

**Papua New Guinea – Australia  
Transport Sector Support Program  
(TSSP)**

**Supported by the Australian Government - AusAID**

**HIV and AIDS Strategy and Plan**

**April 2008**

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## Abbreviations

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>AusAID</b>	Australian Agency for International Development
<b>ANC</b>	Antenatal Clinic
<b>ARV</b>	Anti retroviral
<b>BCC</b>	Behaviour Change Communication
<b>CAA</b>	Civil Aviation Authority
<b>CBO</b>	Community Based Organisation
<b>CDD</b>	Concept Design Document
<b>DoT</b>	Department of Transport
<b>DoW</b>	Department of Works
<b>FBO</b>	Faith Based Organisation
<b>GAHS</b>	Gender and HIV and AIDS Specialist
<b>GoPNG</b>	Government of Papua New Guinea
<b>GIPA</b>	Greater Involvement of People Living with AIDS
<b>HIV</b>	Human Immuno Deficiency Virus
<b>ILO</b>	International Labour Organisation
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOU</b>	Memorandum of Understanding
<b>MTDS</b>	Medium Term Development Strategy
<b>MTR</b>	Mid-Term Review
<b>NAC</b>	National AIDS Council
<b>NACS</b>	National AIDS Council Secretariat
<b>NDoH</b>	National Department of Health
<b>NGO</b>	Non-Governmental Organisation
<b>NHASP</b>	National HIV AND AIDS Support Project
<b>NMSA</b>	National Maritime Safety Authority
<b>NSP</b>	National Strategic Plan (NACS)
<b>NTDP</b>	National Transport Development Plan
<b>PAC</b>	Provincial AIDS Council
<b>PD</b>	Program Director
<b>PLWHA</b>	People Living with HIV and AIDS
<b>PM</b>	Program Manager
<b>PMC</b>	Project Management Consultants
<b>PNGPC</b>	Papua New Guinea Ports Corporation
<b>PNG</b>	Papua New Guinea
<b>PSMS</b>	Public Sector Management Specialist
<b>S&amp;D</b>	Stigma and Discrimination
<b>SoS</b>	Scope of Services
<b>STI</b>	Sexually Transmitted Infection
<b>TA</b>	Technical Assistance
<b>ToR</b>	Terms of Reference
<b>TSSP</b>	Transport infrastructure sector Support Program
<b>TSCMIC</b>	Transport Sector Coordination Monitoring and Implementation Committee
<b>UNGASS</b>	United Nations General Assembly Special Session
<b>VCT</b>	Voluntary Counselling and Testing

## Executive Summary

Papua New Guinea is confronting an HIV epidemic that threatens not only the country's future development prospects, but risks undermining the development achievements of the post-independence period (MTDS, p25).

Australia has been providing long-term support to the Government of Papua New Guinea (GoPNG) for the transport infrastructure sector through its aid program. Over time the focus of Australian assistance is shifting from an emphasis on maintenance to capacity building and institutional strengthening as part of a holistic approach to supporting maintenance.

The Papua New Guinea – Australia Transport Sector Support Program (TSSP) commenced in July 2007. The first phase of the TSSP spans five (5) years however it is anticipated that the Program will be in place for 10 to 15 years. HIV and AIDS have been identified by the Government of Papua New Guinea and the Government of Australia as a cross-cutting issue. HIV and AIDS has a triple impact on the transport infrastructure sector: it affects transport workers, their families and communities; the enterprises concerned; and the economy as a whole (ILO, p. 10). Transport infrastructure sector activities therefore have the potential to act as a vector in the transmission of AIDS and HIV and/or provide opportunities to promote awareness, prevention and support.

The primary goal of the TSSP HIV and AIDS Strategy is to support TSSP counterpart agencies in developing strategies and plans that assist the GoPNG reduce the spread of HIV and promote support for those already infected and increase awareness. There have been a number of HIV initiatives already generating forward movement in addressing the HIV epidemic and the TSSP HIV and AIDS Strategy aims to learn from and build upon these activities.

The TSSP HIV and AIDS Strategy therefore aims to encourage and support GoPNG transport infrastructure sector agencies to:

- Reflect on core business and corporate planning
- Consider how the transport infrastructure sector has the potential to contribute to the spread of HIV and AIDS
- Determine how agencies within and across the sector could work to address the threat of HIV and AIDS
- Promote awareness of HIV and AIDS for transport infrastructure sector workers
- Implement workplace policies that protect and support sector workers.

AusAID support is based on the GoPNG National Strategic Plan (NSP) on HIV and AIDS 2006-2010. The NSP identifies seven focus areas for implementation over the lifespan of that Strategy. All sectors, agencies and organisations supporting the response to HIV in PNG are required to align their interventions around one or more of the seven NSP focus areas.

The TSSP HIV and AIDS Strategy, which includes an implementation plan and monitoring indicators is designed around the four highlighted top priorities of the NSP. These are:

- Leadership, partnership and coordination
- Education and prevention
- Social and behavioural change research
- Monitoring and evaluation.

## 1.0 Introduction<sup>1</sup>

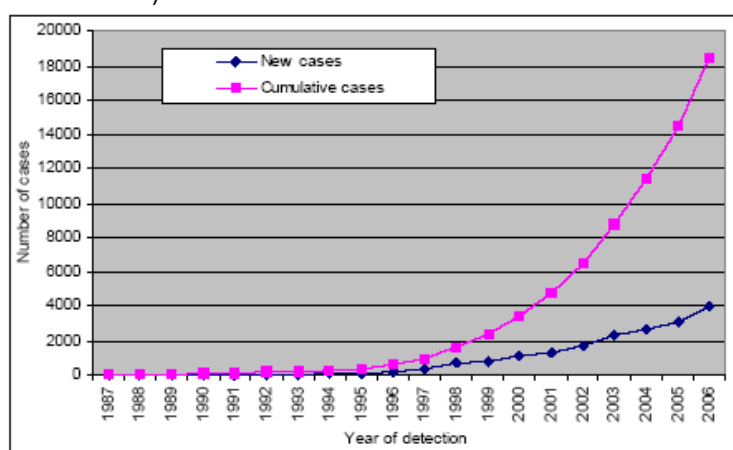
*“There can be no pause or let-up in the battle against HIV and AIDS. Every truck driver, taxi driver, bus operator, commuter, passenger, pilot, air steward and seafarer can either be part of the problem or become part of the solution...Our transport network offers us a potent weapon in this battle. It moves millions of people every day, both within and across our borders. These movements can either continue to widen the spread of HIV AND AIDS or become a powerful channel for disseminating the information, knowledge and understanding upon which effective prevention depends.”* Abdulah M. Omar, November 2001

### 1.1 Demographics and HIV and AIDS in Papua New Guinea

Papua New Guinea has an estimated population of 5.89 million, of whom 2.97 million are aged between 15-49 years (NDOH/NACS, 2007 p8). Overall population density is low with almost 87 percent of the population residing in rural areas. There has, however, been a population drift to Port Moresby and other urban areas and rural economic development enclaves over the past 30 years. A rugged central mountain spine and numerous far-flung islands often makes access to widely scattered rural communities difficult, slow and expensive. Only 3 percent of the roads are paved and therefore most travel between provinces is by air or sea.

With a life expectancy at birth of 60 years, the health status of Papua New Guineans is the lowest in the Pacific region. Communicable diseases remain the major cause of morbidity and mortality in all age groups however the incidence of HIV and AIDS in PNG in particular is a major problem for the country. In 2002 PNG became the fourth country in the Asia-Pacific region after Thailand, Cambodia and Myanmar to be classified as having a generalised HIV and AIDS epidemic firmly established within all segments of the population (NDOH/NACS, 2007 p8). A report on the HIV and AIDS situation in PNG was released by the National AIDS Council Secretariat (NACS) and the Department of Health in August 2007 (NDOH/NACS, 2007 p8). It reports that overall HIV and AIDS prevalence at the end of 2006 was 1.28 percent with an estimated 46,275 people living with HIV and is projected to rise to 1.61 percent by the end of 2007.

