. A preliminary assessment carried out in early 2011 indicated that whilst most sites can report activity at most levels (particularly Levels 1 and 3, quality and regularity are inconsistent. This preliminary scan indicated a particular problem in Level 2 – working with key affected populations. In the latter stages of TL 1, many sites seemed to drift back to general population, non-targeted awareness interventions. Assisting Site Committees to return to a focus of working in and with key affected populations has been a key feature of the work throughout 2011.

In terms of site expansion, we have established two Site Committees in Western Province, in Kiunga around the river port and in Tabubil. We have opened a regional project office in Mt Hagen and relocated the Regional Coordinator for Highlands and Western province there. We have relocated the Madang/Wewak/Vanimo regional office to an office outside the national office to increase its local autonomy. We have significantly strengthened site activity in Oro and Milne Bay. In Oro province, activity has expanded significantly and we are in the process of graduating several Oro sub-sites to full sites as their Site Committees become more formalised and their work more complex in line with the STEPs Model. TL now has 35 sites and 39 sub-sites in 10 provinces. Table 1 presents quarterly activity according to activity type by each region for the first three Quarters of 2011. While large public events formed a large part of site activity early in 2011, there was a steady increase in the frequency of peer education and small group discussion throughout the year.
### Table 1. 2011 Q1 – Q3 Activity by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Peer Education (1-2)</th>
<th>Peer Education (3-10)</th>
<th>Peer Counselling</th>
<th>Small Group Discussion</th>
<th>Edutainment</th>
<th>Public Event</th>
<th>Meeting with Stakeholders</th>
<th>Other Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highlands</td>
<td>Q1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Q2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Q3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>61</td>
<td>18</td>
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<td>Total</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>2</td>
<td>79</td>
<td>19</td>
</tr>
<tr>
<td>Mamase</td>
<td>Q1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>11</td>
<td>2</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Q2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>1</td>
<td>10</td>
<td>0</td>
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<tr>
<td></td>
<td>Q3</td>
<td>18</td>
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<td>28</td>
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<td>3</td>
<td>56</td>
<td>3</td>
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<tr>
<td>Morobe</td>
<td>Q1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
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<tr>
<td></td>
<td>Q2</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Q3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td></td>
<td>Total</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Southern</td>
<td>Q1</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>13</td>
<td>3</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Q2</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>46</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Q3</td>
<td>1</td>
<td>0</td>
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<td>9</td>
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<td>8</td>
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<td>Total</td>
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<td>32</td>
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<td>35</td>
<td>0</td>
<td>10</td>
<td>110</td>
<td>8</td>
<td>185</td>
<td>22</td>
</tr>
</tbody>
</table>

Table 2 presents quarterly condom distribution by each region for the first three quarters of 2011. Significant increases in male condom distribution by Highlands and Momase regions occurred following the establishment of partnership with BAHA. Maintaining consistent supply of condoms and IEC materials is always a challenge and often dependent on PNG NDoH area medical stores and health system. In Morobe province, all BAHA condoms flow through the Area Medical Supply Store. Once TL was able to demonstrate challenges procuring condoms through this chain, BAHA agreed to directly supply condoms to TL sites in Morobe province. We anticipate a further increase in condom distribution in the fourth quarter figures.

Consistent procurement of IEC and IPC (Interpersonal Communication) materials is also a challenge in PNG, in particular since NACS ceased production of pamphlets and posters at...
the end of 2010. Tingim Laip has established an MOU with PSI to develop new IEC materials in 2012.

Table 2: 2011 Q1 – Q3 Condom Distribution by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Male Condoms</th>
<th>Female Condoms</th>
<th>Lubricant</th>
<th>Male Condom Demonstration</th>
<th>Poster</th>
<th>Pamphlets/Brochures</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highlands</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1</td>
<td>2000</td>
<td>500</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Q2</td>
<td>6420</td>
<td>41</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Q3</td>
<td>72284</td>
<td>3668</td>
<td>120</td>
<td>1</td>
<td>150</td>
<td>858</td>
<td>1400</td>
</tr>
<tr>
<td>Total</td>
<td>80704</td>
<td>4209</td>
<td>120</td>
<td>1</td>
<td>150</td>
<td>858</td>
<td>1400</td>
</tr>
<tr>
<td>Mamase</td>
<td></td>
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<tr>
<td>Q1</td>
<td>8125</td>
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<td>4</td>
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<td>10</td>
<td>15</td>
<td>0</td>
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<tr>
<td>Q2</td>
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<td>20</td>
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<td>Q3</td>
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<td>0</td>
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<td>Total</td>
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<td>31</td>
<td>472</td>
<td>35</td>
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<td>Morobe</td>
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<td>Q1</td>
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<td>Q2</td>
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<td>Q1</td>
<td>65148</td>
<td>318</td>
<td>19982</td>
<td>2</td>
<td>10</td>
<td>130</td>
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</tr>
<tr>
<td>Q2</td>
<td>29245</td>
<td>636</td>
<td>7970</td>
<td>2</td>
<td>69</td>
<td>122</td>
<td>0</td>
</tr>
<tr>
<td>Q3</td>
<td>33704</td>
<td>0</td>
<td>526</td>
<td>0</td>
<td>97</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>128097</td>
<td>954</td>
<td>28478</td>
<td>4</td>
<td>176</td>
<td>252</td>
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<tr>
<td>Total</td>
<td>255700</td>
<td>10416</td>
<td>28602</td>
<td>7</td>
<td>387</td>
<td>1625</td>
<td>1435</td>
</tr>
</tbody>
</table>

Progress indicator 5: Prevention Strategy and accompanying site-level explanation documents in place by end Q4 2011

Prevention and Care Strategy in place. Completed. STEPs Model diagrams in Sites, volunteer cluster meetings and at quarterly meetings. Standards and competencies developed in line with STEPs.

Progress indicator 6: Training and mentoring materials on site intervention models developed and included in mentoring at site level in 2011

Targets: 10 sites move from Level 1 to Level 2; 10 sites move from Level 3 to level 4

Materials and coaching in place. Site assessment materials will be completed by end Q1 2012. This will provide information on shifts in levels. Information from an analysis of quarterly plans shows a significant shift back to working with key populations (movement...
from Level 1 to Level 2) and an increase in working to support PLHIV and families affected by HIV (level 3 to level 4). Quantitative data will be provided in Q1 2012.

Component 3: Partnerships and Advocacy

There have been significant difficulties in our working relationship with FHI. Despite numerous attempts to establish and maintain regular communication and a sharing of information and resources, we have not received any of the materials requested from FHI, nor any genuine partnership in the work they have been doing for TL. We have not been able to secure any reports on the development of a model to reduce service access barriers. This is disappointing as it would have assisted us in working with sites to strengthen their work at Level 3.

**Progress indicator 7: Clear model for reducing service access barriers for TL key populations in place by end 2011**

Not provided by FHI. We have not had any involvement in its development despite numerous attempts on our part to establish collaboration.

TL’s partnership with other groups is moving ahead well:

- We have established an MOU with PSI and will be working to use the IEC and IPC materials and campaigns they have developed in sites
- We are working with Save the Children in Eastern Highlands to collaborate on their TL work which was funded directly by AusAID in 2011. We have worked with them in 2011 to establish a subcontract for their work in 2012. Despite our efforts to successfully negotiate this subcontract by the end of 2011 to ensure an uninterrupted flow of TL work there, several changes in Save the Children senior management have made this process difficult
- We have met with Exxon about collaboration over our work around their sites and will keep them informed of our new site work in Tari so that they can provide logistics support such as assistance with secure transport of grant money and personnel to and from Mt Hagen
- We have been working in 2011 with BAHA to increase regular access to condoms at all sites and have established a mechanism for uninterrupted supply
- Tingim Laip has a strong working relationship with three of New Britain Palm Oil Ltd’s estates in Milne Bay, Oro and Madang provinces. In all three locations the company provides Tingim Laip with office space and other logistic assistance. The Milne Bay company requested our assistance following the test results they received on staff STI and HIV levels. At Ramu Sugar, now a part of New Britain Palm Oil Ltd in Ramu,
Madang Province, the company further supports our activities by providing housing for our PO. 