Figure 1: New and cumulative annually reported HIV infections in Papua New Guinea, 1987–2006 (Source NDOH and NACS 2007)



<sup>1</sup> The HIV and AIDS Strategy for TSSP uses the preferred terminology approved by UNAIDS. As language shapes beliefs and may influence behaviours, considered use of appropriate language has the power to strengthen the response to HIV and AIDS. For further information please refer to UNAIDS' Terminology Guidelines, March 2007 [http://data.unaids.org/pub/Manual/2007/20070328\\_unaids\\_terminology\\_guide\\_en.pdf](http://data.unaids.org/pub/Manual/2007/20070328_unaids_terminology_guide_en.pdf)

## 1.2 What are the defining characteristics of the HIV and AIDS Epidemic in PNG?

It is important to understand the PNG HIV and AIDS epidemic in terms of its defining characteristics. These are perhaps not unique to PNG alone but are certainly pertinent to the design and development of this Strategy.

There are six key defining features:

- The epidemic in PNG is sexually transmitted and predominantly heterosexual while sex, sexuality and, sexual health issues are highly shamed and moralised within society. Harsh judgments prevent open and informed discussion about the epidemic in communities (UNGASS, p 21).
- The epidemic is widely reported to be driven by inequities - such as gender and class. It therefore requires a broader developmental strategic approach. For example, reversing the course of the epidemic will depend, to a significant degree, on the success of policy in reducing poverty and empowering women (MTDS, p.27).
- The epidemic is increasingly becoming younger and feminised, accentuating gender inequalities and urging for gender mainstreaming of all policies and programs.
- Political and social leadership in PNG would appear to have yet to commit wholeheartedly to supporting the national response whereas global evidence indicates that strong leadership and real political commitment are vital in making a difference.
- The stigma, discrimination and human rights violations accompanying the epidemic are huge barriers to HIV prevention efforts - accelerating transmission and keeping the true scale of the epidemic hidden. The drivers of the epidemic in PNG include high rates of multiple and concurrent sexual relationships, early initiation of sexual intercourse between younger women and older men, high rates of gender-based violence and sexual coercion, high rates of sexually transmitted infections, and depressed socioeconomic conditions associated with poverty and unemployment (UNGASS, p21). Such drivers are compounded by a lack of access to consistent and quality information and services.
- The trend of the spread of HIV and AIDS at the present time is into the rural areas therefore, HIV awareness and prevention strategies into the rural areas needs to be aggressive.

## 1.3 GoPNG response to HIV and AIDS

The GoPNG recognises HIV and AIDS as one of the major threats to the country's social and economic development prospects and has expressed commitment to tackling the problem. The MTDS reminds us that *"the government will take every step possible to arrest the epidemic, especially supporting a multi sectoral approach"* ( p13) given that it is a *"significant constraint that is impeding effective growth and development prospects in PNG* (p10).

The GoPNG is a signatory to key international conventions and agreements related to combating HIV and AIDS such as the UN Millennium Development Goals and the United Nations General Assembly Special Session Declaration of Commitments on HIV and AIDS (2001). HIV is priority number six of the MTDS highlighting that arresting the spread of HIV is a fundamental objective (p25).

The GoPNG National HIV and AIDS Strategic Plan (2006-2010) (NSP) endorsed in December 2005, sets out the Government's plan for combating HIV and AIDS in the country. The enactment of the *National AIDS Council Act*, in 1997 paved way for the establishment of the NAC to manage and coordinate the national response. The *HIV and AIDS Management and Prevention (HAMP)*

*Act 2003*, enacted by Parliament in 2003 provides a legal framework for addressing discrimination, stigmatisation and mandatory screening with respect of HIV and AIDS.

Multilateral and bilateral donor agencies represented in the country notably AusAID, the Asian Development Bank (ADB) and UN System, are complementing Government's efforts by providing significant financial and technical resources to the response. A number of interventions are being implemented based on the Plan. These encompass prevention, treatment, care, support and the mitigation of impact on the country and strengthening national capacity for management, coordination, surveillance, monitoring and evaluation.

#### **1.4 Public sector response**

A strong and effective public sector response is critical to achieving a comprehensive response to HIV and AIDS. A mainstreaming approach will enable the public sector to address the causes and consequences by tackling the link between poverty, vulnerability, inequality, patterns of development and HIV and AIDS.

The TSSP through this HIV and AIDS Strategy will encourage and support the transport infrastructure sector in developing and implementing specific policies and interventions designed to address the issue within and across transport sub-sectors as well as minimise the risk of transport sector activities contributing to the further spread of HIV and AIDS.

While the GoPNG has demonstrated commitment by including HIV and AIDS in the seven expenditure priorities of Government under the MTDS, much less progress has been recorded in terms of mainstreaming interventions into the core of Government programmes.

The National Joint Coordination Committee (NJCC) endorsed by Government in 2004 as a mechanism for mobilising the public sector response is not yet established (UNGASS p21). Only seven public sector agencies made submissions during the 2008 fiscal year to address HIV and AIDS within their sector plans despite calls by NACs to all sectors to develop and submit proposals. A number of key research documents report that to date, only six public sector agencies have developed related workplace policies.

A situational analysis undertaken by TSSP substantiates, however, that there are a number of related workplace policies in transport infrastructure sector agencies. These are discussed in more detail within this report.

Nonetheless, research indicates that where policies have been developed, little is being done around implementation. Provincial Governments are slowly beginning to demonstrate support by allocating funds for HIV and AIDS activities in annual budgets but there is little evidence to show that this is being followed through with actual disbursements (UNGASS, p25).

This is not to dispute that agencies recognise the need for action; rather that with limited budgets and understandings of how the problem might be addressed, there is a tendency for other issues to dominate.

Urgent and radical measures are therefore required to ensure implementation of Governments' commitment in addressing HIV and AIDS.

## 2.0 TSSP Overview

Australia has been providing long-term support to the Government of Papua New Guinea (GoPNG) for the transport infrastructure sector through its aid program. Over time the focus of Australian assistance is shifting from an emphasis on maintenance to capacity building and institutional strengthening as part of a holistic approach to supporting maintenance.

It is envisaged that the Papua New Guinea – Australia Transport infrastructure sector Support Program (TSSP) will have a 10 to 15 year lifespan. Phase 1 of the Program has been set at five (5) years with a budget of around \$AUD50 million per year.

TSSP offers a flexible, rolling design and implementation model. It has been designed to improve governance, capacity and service delivery within GoPNG's transport infrastructure agencies whilst encouraging GoPNG to take increasing responsibility for infrastructure maintenance funding and thereby becoming less dependent on donor support.

More specifically, the approach is directed towards improving governance (including transparency and accountability in government procurement and expenditure) public sector management and technical capacity building, and institutional strengthening, while continuing to provide funding support for priority maintenance and rehabilitation works.

Importantly, the Program operates within and is assisting to build the capacity of GoPNG agency systems, processes, and personnel whilst retaining appropriate checks and balances. In so doing TSSP:

- Builds on and further develops GoPNG's leadership, policies and priorities for the sector
- Moves towards a programmatic approach that includes crucial areas of public sector reform and governance to which GoPNG is committed and can lead
- Moves towards reform and changes leading to a sector wide approach, incrementally and in line with the 'pace' of the sector agencies and their capacity and ability to absorb change in a coherent manner.

### **Transport infrastructure sector Support Program Goals and Objectives**

The goal of TSSP is to ensure improved governance and performance in GoPNG's delivery of transport infrastructure services through effective use of resources. A number of separate activities are directed at four main objectives:

- 1 Line agency public sector reform and governance -**  
To support operational reform in the transport infrastructure sector agencies through improved public sector administration and reform programs.
- 2. Strengthen central agency capacity -**  
To strengthen linkages between the transport infrastructure sector agencies and central agencies so that service delivery and reform programs are actively supported
- 3 Provincial Transport Services -**  
To support improved (planning) performance of provincial, district and local level governments to deliver transport services in selected locations.

#### **4 Prioritised Transport Asset Maintenance -**

To support delivery of an affordable, contestable and prioritised national transport network.

The implementation of the TSSP signals a clear change in focus for both the GoPNG and AusAID with respect to the transport infrastructure sector. Specifically the shift represents a move away from the project-by-project approach to a programmatic approach that incorporates and addresses key features of public sector reform and governance; consistent with 'mainstreaming' methodologies.

The link between improved transport and the risks associated with HIV and AIDS is clear.

TSSP is well positioned to assist sub-sector agencies and their stakeholders in increasing understandings and knowledge regarding the specific role that transport infrastructure can play in mitigating the transmission and prevention of HIV and AIDS.

The TSSP HIV and AIDS Strategy:

- Is line with key GoPNG and Australian Government policies and frameworks (MTDS, NTDP, NSP)
- Acknowledges and builds on current and future planning within GoPNG transport sector agencies
- Provides a clear and achievable direction for transport infrastructure sector agencies to adopt in the fight against the HIV and AIDS epidemic.

Additionally, a TSSP HIV and AIDS Workplace Policy has been developed, in contributing to the awareness and educational activities that have already been adopted by the TSSP Office (Annex 1 refers). This offers a model that transport sector agencies may wish to consider as might the International Labour Organisation (ILO) Code of Practice for HIV and AIDS (Annex 2 refers).

### 3.0 HIV and AIDS : The Transport Infrastructure Sector

The methodology adopted in developing this Strategy encompassed:

- A Desk Review of existing policies, strategies and procedures within GoPNG and internationally
- Updating a situation analysis of existing transport sector line agency intentions, mechanisms and activities (Annex 3 refers)
- Workshops, meetings and discussion groups
- Analysis and review of information.

The information presented within this Strategy synthesises the information obtained and locates this within a broader HIV and AIDS perspective. It is anticipated that the Strategy will be reviewed and discussed with partner agencies, and updated as required.

The Strategy, throughout, highlights the importance of providing ongoing support to and GoPNG agencies to assist update skills and knowledge, and guide strategic intent.

#### 3.1 What are the impacts of HIV and AIDS on the transport infrastructure sector?

The transport infrastructure sector has been categorised as high risk because of the impact that increased mobility and transit workforces can have in relation to HIV and AIDS (MTDS, p43).

Acknowledging these impacts is the first step in considering the specific strategies necessary in addressing related issues. Examples of these, raised during consultations and workshops with representatives from GoPNG transport sector agencies included comment on:

- **Reduced productivity due to AIDS-related illness**  
There is a high prevalence rate of HIV infection among co-workers however low numbers of staff seek anti retroviral treatment. Therefore, the costs of absences and sickness can be seen to threaten output and profits<sup>2</sup>. Such potential costs may include; loss of productivity and payment of health benefits, insurance premiums, and the repatriation of workers who fall sick while away from home. The development of evidence-based data in this area could be consider a priority.
- **Increased costs of training and hiring replacements for workers lost to the disease**  
Frequency in turnover of employees due to increased illness and death from AIDS related conditions and a risk of attrition in skills and expertise from these losses. Further, that the costs of replacing workers (advertising, recruiting, training) can be substantial.

The TSSP HIV and AIDS Strategy aims to address these issues largely through the development and implementation of workplace policies. However, in the wider setting Annex 4 provides a table, which identifies the main risk and vulnerability factors for HIV and AIDS in the transport infrastructure sector, and possible interventions.

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<sup>2</sup> ILO 2005, *HIV/AIDS and Work, Using the ILO Code of Practice on HIV/AIDS and the World of Work: Guidelines for the transport infrastructure sector*, p. 2.

### 3.2 Transport infrastructure sector challenges

A number of challenges were raised during the workshops facilitated to assist inform the development of this Strategy. These were consistent with the literature available on this topic:

- Identifying the relevance and role of the transport infrastructure sector in both the prevention and transmission of fight against HIV and AIDS
- Assessing the extent of the problem of HIV and AIDS among transport infrastructure sector employees and workers
- Developing partnerships with organisations and associations that can understand specific transport infrastructure sector issues (i.e. trucker issues)
- Determining common approaches between and across the transport infrastructure line and central agencies
- Increasing understandings and commitment of internal and external stakeholders.

The TSSP has been designed to assist GoPNG partner agencies in planning, developing, implementing, reviewing and monitoring sound policies and practices which have been designed to increase HIV and AIDS awareness and introduce effective strategies in combating the disease.

This Strategy promotes well informed decision making through information sharing and knowledge management and the promotion of effective interventions through sector-wide communication and advocacy.

Therefore the TSSP HIV and AIDS Strategy has been developed to guide strategic policy and implementation at the program level, as well as providing suggestions and opportunities to support HIV initiatives at the project and activities levels.

In conforming with good practice, this Strategy recommends an integrated approach and aims to be consistent with the challenges facing the transport infrastructure sector.

This Strategy reflects the priority categories identified in the TSSP Monitoring and Evaluation Framework (governance, capacity development and (infrastructure) access.

## 4.0 TSSP HIV and AIDS Strategy

The primary goal of the TSSP HIV and AIDS Strategy is to assist GoPNG transport sector agencies contribute to wider GoPNG endeavours by working cooperatively to prevent the further spread of HIV and AIDS and promote support for those already infected.

AusAID support to the response in PNG is based on the National Strategic Plan on HIV and AIDS 2006-2010 (NSP). The NSP identifies seven focus areas for implementation over the lifespan of the strategy. A National Gender Policy and implementation plan developed as part of the NSP identifies measures to integrate gender within each of the seven focus areas. All sectors, agencies and organisations supporting the response to HIV and AIDS in PNG are encouraged to align their interventions around one or more of the seven NSP focus areas. They include:

- Treatment, counselling, care and support
- Education and prevention
- Epidemiology and surveillance
- Social and behavioural change research
- Leadership, partnership and coordination
- Family and community support
- Monitoring and Evaluation.

The TSSP HIV and AIDS Strategy is more specifically designed around the four top priorities of the NSP:

- Leadership, partnership and coordination
- Education and prevention
- Social and behavioural change research
- Monitoring and evaluation.

The strategic objectives and outputs detailed below are for consideration by transport sector line agencies in developing their own HIV and AIDS plans in the future. The objectives and outputs are considered best practice and may be suitable for refining for the PNG context.

### 4.1 Leadership, Partnership and Coordination

Strengthening leadership, partnership and coordination at all levels is a key priority of PNG's response to HIV and AIDS. Stronger leadership has been identified as vital for mobilising resources that the country needs in scaling up the response. Leadership is required to ensure HIV and AIDS issues are articulated and included in all Government policies, strategies and plans. It is required to support the development and implementation of workplace policies in public and private organisations, and inclusion in industrial agreements and awards. Stronger leadership has the added advantage of reducing the stigma and discrimination often associated with HIV and AIDS as well as assisting galvanise community support.

Important steps have been taken by GoPNG in demonstrating leadership (eg MTDS). Inclusion of HIV and AIDS as one of the top priorities of Government sets direction for GoPNG agencies in addressing this issue within corporate planning and budgetary processes.

There is, however, a long way to go. At this stage only three of the five line agencies have developed workplace policies to address HIV and AIDS and plans to support implementation of these policies are not apparent.

A comprehensive transport sector analysis of HIV and AIDS has yet to occur.

### **Strategic Objective 1**

***To enhance leadership role and support for HIV and AIDS response within GoPNG transport infrastructure sector agencies***

**Output 1: Increase the level of understanding and awareness of HIV and AIDS issues amongst transport infrastructure sector agencies**

**Activities:**

- Assist agencies to review planning and implementation in order to identify the impact activities have in relation to HIV and the opportunities presented to reduce and prevent HIV and AIDS transmission
- Facilitate HIV and AIDS training and learning opportunities
- Develop and disseminate information and materials on HIV and AIDS
- Facilitate the participation of leaders in high level HIV and AIDS fora
- Facilitate regular panel discussions and debates on HIV and AIDS.

**Output 2: To strengthen accountability for HIV response among top management within the transport infrastructure sector agencies**

**Activities:**

- Collaborate with the Department of Personnel Management to support line agencies in reviewing and incorporating HIV indicators for staff performance management systems
- Support management implementing and reporting on specific HIV interventions within their departments.

### **Strategic Objective 2**

***To build capacity of line agencies to integrate HIV into sector policies, strategies and plans***

**Output 3: To support line agencies to develop and apply specific guidelines for integrating HIV and AIDS interventions into their annual planning and budgeting processes**

**Activities:**

- Review existing annual planning and budgeting processes to identify appropriate entry points for HIV and AIDS responses
- Provide ongoing support to the line agencies in applying guidelines for the annual planning process.
- Train key staff on the processes and procedures required in mainstreaming HIV and AIDS responses

### Strategic Objective 3

**To strengthen mechanism for collaboration and coordination of sector response to HIV at the national level**

**Output 4: Establish and strengthen mechanisms for inter agency collaboration for a coordinated response within the transport infrastructure sector**

**Activity:**

- Establish and strengthen inter agency HIV committee at the national level to foster collaboration and coordination sector response.