- Debriefing meetings have been held with the Asian Development Bank Enclaves Project (finishing in mid-2011) and we have taken up their suggestions for strengthening TL work in the sites that they were working in.

Delays in the implementation of the Social Mapping research resulted in a postponement of the Stakeholder Mapping until Q2 2012. Given the lack of success in achieving results from the FHI collaboration, the Stakeholder Mapping exercise will be used to strengthen relationships between sites, local services, PACS and other stakeholders.

The Stakeholder Mapping exercise was intended to assist Site Committees to establish formal partnerships with the services and programs they need to refer to. The target of 50% of sites with formal partnerships was not reached but we will now aim to achieve this by end Q2 2012.

To assist in the connection between sites and clinical services, we have developed a referral card that will be trialled in Q1 2012 and have worked with sites through coaching and training and grant allocations to strengthen the accompaniment of PLHIV and others to clinical services.

**Progress indicator 8: Stakeholder Mapping completed by end Q3 2011**

Delayed until Q2 2012

**Component 4: Research**

Social Mapping exercise: NACS Research Advisory Committee approval for the Social Mapping exercise was granted at the end of July and the first phase of the Social Mapping was completed in mid-December 2011. The second phase will be completed in March 2012 and the report will be made available soon after.

The Social Mapping exercise follows 4 main corridors:

- the Highlands Highway from Mt. Hagen to Lae, including Goroka and Markham valley
- the LNG pipeline (Tari, and Hides in the Highlands and Porebada in Central Province)
- the military bases of Port Moresby, Vanimo and Wewak and the movement of soldiers and families between them
- movement of workers around the Oil Palm plantations of Milne Bay, Oro and Ramu
Phase 1 involved mapping mobility, money and HIV risk patterns and impact along the Highlands Highway and the areas affected by the Exxon Mobil LNG project.

Initial findings of Phase 1 included:

- A rethinking of key affected populations beyond just sex workers, MSM, drug users and mobile populations – patterns of risk and impact change from place to place, there are many different subpopulations of sex workers, and women and men having multiple concurrent partners without this constituting general definitions of sex work.
- A particular group of young single mothers living away from their village (perhaps because of the breakup of their first marriage) who engage in drinking and sex for pleasure, love, money, security and shelter.
- A dramatic change in social dynamics brought about by growing intensity of economic activity and reliance on cash economy so that people ‘put themselves in the way of money’. This leads to residential and social upheaval as people move to attract royalty and compensation payments in the case of LNG landowners. Upheaval and destruction of gardens leave women and girls with few options but to engage with multiple male partners to make money they need to survive. Men are attracted to the area away from family and traditional social structures for formal economic opportunities with the company.

**Progress indicator 9: Proposal submitted to RAC Q1 2011**
Progress: Proposal submitted on time – decision delayed until the end of July 2011

**Progress indicator 10: Social Mapping study completed and results disseminated by end Q3 2011**
Progress: Phase 1 completed December 2011, Phase II for completion end Q1 2012

TL has established a collaboration with University of New South Wales (UNSW) and PNG Institute for Medical Research (IMR) for the development and implementation of a Research Plan. The literature review to inform this plan was completed in December 2011 and the draft plan will be taken to the TL Steering Committee in March 2012.

Proposed elements of the Research Plan include:

- A periodic survey among key populations (KAPs) at selected sites to track over time the level of contact with TL and any changes in HIV risk and impact.
- Operational research to determine the success of embedding the STEPs model into site activity as a method of increasing site activity levels, targeting of KAPs and reach into populations.
• Focussed research on particular key affected populations to improve understanding of patterns of risk, social networks and sexual partnerships

The draft plan also proposes a subcontract with IMR that builds research capacity of national staff by establishing a full-time group of trainee researchers based at TL National Office in Madang to carry out TL research whilst participating in a capacity development program facilitated by IMR.