**Output 5: Support sector agencies to establish links with NACS and other strategic partners at the national level**

**Activities:**

- Facilitate regular dialogue between any transport infrastructure sector HIV committees and NACS
- Advocate for representation of a transport infrastructure sector representative on NACS.

## 4.2 Education and Prevention

Prevention is a powerful tool in response to HIV and AIDS in PNG and globally because there is as yet no vaccination or cure for the virus. In PNG, significant success has been made in raising the level of public awareness but this has not yet translated into the changes in behaviour necessary to halt the spread of the epidemic.

The most recent estimates (*2007 Estimation Report on HIV and AIDS in PNG*) suggest that new infections continue to rise significantly. Further, that a total of 4017 people tested positive in 2006 alone; 30% higher than the number recorded in 2005 (NACS, p15). The report indicated a late but strong increase of infection in the rural areas contrary to previous belief that PNG epidemic was concentrated in the urban areas. And, although men and women appear to be infected in equal numbers, that infection is highest and appears to be growing fastest among young women aged 20-29 years. Community led and culturally appropriate interventions that transcend general awareness and empower individuals to embrace safer sexual behaviours and practices were described as essential in beginning to halt and then reverse the spread of the epidemic.

While there is little recorded data to show cause – that is the effect relationship between the spread of HIV and AIDS and transport infrastructure sector activities - it is widely understood that transport services also provide passage for HIV and AIDS transmission, given the association with movements of large numbers of people.

Transport routes are among the locations regarded as high risk settings in terms of transmission. These locations are known to be peak gathering areas and as such as are often frequented by people selling produce and/or travelling. This raises issues relating to safety, violence and also in relation to professional ‘sex workers’ as well as those occasionally ‘selling’ sex for protection or temporary income needs.

The need for strong integration of HIV prevention programmes across all transport infrastructure sector activities is therefore real and urgent.

A first step is usually an assessment of the workplace to determine capacity to implement workplace policies. TSSP advisers should be in a position to discuss and where relevant, assist counterparts to revise and administer this instrument. In so doing, the support and guidance of an

HIV and AIDS Adviser will prove invaluable, as agencies have already indicated a lack of expertise and not all advisers will have a depth of experience and/or skills with regard to gender and HIV and AIDS.

The Department of Works has implemented specific provisions within major works contracts which require contractors to conduct awareness and prevention programs during project activities. The contractor is required to submit a HIV and AIDS Compliance Report with each monthly claim, including a schedule of all personnel who have attended associated activities. This is an example of good practice that could be institutionalised in all contracts let under government agencies, including those funded under TSSP.

#### **Strategic Objective 4:**

***To strengthen capacity of line agencies to develop and implement systems and practices to integrate HIV prevention in all transport infrastructure development projects and services***

**Output 6: Provision of appropriate guidelines to support agencies to integrate HIV and AIDS prevention measures in all construction and maintenance works**

**Activities:**

- Work with agencies to assist review, further develop and integrate HIV and AIDS specific outputs in standard bidding documents for all asset maintenance projects. Annex 5 provides draft clauses for consideration
- Work with line agencies to develop and include specific HIV and AIDS criteria in bid evaluation procedures for all construction and maintenance activities
- Work with line agencies to include specific HIV and AIDS criteria in contract supervision and certification procedures and guidelines for all construction and maintenance activities. Draft contract clauses are provided at Annex 5.

**Output 7: Capacity building of staff and contractors to ensure they are able to articulate HIV and AIDS issues in all contract and bid documents**

**Activities:**

- Work with agencies to develop/strengthen existing procedures incorporating HIV and AIDS issues
- Work with agencies to provide training for technical staff on the preparation of HIV and AIDS sensitive bid documents
- Assist agencies provide training for staff responsible for supervision and certification of civil works on assessing compliance to HIV and AIDS related clauses in the contracts.

**Output 8: Support the Department of Transport in encouraging all public transport operators to integrate HIV and AIDS prevention/response information into public transport system and vehicles**

**Activities:**

- Support the Department of Transport in developing and disseminating an HIV and AIDS workplace policy for all public transport operators and drivers
- Support the Department of Transport in launching the HIV and AIDS policy for public transport operators and drivers.

### **Strategic Objective 5:**

#### ***To support line agencies in responding effectively to workplace HIV and AIDS issues***

##### **Output 9: Support line agencies in reviewing operational policies and procedures in line with HIV and AIDS workplace policies**

###### **Activities:**

- Work with line agencies to identify policies and procedures that require revision to ensure consistency with HIV and AIDS workplace policies (eg human resources policies and manuals etc)
- Provide technical support for the revision of identified policies and procedures
- Work with agencies to ensure new policies and procedures are widely disseminated to all staff
- Support orientation/training of agency personnel on the revised policies and procedures.

##### **Output 10: Support for line agencies to develop HIV workplace policies**

###### **Activities:**

- Assist agencies advocate for and encourage ownership of HIV and AIDS workplace policies
- Hold and facilitate workshops and meetings to discuss and agree on the contents of workplace policies
- Provide technical support in drafting workplace policies
- Support an official launch, production, dissemination and implementation of workplace policies.

##### **Output 11: Support line agencies to establish and strengthen institutional structures and mechanisms for implementing workplace policies and programs**

###### **Activities:**

- Work with agencies to identify the best way to implement workplace policies and programs
- Facilitate and support implementation
- Work with agencies to identify and mobilise resources (financial and technical) to support implementation of workplace policies and programs
- Work with agencies to establish, and develop terms of reference for, HIV and AIDS committees to oversee the implementation of workplace policies and programs
- Support induction of HIV and AIDS Committees on their roles and responsibilities
- Provide ongoing support to the HIV and AIDS committees within agencies to ensure functionality and effectiveness
- Work with agencies to identify relevant organisations to collaborate and partner with in supporting delivery of specific HIV and AIDS services at the place of work
- Develop capacity of key managers and staff to apply HIV and AIDS workplace policies in their day-to-day work.

### 4.3 Social and Behavioural Change Research

#### **Strategic Objective 6:**

***To support line agencies to facilitate social research on the linkages between HIV and the transport infrastructure sector***

**Output 12: Generate and provide evidenced based information on the linkages between transport infrastructure sector activities/projects and HIV and AIDS.**

#### **Activities:**

- Support agencies and/or institutions to conduct research and disseminate information on the specific studies/analyses on the linkages between sector activities and HIV and AIDS
- Based on the study findings and recommendations, work with agencies to assist in identifying strategies for strengthening sector responses
- Provide technical support to agencies to review agreed policies and strategies to incorporate HIV and AIDS priorities
- Support agencies in integrating HIV and AIDS issues into their annual planning and budgeting processes.

### 4.4 Gender and HIV and AIDS

Gender inequality is a significant risk factor in both HIV and AIDS and sexually transmitted infections (STI) not only because of biological differences between men and women but also because of the disparity between men and women in relation to access to economic resources, control over sexual and reproductive decisions, and access to medical care. Globally, there is an increasing feminisation of the HIV and AIDS pandemic with 60% of 15-24 year olds living with HIV and AIDS identified as young women. Women and girls also disproportionately bear the brunt of the epidemic, as principle carers and because they are most likely to lose property and assets when widowed.

The UN Special Session on AIDS (June 2001) Declaration of Commitment acknowledges that women are overwhelmingly at risk of HIV and AIDS, and that *“empowering women is essential for reducing vulnerability”*. The Declaration contains a number of articles on the rights and protection of women.

Any HIV and AIDS Strategy would therefore be remiss if it did not address gender

#### **Strategic Objective 7:**

***To develop gender sensitive knowledge in the prevention and management of HIV and AIDS***

**Output 13: To support agencies generate and provide evidenced based information on the linkages between transport infrastructure sector activities/projects and HIV and AIDS.**

#### **Activities:**

- Support agencies and/or institutions in developing and disseminating gender based information on HIV and AIDS
- Support agencies in making the links between gender and HIV and AIDS policies and practices more apparent
- Encourage agencies to adopt different approaches in reflecting the different roles and responsibilities and cultural obligations of women and men.

## 4.5 Monitoring and Evaluation

The TSSP M&E Framework recognises the importance of mainstreaming cross-cutting themes including HIV and AIDS across program and its contribution towards reducing poverty overall. Appropriate HIV and AIDS indicators are essential for the transport sector given the potential negative impact transport infrastructure has in contributing the spread of the virus but more importantly the opportunity to spread the word regarding HIV and AIDS awareness and prevention.

The TSSP M&E Framework also seeks to increase awareness and information within transport sector agencies and seeks to assist agencies develop appropriate policies, strategies and plans to increase the effectiveness of HIV and AIDS activities as part of agency's broader operations.

The capacity for monitoring and evaluation of the PNG response to HIV is limited. While the National AIDS Council Secretariat (NACS) has developed an M&E plan the Secretariat advises that there is currently no system to collect, collate, analyse and disseminate data although the Provinces are now reporting on data collected.

GoPNG is reported by the NAC as having adopted the "three ones principle" in strengthening the coordination of national responses to HIV and AIDS through creating and adhering to:

- **One** agreed HIV and AIDS Action Framework that provides the basis for coordinating the work of all partners
- **One** national AIDS coordinating authority, with a broad based multi-sector mandate
- **One** agreed country level monitoring and evaluation system<sup>3</sup>.

The main goal of the "three ones" principle is to enhance the ability of donors and government counterparts to work more effectively with each other, on a country-to-country basis<sup>4</sup>. To achieve this, UNAIDS has been assisting the GoPNG to standardise monitoring and evaluation indicators in order to ensure that:

- Relevant, timely, accurate and comparable information is made available to program leaders and managers
- Selected quality information can be reported to national program leaders
- NACS in PNG, meets donor and international reporting requirements under a unified global effort to fight the HIV and AIDS epidemic<sup>5</sup>.

Achieving this outcome relies on Individual organisations and agencies collecting data on related activities and reporting to NACS on a regular basis. Given the increasing attention of the PNG Government on monitoring and evaluation, strengthening related capacity would be recommended.

The following section is designed to assist transport infrastructure sector agencies meet required reporting obligations and to draw on lessons learned to inform activity reviews and support the extension of successful practices.

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<sup>3</sup> UNAIDS. 2004. "Three Ones" Key Principles. Available online at: [www.unaids.org](http://www.unaids.org).

<sup>4</sup> UNAIDS. 2004. *The Three Ones: Principles for the Coordination of a National AIDS Response*. Available online at <http://www.unaids.org/en/in+focus/monitoringevaluation.asp>.

<sup>5</sup> WHO/WB/UNICEF/UNAIDS/USAID/CDC/The Global Fund. 2004. Monitoring and Evaluation Toolkit: HIV/AIDS, Tuberculosis and Malaria. Available online at [http://www.dec.org/pdf\\_docs/PNACY981.pdf](http://www.dec.org/pdf_docs/PNACY981.pdf)

**Strategic Objective 8:**

*To support line agencies to develop and implement systems for monitoring, evaluation, reporting and sharing of lessons learned from the sector response to HIV*

**Output 14: Support sector agencies to monitor and report on implementation of their HIV and AIDS activities**

**Activities:**

- Assist agencies in developing and/or refining specific indicators relating to HIV and AIDS as part of broader corporate planning and reporting in line with NSP M&E Framework
- Support agencies in developing/strengthening M&E plans, data analysis and reporting, to inform the planning and revision of HIV and AIDS activities.
- Support agencies in collecting data on all indicators and reporting to the NACS on a quarterly basis.

**Output 15: Support learning and sharing of lessons and experiences of transport infrastructure sector agency responses to HIV and AIDS**

**Activities:**

- Support agencies in identifying and documenting good HIV and AIDS practice within and across sector agencies
- Examine, with agencies, the viability of convening quarterly intra- and inter-agency workshops to share lessons and experiences from implementation of the sector HIV and AIDS response
- Support line agencies in initiating and promoting effective HIV and AIDS practices at a sector level.
- Meshing TSSP M&E Framework to support the NACS M&E plan.

The indicators contained in the box below are the indicators for use by the TSSP M&E Framework. Assuming transport sector agencies utilise the strategic objectives and outputs outlined above in developing their own HIV and AIDS strategies and plans, these indicators will enable TSSP to measure the effectiveness of those plans and strategies and their contribution in raising awareness and reducing the incidence of HIV and AIDS transmission.

The approach is also consistent with the broader TSSP M&E approach to use existing GoPNG systems and not to replicate the approaches already being implemented.

Cross-Cutting Component	Broad Outcome Areas		
	Governance	Capacity Building	Access
<b>TSSP Program Level</b>			
<b>HIV and AIDS Mainstreaming</b>	HIV and AIDS policies and plans operational in each line agency	Increased awareness of HIV and AIDS through information provision and planning	HIV awareness and information available in five transport infrastructure line agencies  Contractors submitting HIV compliance reports (HIV awareness information is being facilitated in the community)

## 5.0 TSSP HIV and AIDS Implementation Plan, Provisional Activities and Performance Indicators

A draft three-year Implementation Plan has been developed to assist transport sector line agencies prepare implementation plans for their respective policies and strategies. It is anticipated that this Plan will be reviewed and updated by line agencies themselves on an annual basis, on advice from an HIV and AIDS Specialist.

TSSP HIV and AIDS Strategy: Implementation Plan 2008-2010															
Objective	2008				2009				2010				Performance Indicators		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
<b>Leadership, Partnership and Coordination</b>															
<b>Strategic Objective 1 : To enhance leadership role and support for HIV and AIDS response within GoPNG transport infrastructure sector agencies</b>															
Output 1: Increase the level of understanding and awareness of HIV and AIDS issues amongst transport infrastructure sector agencies															•
Output 2: To strengthen accountability for HIV response among top management within the transport infrastructure sector agencies															•
<b>Leadership, Partnership and Coordination</b>															
<b>Strategic Objective 2 : To build capacity of line agencies to integrate HIV into sector policies, strategies and plans</b>															
Output 3: To support line agencies to develop and apply specific guidelines for integrating HIV and AIDS interventions into their annual planning and budgeting processes															•
<b>Leadership, Partnership and Coordination</b>															
<b>Strategic Objective 3 : To strengthen mechanism for collaboration and coordination of sector response to HIV at the national level</b>															
Output 4 : Establish and strengthen mechanisms for inter agency collaboration for a coordinated response within the transport infrastructure sector															•
Output 5 : Support sector agencies to establish links with NACS and other strategic partners at the national level															•
<b>Education and Prevention</b>															
<b>Strategic Objective 4 : To strengthen capacity of line agencies to develop and implement systems and practices to integrate HIV prevention in all transport infrastructure development projects and services</b>															
Output 6 : Provision of appropriate guidelines to support agencies to integrate HIV and AIDS prevention measures in all construction and maintenance works															•



## 6.0 Implementation Responsibilities

The TSSP HIV and AIDS Strategy is realistic and achievable over a three to five year timeframe however, an incremental approach will be required to enable changes to occur at a pace that partner agencies can support and sustain. Implementation will depend on two key components:

1. Adequate resources (personnel and financial)
2. Knowledge and skills.

It is recommended that training be provided to TSSP advisers and to counterparts in building the required level of knowledge and skills to address these issues.

Cascading levels of responsibility have been assigned as follows:

### TSSP

- Gain approval/endorsement of the Strategy
- Workshop the Strategy with partner agencies
- Provide training for and build responsibility into adviser workplans and reporting
- Facilitating capacity building and workplace training as and where required
- Involving other stakeholders in training and workplace sessions where relevant (eg people living with aids, AIDS organisations).

### GoPNG Agencies

- Develop and refine skills, capacities and planning
- Integrate and strengthen agency responses.

### GoPNG Contractors

- Provide HIV and AIDS awareness sessions and information
- Make products (eg condoms for fe/males) readily and freely available
- Submit compliance reports with each monthly claim.

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## **Draft TSSP HIV and AIDS Workplace Policy : Promoting a Safe Work Environment**

### **1.0 Introduction**

This policy has been developed and will be implemented in consultation with employees at all levels. It is in compliance with existing legislation and practice regarding HIV and AIDS.

The purpose of this policy is to :

- Define TSSP and associated partner agencies policy in respect of HIV (Human Immuno-Deficiency Virus) and AIDS (Acquired Immuno-Deficiency Syndrome)
- Provide a consistent and equitable approach to the prevention of HIV and AIDS among employees and their families, and to the management of the consequences of HIV and AIDS, including the care and support of employees living with HIV and AIDS.