**Progress indicator 11: Research Plan for 2012 developed by end Q4 2011**

Progress: Literature Review completed, Research Plan to be completed by end Q1 2012

**Component 5: Effective Project Management**

All project documents set out in the Contract and 2011 Annual Plan have been finalised, with the exception of the Toolkit for Scale-up and Replication. It was decided that we would focus on establishing the model more clearly throughout 2011 before we prepared any model replication materials. Now that the possibilities for the model are more clearly articulated through the STEPs Model and the HIV Prevention and Care Strategy we can move on to developing replication materials.

Under the terms and conditions of the contract, Cardno novated all staff engaged with the first phase of Tingim Laip for a period of 6 months from the time of mobilisation (August 2010). In January 2011, Tingim Laip underwent a major recruitment process, successfully filling 20 of 22 advertised positions – 17 of the preferred candidates were new to the project. A comprehensive induction for all Tingim Laip team members was conducted in April 2011. With almost a complete turnover of staff in early 2011, the project experienced a settling in period during which Field Officers established themselves in their roles as well as developing relationships with communities and stakeholders. While the process was smooth overall, it did create a general slowing in the delivery of project activities in the second quarter.

**Progress indicator 12: Full staff complement in place by end Q1 2012**

Progress: Achieved

We have now in place:

• A staff performance management system in the process of being linked to a Learning and Development Plan for each staff member
• 6-month performance reviews have been conducted for all Regional Coordinators and Project Officers
• Weekly workplans for POs, RCs, Field Manager and other national staff that are monitored by their immediate line managers
• Quarterly planning posters for POs and RCs that they use each quarter to keep track with the planning and reporting cycle
• Early in 2011, Tingim Laip established a clear quarterly planning and reporting cycle for sites and field staff to support effective administration of grants. The cycle ensures timely review and development of TL site and staff activity plans and includes opportunities for capacity development and coaching at site, provincial and regional levels. The project has undergone five full quarterly planning cycles.

Monitoring and Evaluation

An M&E Framework including a full indicator set has been developed, the reporting forms and database have been revised and an M&E Toolkit developed. Indicators are in line with the NHS indicators and the M&E system developed so that work in provinces can contribute to PACS data collection.

### Progress indicator 13: Consistent data collection forms in place across sites by end Q1 2011
Completed

### Progress indicator 14: Site level data reports submitted for all Level 1, 2 and 3 activities by end of Q2.
Level activity reflected in new data forms distributed in December 2012

### Progress indicator 15: M&E Framework developed by end Q3 and integrated into all components of TL by end Q4
Completed