### **2.0 Statements of Principle**

TSSP recognises the magnitude and severity of the development of the HIV and AIDS epidemic and its impact on the workplace in Papua New Guinea. Much has changed since the HIV and AIDS virus was discovered in the early 1980's and these days people with HIV and AIDS (PLWHA) are living longer and healthier lives. Medical treatments and advancements allow PLWHA to either remain at work and/or return to work should they take medical leave. Yet more than 20 years into the HIV and AIDS epidemic the workplace remains remarkably quiet about the epidemic. Stigma and discrimination is largely to blame.

TSSP recognises that HIV and AIDS is a workplace issue not only because it affects the workforce, but also because the workplace has a role to play in the wider struggle to limit the spread and effects of the epidemic.

The TSSP supports national efforts to reduce the spread of infection and minimise the impact of the disease.

TSSP is committed to:

- The development of policies and the implementation of procedures on HIV and AIDS non-discrimination, awareness, prevention and health support
- Providing a work environment that protects colleague health and safety, with a focus on employee value, and which provides a caring, equitable and professional working environment.
- Maintaining a work place free of unfair discrimination or victimisation against employees living with or affected by HIV and AIDS.
- Providing information to personnel, on the basis that informed personnel are less likely to react negatively or inappropriately to a colleague's illness.

### 3.0 General Information

*“The deployment of energies and resources; the unity and commitment to common goals – all these are needed if we are to bring AIDS under control,” Nelson Mandela, Honorary President of the Global Business Council on AIDS.*

#### 3.1 Facts and Information

- The HIV and AIDS epidemic poses one of the greatest challenges to business development and sustainable growth. Global health organisations have confirmed that the HIV and AIDS epidemic is no longer a distant threat, but an immediate reality
- Today’s invisible HIV epidemic will become tomorrow’s AIDS epidemic.
- HIV-related absenteeism, loss of productivity and the cost of replacing workers lost to AIDS threaten the survival of business and all other sectors of the economy.
- HIV and AIDS is not transmitted by casual contact between employees in the work place or in society in general.
- As yet, there is no vaccination against HIV or cure for AIDS.
- There is a direct link between HIV infection and sexually transmitted infections (STI’s).
- The spread of HIV infection can be controlled, through changes in behaviour.
- There are opportunities to reduce the suffering and prolong the lives of people with HIV and AIDS.

#### 3.2 Definitions

<b>Adult</b>	A person aged 18 years or older
<b>Adult dependent</b>	A person in a legally recognised relationship (married or de facto) with a staff person, or  A person who has co-habited with a staff member for not less than one year and where there is a continuing relationship of emotional and financial interdependency.
<b>Child</b>	A person under 18 years of age
<b>Child dependent</b>	The biological or legally recognised child of a staff member, or  A child who lives in the same house as the staff member.
<b>HIV-related information</b>	Includes information that someone: <ul style="list-style-type: none"> <li>• May have HIV</li> <li>• Has been asked to have an HIV test or has been counseled about having a test for HIV</li> <li>• Is receiving or has received treatment or counseling which suggests he or she may have HIV</li> <li>• May have had experiences which put him or her at risk of contracting HIV</li> <li>• Has a close association or relationship with someone with HIV and AIDS.</li> </ul>
<b>HIV screening</b>	Any measurement of potential or actual HIV infection, whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication
<b>Reasonable accommodation</b>	Any modification or adjustment to a job or to the workplace which is reasonably practicable and which will enable a person living with HIV or AIDS to have access to, or participate or advance in, employment.

#### **4.0 Workplace Policy Framework**

The TSSP HIV and AIDS Workplace Policy includes provisions in three key areas:

- 1) The protection of the rights of those affected by HIV and AIDS
- 2) Prevention of HIV and AIDS through information, education and training
- 3) Care and support for workers and their families.

Overall responsibility for policy implementation resides with the Program Manager in consultation with the Office Manager.

#### **5.0 Implementation Practice**

##### **HIV screening, recruitment and employment**

- No staff member shall suffer adverse consequences, whether dismissal or denial of appropriate alternative employment opportunities, merely on the basis of HIV infection.
- The only medical criterion for recruitment is fitness to work. HIV infection does not, in itself, constitute a lack of fitness to work
- Staff who may become infected with HIV or who may suffer from AIDS will be permitted to continue in their usual duties for as long as they are capable of normal performance requirements, with reasonable accommodation, where possible.
- There is no obligation on applicants or staff to inform the TSSP of their HIV status. An employee with AIDS or HIV infection is under no obligation to disclose his/her condition to a supervisor, manager or any other employee.
- Staff and/or their dependents, job applicants or other third parties are not required to undergo HIV testing as a condition of employment or receipt of benefits.

##### **Voluntary Counseling and Testing and Disclosure**

- TSSP encourages routine, confidential, voluntary testing and counseling as part of its education and awareness program.
- No personal data will be released if staff volunteer to be tested. All testing will comply with accepted international standards on pre-and post-test counselling, informed consent, confidentiality and support.
- TSSP supports a work environment in which staff can discuss HIV and AIDS openly, including their own experience living with HIV and AIDS if they chose to.

##### **Confidentiality**

- HIV and AIDS are treated confidentially as medical conditions, in accordance with applicable laws. Particulars of employees confirmed to have AIDS or to be HIV positive will be dealt with in strict confidentiality by management. Medical reports will not be shared with anyone without the employee's written consent.
- Where staff disclose that they or their dependents are living with HIV/AIDS, the confidence will be respected with regard to the circumstances in which the information was shared. The person living with HIV and AIDS will be consulted before further disclosure takes place.
- HIV-related information relating to applicants for employment, staff or dependents will be kept strictly confidential, and be kept only on medical files.
- Long term staff, associate consultants, and national staff working for TSSP shall sign a confidentiality agreement, and shall be informed that the unauthorised disclosure of HIV-related information is a disciplinary offence. It may also lead to legal proceedings against the person

- who disclosed the information, and TSSP.
- With the voluntary and informed consent of the person concerned, HIV-related information may be disclosed strictly as necessary for the purposes of recruitment or assignment of staff living with HIV where the job description or task identifies this qualification.

### **HIV prevention (Information, Education and Communication) including training)**

- TSSP will provide, either directly or through third parties, an integrated education and awareness program focusing on prevention. The major objective will be to ensure that all employees are aware of and understand the risks associated with HIV infection.
- Staff training on HIV and AIDS will take place during paid working hours and attendance by all staff including senior staff shall be considered as part of work obligations.
- Information and training will be gender sensitive, as well as sensitive to race, disability, and sexual orientation. Such programs could include:
  - Training for managers and supervisors
  - Inclusion of sensitive, accurate and up-to-date information to enable staff to protect themselves from HIV and other sexually transmitted or blood borne infections.
  - Medically accurate, relevant information on HIV and AIDS prevention and treatment, including on effective programs related to "A-B-C" (e.g., abstinence, be faithful, and condoms)
  - Information on safe sexual practices, prevention of sexually transmitted infections and overall health promotion including information on substance abuse
  - Information on voluntary HIV AND AIDS testing, referral and counseling services; and, where appropriate to local conditions, measures to encourage the use and increased availability of high-quality condoms. Access will be free, simple and discreet.

### **Stigma and discrimination**

- TSSP will provide a work environment that is free from harassment and/or discrimination adopt a zero tolerance approach towards any form of harassment and discrimination at the workplace, including towards employees with AIDS or HIV infection.
- HIV-positive employees will be protected against discrimination, victimisation or harassment through the provision of disciplinary and grievance procedures.
- Promotion of an open, accepting and supportive work environment will be encouraged for staff who chose to disclose their HIV status.

### **Occupational or other exposure**

- In the case of accidents involving the risk of exposure to human blood, universal precautions shall be used to minimize the risk of transmission of HIV or other blood borne infections
- Procedures will include the provision of immediate referral for counseling, assessment and medical treatment for staff or dependants exposed to the risk of HIV infection (eg through accident or sexual assault), whether in the work place or elsewhere
- Reasonable paid time off will be provided for counseling following occupational or other exposure.

### **Access to Treatment and Care**

- TSSP will respond to the changing health status of employees by making reasonable accommodation in the workplace for those infected with HIV.
- Staff may continue to work as long as they are able to perform their duties safely and in accordance with accepted performance standards. It is in the interest of the employer and employee if infected individuals are assisted to remain at work as long as possible.

- If an employee with AIDS is unable to perform his or her tasks adequately, the manager or supervisor will resolve the problem according to the ISP's normal procedures on poor performance/ill health
- TSSP will treat employees who are infected or affected by HIV and AIDS with empathy and care; and provide all reasonable assistance, which may include counseling, time off, sick leave, family responsibility leave, and information regarding the virus and its effect.
- TSSP will identify reputable organisations which staff may approach for testing, on a confidential basis, for HIV and AIDS if desired.

#### **Reasonable accommodation**

- TSSP may reasonably accommodate the special needs of staff living with, or directly affected by, HIV and AIDS on a case-by-case basis, subject to the overall requirements of the Program
- Reasonable accommodation may include flexible working hours and time off for counselling and medical appointments, extended sick leave, part-time work, and return-to-work arrangements.

#### **14. Termination of employment**

- HIV infection is not a cause for termination of employment. Staff with HIV-related illness will continue in employment as long as they are medically fit for available, appropriate work.
- In the case of termination of employment due to extended illness, staff with HIV and AIDS will be accorded the same benefits and conditions as apply to termination due to other serious illnesses.

#### **Gender**

- TSSP acknowledges that HIV and AIDS impacts on male and female staff differently. This includes the recognition that women normally undertake the major part of caring for those with AIDS-related illnesses, and that pregnant women with HIV have additional special needs.
- Any staff and family assistance programs will be designed to accommodate these differing impacts, and as appropriate to redress gender inequalities, for example by encouraging and supporting men as carers.

#### **Counselling, grievance and disciplinary procedures**

- TSSP will provide information to all staff on where HIV-related advice, counseling and referral can be found outside the work environment.
- TSSP will provide procedures that can be used by staff for work-related grievances, including failure by the TSSP to implement any aspect of this policy.
- Disciplinary proceedings shall be commenced against any staff member who violates this policy.

#### **Implementation**

- The TSSP Office Manager, and Assistant Office Manager will act as HIV Information Officers and hold responsibility for information all personnel of the TSSP HIV and AIDS policy and implementation practice.

#### **Revision**

- The TSSP Workplace Policy will be subject to regular monitoring and evaluation. An HIV AND AIDS Advisor will be consulted to annual review this policy, in consultation with staff and management.

## ILO CODE OF PRACTICE FOR HIV and AIDS<sup>6</sup>

1. **Recognition of HIV and AIDS as a workplace issue**  
HIV and AIDS is a workplace issue, and should be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workforce, but also because the workplace, being part of the local community, has a role to play in the wider effort to address the spread and effects of the epidemic.
2. **Non-discrimination**  
In the spirit of decency and respect for the human rights and dignity of persons infected or affected by HIV and AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatisation of people living with HIV and AIDS inhibits efforts aimed to promote HIV and AIDS prevention.
3. **Gender equality**  
The gender dimensions of HIV and AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV and AIDS epidemic than men due to biological, socio-cultural and economic reasons. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV. Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV and AIDS.
4. **Healthy work environment**  
The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155). A healthy work environment facilitates optimal physical and mental health in relation to work and adaptation of work to the capabilities of workers in light of their state of physical and mental health.
5. **Social dialogue**  
The successful implementation of an HIV and AIDS policy and program requires cooperation and trust between employers, workers and their representatives and government, where appropriate, with the active involvement of workers infected and affected by HIV and AIDS.
6. **Screening for purposes of exclusion from employment or work processes**  
HIV and AIDS screening should not be required of job applicants or persons in employment.
7. **Confidentiality**  
There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers. Access to personal information relating to a worker's HIV status should be bound by the rules of confidentiality consistent with the ILO's code of practice on the protection of workers' personal data, 1997.

<sup>6</sup> The following excerpts are drawn from: ILO 2001. *An ILO Code of Practice on HIV/AIDS and the world of work*. Geneva.

**8. Continuation of employment relationship**

HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be able to work for as long as medically fit in available, appropriate work.

**9. Prevention**

HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies which are appropriately targeted at national conditions and which are culturally sensitive. Prevention can be furthered through changes in behaviour, knowledge, treatment and the creation of a non-discriminatory environment. The social partners are in a unique position to promote prevention efforts particularly in relation to changing attitudes and behaviours through the provision of information and education, and in addressing socio-economic factors.

**10. Care and support**

Solidarity, care and support should guide the response to HIV and AIDS in the world of work. All workers, including workers with HIV, are entitled to affordable health services. There should be no discrimination against them and their dependants in access to and receipt of benefits from statutory social security programmes and occupational schemes.

## Status of the development and implementation of HIV and AIDS Policies and Strategies in GoPNG transport infrastructure sector agencies as at March 2008

The TSSP is designed to assist GoPNG transport infrastructure agencies develop better practice in responding to HIV and AIDS. Additionally, TSSP has committed to demonstrating a good-practice in its own office and has undertaken a number of awareness raising, educational and support initiatives. A provisional TSSP HIV and AIDS Workplace Policy has been developed as part of this Strategy (Appendix 6 refers). It is recommended that TSSP personnel consider and further develop this policy as knowledge and practice strengthens.

During 2007 TSSP completed a situation analysis of the primary counterpart agencies to establish the current status of progress in developing and implementing of HIV and AIDS policies and strategies. Those and the findings derived from a desk review, meetings and workshops with line agency personnel can be summarised as:

- The vision of the Department of Transport (DoT) is to strive for excellence by working in partnership with the community to facilitate a well integrated and sustainable transport system for PNG. The DoT has an approved HIV and AIDS policy, which was promulgated in September 2006. The DoT HIV and AIDS Prevention Sub-Committee was established in August 2005 and is currently active. A K50,000 budget was allocated to the HIV and AIDS Prevention Sub-Committee in the second half of 2007 to use for the promotion of aids awareness and other activities within the Department. Indicated within the Department's policy is the appointment of an HIV and AIDS Coordinator whose role is to facilitate, implement, support and follow up on the work of the HIV and AIDS Committee. This position is currently vacant. The DoT corporate plan indicates HIV as one of the MTDS expenditure priorities but does not address it in any further detail. During the HIV workshop held with the DoT in February a strong interest was indicated in extending the HIV and AIDS Prevention Sub-Committee membership to the other TSSP line agencies. This could be explored further as a possible intervention working to strengthen both the response but also increased leadership and closer partnerships.
- The Department of Works (DoW) plays a leading role in the implementation and management of the GoPNG's infrastructure plans. DoW has an approved organisational HIV and AIDS policy but no functional committee. During 2007 the DoW facilitated one week of HIV awareness and sensitisation sessions, which were delivered in both English and Tok Pidgin. More than 260 DoW staff attended. DoW has implemented specific provision within major works contracts which requires contractors to conduct awareness and prevention programs and to display posters which re-enforce messages delivered during projects. Contractors are also required to submit a HIV and AIDS Compliance Reports with each monthly claim, including a schedule of all personnel who have attended the program
- PNGPC operates 16 of the 22 ports of PNG and handles more than 90 percent of all overseas ships. PNGPC has drafted a HIV and AIDS policy, based on a template developed by Business Awareness on HIV and AIDS (BAHA). This has recently been approved by the Board however it is yet to be implemented and the ports personnel are not yet aware of this policy. According to the managers at PNGPC it is often difficult to convert good policies to implementation and they indicated that the agency "needs a genuine structured mechanism for implementation" (HIV Workshop, 25<sup>th</sup> February 2008).

A one-off HIV awareness session has to date been facilitated for the PNGPC workers. PNGPC stated the support from TSSP to PNGPC is timely. According to the PNGPC corporate plan the percentage of people moving along the ports is increasing by 20% per year (PNGPC Corporate plan, p.20). There is no mention of the issue of HIV within the agencies corporate plan.

- CAA and NMSA have not yet developed any policies or strategies in this area. However, during the consultations it became clear that there was a very high level of comprehension regarding the impact HIV is having within the agencies. In addition there are plans to develop and implement HIV workplace policies. The agencies indicated that a lack of resources as well as ongoing agency restructuring had hampered the development of HIV related policies and awareness activities.