5. Achievements with reference to the Contractor Performance Assessment Framework

Much of the reporting information required in this table of the Contract is contained in the report against the Annual Plan above. Some additional information is provided here for clarification.
<table>
<thead>
<tr>
<th><strong>Contractor Performance Areas</strong></th>
<th><strong>Progress in 2011</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partnerships and advocacy</strong></td>
<td>We have made significant progress in developing partnerships at national, provincial and local levels</td>
</tr>
<tr>
<td>• All potential networks and partnerships are identified and effective relationships are established and supported;</td>
<td>Some examples:</td>
</tr>
<tr>
<td>• Functional mechanisms to facilitate ongoing links and communication with partners and networks are clear, in use and actively promoted;</td>
<td>• An MOU with PSI over prevention message collaboration</td>
</tr>
<tr>
<td>• All partners and networks support and reinforce TL2.</td>
<td>• Alignment of the TL reporting system with PACS and NACS reporting systems</td>
</tr>
<tr>
<td></td>
<td>• Collaboration with Igat Hope on work on PLHIV access to clinics</td>
</tr>
<tr>
<td></td>
<td>• Work with New Britain Palm Oil on outreach to Oil Palm workers and families in Milne Bay, Oro and Ramu</td>
</tr>
<tr>
<td></td>
<td>• Initial collaboration with National Department of Health over alcohol harm reduction measures</td>
</tr>
<tr>
<td></td>
<td>• Communications Strategy drafted and submitted to AusAID along with several promotional materials including Introduction Booklet, brochure and banners</td>
</tr>
<tr>
<td></td>
<td>• Strong working relationships with AusAID and NACS – representatives from both organisations continue to play an important role in the development and finalization of TL strategies (Prevention and Care, M&amp;E Framework) as well as on HR selection panels</td>
</tr>
<tr>
<td><strong>Project Management</strong></td>
<td>All project systems and policies are now in place and being used.</td>
</tr>
<tr>
<td>• Systems for the equitable recruitment, mobilisation, performance management of staff and volunteers operating effectively</td>
<td>Initial Steering Committee meetings were tentative (difficulties getting partners together due to competing demands and some external hostility between partners).</td>
</tr>
<tr>
<td>• Staff and volunteers are appropriately qualified, experienced for the positions, supported in their work and working effectively as a team</td>
<td>The Steering Committee is now functioning more effectively and we plan to continue to strengthen its role in 2012.</td>
</tr>
<tr>
<td>• High quality inputs and support are procured in line with TL procedures and quality processes are maintained</td>
<td></td>
</tr>
<tr>
<td>• Effective support is provided to the Steering Committee</td>
<td></td>
</tr>
</tbody>
</table>
### Capacity Building
- Capacity building for site committees, volunteers, field and office staff operates at a pace and approach that is appropriate and consistent with their priorities, responsibilities and absorptive ability
- High quality, timely and appropriate technical assistance is provided in an equitable manner, in accordance with TL priorities
- Volunteers, field and office staff are motivated and competent in administrative and technical activity

Coaching for regional and local staff and Site Committees is now in place.

We have used Short-term Technical Assistance (STA) to assist in establishing a clear technical framework and systems for the project throughout 2011. This places us in the best possible position to achieve increase volume and quality of activities in 2012.

This has been presented in a detailed STA report to AusAID for 2011.

### Research
- Research activities and reporting systems operate effectively to provide quality information to guide development of interventions at sites
- Continuous improvement and learning across stakeholders is supported (including new and existing tools to strengthen implementation)
- Continuous improvement and learning across stakeholders is supported (including new and existing tools to strengthen implementation approaches)

We have established a set of research priorities and a partnership with PNG IMR and University of New South Wales.

We have focussed in 2011 on putting in place an effective M&E Framework and reporting system.

The Social Mapping exercise (Phase 1 completed by December 2011) is already providing important information on local risk and impact to sites and will continue to do so.

Several research studies will commence in 2012.

### Interventions
- Site grants distributed and acquitted in a timely manner in line with the Annual Work Plan
- Site committees and volunteers effectively plan, implement and monitor TL activities in line with established best practice and in response to local need

The volume of grants to sites has increased steadily throughout 2011.

Quarterly plans now come from 100% of sites on time and require less and less modification at national level.

The STEPs Model has been used to assist sites to try
• Site committees and volunteers are encouraged and supported to pilot and document new methods and approaches
• Guidance provided to networks, partners and interested parties on replicating and scaling up the TL approach

out new approaches to reach key affected populations and tailor their work to local needs.

Consolidation of the model throughout 2011 has delayed the development of replication materials for TL. This will happen in 2012.

6. Risk Management Plan

The Risk Management Plan was updated in the 2012 Annual Plan and still stands. Particular risks identified in TL’s July – December 2011 Quality at Implementation report (QAI):

• The shift to more rigorous mapping and site assessment and a more comprehensive set of interventions at site level may be met with some resistance in some sites, where these practices have remained unchallenged for some time – this can be overcome by steady capacity development that respects the work that has been done to date but that guides site committees and staff to a greater understanding of the need to link mapping information with intervention design.
• Similarly, TL’s focus on key affected populations (KAP) may be met with some resistance in some sites, where site committee membership excludes KAP and interventions target general population – this can be overcome by steady capacity development, volunteer site committee restructure transition plan and exit strategy for those committees not willing to adapt to new TL approaches and focus.
• The shift to more rigorous financial monitoring and controls at site level may be met with some resistance and resentment in some sites, where poor financial practices have been unchallenged. This can be overcome by steady capacity development that guides committee members and staff to better understanding of the need for financial transparency and accountability.
• The ability for sites to absorb more grant funds will depend on our success in increasing their capacity to expand the scope of their work. There is a risk that this capacity development will take considerable time. This will be managed by focussing on at-site training and coaching and intensive site level capacity development.
• The pending elections have already had some impact on site activities and security in different project locations. TL will use the opportunity of the Q1 planning meeting to further explore impact of Elections, in particular in following four areas:

  o Security (physical and personal)
  o Security (resources and use of project assets)
  o Increased risk for HIV transmission
  o Impact on ability of sites to deliver their activities
- TL has also established a working partnership with Cardno’s Electoral Support Project to:
  - Support TL staff and volunteers develop skills to mitigate impact of election
  - Support volunteers to develop community strategies to mitigate impact of election
  - Support mainstreaming of HIV prevention, alcohol and violence reduction messages in election campaigns

7. Cross-sectoral issues and inter-project/program coordination and cooperation

Tingim Laip works closely with several other projects/programs in Papua New Guinea that work on HIV or related issues. Some of these include:

**Cardno Emerging Markets Electoral Support Project:** The Electoral Support Project (ESP) is an AusAID funded project that supports PNG’s Electoral Commission. This collaboration is particularly relevant in the lead up to the 2012 general election. In PNG, elections are a period of considerable disruption and increase risk and vulnerability to HIV as well as people’s security in general. ESP delivers a series of trainings to increase awareness on democratic processes and people’s rights in this regard. TL and ESP are collaborating on the delivery of these trainings to raise site committee volunteer’s understanding and awareness of HIV related risks surrounding the election and to identify ways to mitigate this risk in their particular community.

**VSO Tokaut AIDS PAC Capacity Building Project:** VSO engages international volunteers to build capacity of Provincial AIDS Committee and National AIDS Council Secretariats. In 2011, a VSO volunteer worked closely with the NACS M&E unit to develop an M&E database toolkit. Tingim Laip participated in discussions to develop the toolkit. Upon completion, Tingim Laip discussed the possibility of developing a similar toolkit for the project with NACS and AusAID. With their full support, Tingim Laip was able to engage the same volunteer to develop a similar toolkit. The toolkit will be rolled out in early 2012. In 2012, VSO will engage several other volunteers to conduct a series of small research projects. Tingim Laip will coordinate research initiatives as this proceeds.

**Strongim Pipol, Strongim Nation:** SPSN supports the Community Development Workers Accreditation program. This program recognises skills and experience of volunteers and other people who work at the community level. In late 2011, Tingim Laip started discussions with SPSN to explore the possibility of supporting TL volunteers to be accredited against a nationally recognised standard. This would form a core component of TL’s volunteer support and incentive program.

8. Report on training against the Training Plan and update of the Training Plan

Tingim Laip’s Learning and Development strategy focuses on three areas of capacity development: improved governance and administration; improved prevention and intervention; and, sustainable capacity development, to be directed at all levels of Tingim Laip structure – national management team, field team and site committees. A range of capacity development approaches is used to transfer skills including formal classroom...
trainings; informal discussions; regular coaching sessions and regular opportunities for learning and exchange.

The training plan presented in the Learning and Development strategy was never formally adopted given its unrealistic scope and timeline. Instead, the plan was used to guide quarterly training initiatives at all levels of the project. Until the appointment of a Training Coordinator in October 2011, the delivery of training was overseen by DP Prevention and Project Manager.

In 2011, Tingim Laip rolled out a number of formal trainings to Regional Coordinators, Project Officers and Site Committees in a graduated manner.

**Regional Coordinators:** Change Management; Facilitation Skills; Performance Management; Performance Review; Love Patrol Facilitation; Basics of HIV

**Project Officers:** Facilitation skills; Love Patrol Facilitation; Basics of HIV

**Site Committee volunteers:**

- Grants Administration – all sites except for Manus
- M&E Training – Wewak, Oro, Madang sites
- Peer Education – Madang sites (pilot of peer education training that will be finalised in February 2012)

To increase learning opportunities, Tingim Laip also commenced a series of **Cluster Trainings.** These one-day sessions were held for representatives of site committees in a given area/province. These sessions were facilitated by DP Capacity Development and were used as an opportunity to introduce the STEPs model and for cross site learning and exchange. Sessions were held for all sites in Western Highlands Province, NCD/Central and Oro.

Tingim Laip’s Coaching Program was established in August 2011. The program delivers practical learning and support to TL regional teams and local communities to increase their capacity to lead and deliver HIV prevention and care services. The program works with TL staff and site committee volunteers to build on existing strengths, develop necessary skills and knowledge and increase capacity for effective community leadership. A team of short term advisors have been assigned to each region. Coaching visits occur quarterly and rotate amongst project offices within a given region to that each has the opportunity to have their local issues addressed. Team coaching agreements developed during the first coaching visit guide subsequent visits and provide a framework for monitoring progress. In 2011, two rounds of coaching visits took place and coaching agreements were established for each region.

In 2012, the training plan will be updated and aligned with the STEPs. In 2011, a short term advisor was engaged to develop competencies and performance criteria for each STEP. To
support site committee achievement and progress through the STEPs, Tingim Laip will provide capacity building opportunities in accordance with competencies and performance criteria required at different levels.

9. Comments on the management of stakeholder relationships

Tingim Laip recognises its network of site committee volunteers as the main workforce of the project. In July 2011, a scan of volunteer management approaches provided a number of recommendations to strengthen support, management and incentives for project volunteers. Recommendations have been reviewed internally and considered for immediate, intermediate and long term implementation. In Q1 2012, Tingim Laip will establish the Volunteer Advisory Committee - a forum through which volunteers will be able to contribute to project policy and strategy development and delivery, in particular in relation to volunteers.

TL has maintained regular contact with NACS and NDOH throughout the year.

10. Details of any variations from the Annual Plan

There are no significant variations from the Annual Plan 2011. Progress against targets and indicators is summarised in Section 4 above. TL Annual Plan 2012 has been approved by AusAID, NACS and the Steering Committee.

11. An update on expenditure in the previous quarter and anticipated expenditure in the next quarter

Detailed line-item spending reports are included in Cardno’s quarterly invoices.

In summary, project expenditure is as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>October – December 2011</th>
<th>January – December 2011</th>
<th>Project to date</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational costs</td>
<td>A$1,250,025</td>
<td>A$3,686,494</td>
<td>A$4,511,692</td>
<td>A$2,790,902</td>
</tr>
<tr>
<td>Grant Funds</td>
<td>A$345,000</td>
<td>A$579,000</td>
<td>A$579,000</td>
<td>A$345,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>A$1,595,025</td>
<td>A$4,265,494</td>
<td>A$5,090,692</td>
<td>A$3,135,902</td>
</tr>
</tbody>
</table>

Throughout 2011 TL has been building the staff complement and the grants expenditure. Site expansion in the first two quarters of 2012 will be accompanied by the establishment of one new RC position and several new PO positions. New site activity resulting from the
Social Mapping and the graduation of several sub-sites to site level will also increase the grants spending considerably in 2012.

Expenditure estimates for Q1 2012 are as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>Q1 2012</th>
<th>Anticipated Balance at end of Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational costs</td>
<td>A$1,300,000</td>
<td>A$1,490,902</td>
</tr>
<tr>
<td>Grant Funds</td>
<td>A$95,000</td>
<td>A$250,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>A$1,395,000</strong></td>
<td><strong>A$1,740,902</strong></td>
</tr>
</tbody>
</table>

12. Conclusion

2011 was a year of consolidation for Tingim Laip. We now have the foundations in place for considerable expansion of activity within sites and expansion of sites into new geographical areas and populations.

None of this would have been possible without the continued support of TL’s volunteers in sites and communities and Cardno Emerging Markets would like to formally express its gratitude for their continued energy and commitment.