## MAIN RISK AND VULNERABILITY FACTORS FOR HIV and AIDS IN THE TRANSPORT INFRASTRUCTURE SECTOR, AND POSSIBLE INTERVENTIONS

Risk/vulnerability factor	Possible interventions
<b>Lack of accurate information on transmission and prevention of STIs and HIV.</b>	<ul style="list-style-type: none"> <li>• Include requirements for sustained behaviour change communication (BCC) - beyond basic awareness - on STIs and HIV and AIDS in tenders and contracts with construction and service companies</li> <li>• Include all at-risk and vulnerable groups, both male and female:               <ul style="list-style-type: none"> <li>• Construction personnel: include managers, supervisors, administrative staff, support teams, technical teams, drivers, sub- contractors and suppliers, labourers etc</li> <li>• Trucking companies: supervisors, drivers and assistants</li> <li>• Entertainment and rest sites: female and male sex workers, managers and security staff at bars etc</li> <li>• Local communities: men, women, young women and girls, young men and boys</li> </ul> </li> <li>• Mainstream into regular work practices: routine meetings, inductions, workplace safety, and ensure women's needs are integrated.</li> </ul>
<b>Lack of easy access to affordable good quality condoms (male and female).</b>	<ul style="list-style-type: none"> <li>• Procure international standard male and female condoms</li> <li>• Make condoms available, at no cost, in user-friendly ways to men, women, youth</li> <li>• Normalise the use of and access to condoms.</li> </ul>
<b>Lack of access to good quality STI and Voluntary Counselling and Training (VCT) services.</b>	<ul style="list-style-type: none"> <li>• Support access to confidential services for workers, truckers, men and women in local communities, and male and female sex workers</li> <li>• Develop the capacity of these services to respond to the needs of mobile and migrant clients.</li> </ul>
<b>Resistance to public discussion of sexual matters.</b>	<ul style="list-style-type: none"> <li>• Support authority figures (e.g. workplace managers, community leaders) to speak about safe sex.</li> </ul>
<b>Stigma</b>	<ul style="list-style-type: none"> <li>• Establish clear policies on rights of HIV+ workers to employment</li> <li>• Include HIV and AIDS coverage for workers/families in insurance</li> <li>• Prohibit mandatory testing for HIV</li> <li>• Encourage voluntary and confidential counselling</li> <li>• Include information and training on staying healthy even with HIV</li> <li>• Link risks to behaviours, not to specific groups of people.</li> </ul>
<b>Risk behaviours: multiple partners, low condom use, alcohol, peer pressure.</b>	<ul style="list-style-type: none"> <li>• Provide consistent BCC</li> <li>• Facilitate savings plans for workers to minimise available cash</li> <li>• Appoint male peer educators and leaders; emphasising male role as protectors of families in information and training campaigns</li> </ul>

Risk/vulnerability factor	Possible interventions
<b>Violence against women and girls</b>	<ul style="list-style-type: none"> <li>• Establish policies and safe complaints procedures on sexual harassment in all project-related workplaces</li> <li>• Address women's needs for protection in the workplace, eg safe accommodation and ablution areas in camps, latrines at sites, lighting in walkways</li> <li>• Include information in BCC programmes with women and girls, in workplaces and in local communities, and develop the capacity of communities to prevent violence/ support victims</li> <li>• Establish referrals for victims to local health, legal and support services, and develop the capacity of these services where needed</li> <li>• Promotion of VCT for couples together where feasible.</li> </ul>
<b>Vulnerability of sex workers</b>	<ul style="list-style-type: none"> <li>• Provide BCC targeted information, peer education, provision of male and female condoms, training in correct use of male and female condoms and in skills for negotiating condom use</li> <li>• Include in IDU programmes</li> <li>• Introduce protection measures that work against violence and exploitation.</li> </ul>
<b>Women's/wives' lack of power to choose safe sex</b>	<ul style="list-style-type: none"> <li>• Empower women economically through developing income earning capacities, eg literacy classes, micro-credit, cooperatives, paid project related work</li> <li>• Include women in project-related consultations in work places and communities</li> <li>• Ensure all women and girls in communities along transport corridors receive prevention information and skills training, not just identified sex workers</li> <li>• Support local women's and youth groups, and link them to larger social action organisations</li> <li>• Promote retention of girls in school</li> <li>• Ensure the availability to women of female condoms.</li> </ul>
<b>Trafficking of women and children</b>	<ul style="list-style-type: none"> <li>• Sustain BCCs with women, men, youth and schools along transport corridors</li> <li>• Develop capacity with CSOs, FBOs and schools to identify/support orphans and vulnerable children.</li> <li>• Where possible, introduce migration education and services along transport corridors and at borders.</li> </ul>

## HIV and AIDS WORKPLACE ASSESSMENT TOOL

Please answer the following questions with 'yes', 'no' or 'I don't know'. Consider your perspective both as a manager or supervisor and employee/worker.

### HIV & AIDS Policy

1. Does your workplace have a stand-alone policy addressing HIV and AIDS?
2. Does your workplace focus on the essential functions of a job when hiring or providing performance reviews?
3. Does your workplace allow individuals with a disability, including HIV and AIDS, to set a flexible work schedule in order to accommodate their medical appointments?

### Manager/Leader Training

4. As a manager, are you familiar with the cost and value of implementing an HIV education program?
5. As a manager, if a worker/employee reveals that s/he is HIV positive to you, do you know what your responsibilities are to maintain her/his privacy?
6. As a manager, do you know what laws protect people with HIV and AIDS in the workplace?

### Employee/Worker Education

7. As an employee/worker, are you aware of the ways HIV and AIDS is transmitted and ways it is not transmitted?
8. As an employee/worker, are you aware of how the laws of Papua New Guinea protect individuals who are HIV positive?
9. As an employee/worker, are you familiar with the laws that protect the privacy of individuals who are HIV positive?

### Employee/Worker Family Education

10. Are you and/or the management of your organisation familiar with the latest statistics about which communities/provinces are hardest hit by HIV?
11. Does your workplace offer any programs teaching parents how to talk to children about sensitive issues such as sex and sexuality?
12. Are you comfortable with talking to your family (including children) about avoiding risky behaviours?

### HIV-Related Community Service and Volunteerism

13. Does your company/workplace participate in any HIV and AIDS related community service?
14. Are you familiar with the benefits of a company being socially responsible?

If you responded, "YES" to	
• 12-14 questions:	Your workplace has a solid foundation for developing policies and programs that address HIV and AIDS employment issues.
• 10-11 questions:	Your workplace has a good start to developing policies and programs that address HIV and AIDS employment issues.
• 9 or fewer:	Your workplace needs to undertake more work in addressing HIV and AIDS workplace related issues

**DRAFT HIV and AIDS CLAUSES FOR INCLUSION IN CONSTRUCTION CONTRACTS<sup>7</sup>****1. For the purpose of this Contract:**

'Service Provider' means a person or entity approved to provide the HIV Awareness and Prevention Program

The 'Contractor's Employees' means, without prejudice to any other definition contained in the Contract, any workers who are under the Contractor's control and on the Site in connection with the Contract, including any workers who are under the control of any person or entity to whom the Contractor has sub-contracted any its obligations under the Contract other than those responsibilities set out in this Clause)

The 'HIV Prevention Program' means an HIV prevention program that will use the Toolkits for HIV and AIDS prevention among construction workers developed by AusAID in 2008<sup>8</sup>

**1.2 It shall be a Condition of the Contract that the Contractor:**

1.2.1 Sub-contracts with a Service Provider to implement an HIV Prevention Program among the Contractor's Employees for the duration of the Contractor's contract and commencing as soon as practicable after the Contractor's Employees arrive at the Site/s Contractor's Employees arrive at the Site/s

1.2.2 Gives any representative of the Service Provider, and the Employer all reasonable access to the Site in connection with the HIV prevention program

1.2.3 Instructs the Contractor's Employees to participate in the HIV Prevention Program in the course of their employment and during their normal working hours or any period of overtime provided for in the relevant employment contracts and uses all reasonable endeavours to ensure this instruction is followed

1.2.4 Does nothing to dissuade the Contractor's Employees from participating in the HIV Awareness and Prevention Program

**1.3 The Contractor shall be entitled to be reimbursed by the Employer for any payments made under a sub-contract made for the purpose of Clause 1.2.1 in accordance with the relevant provisions in the Contract****1.4 Where the Contract does not provide for reimbursement of named costs, the amount paid by the Contractor to the Service Provider shall be added to any lump sum to be paid by the Employer to the Contractor under the Contract and, before such lump sum is paid, the Contractor shall provide to the Employer evidence of:**

1.4.1 payment of the amount claimed to the Service Provider; and

1.4.2 provision of the HIV Prevention Program (e.g. a certificate issued by the Service Provider)

**1.5 Where a clinic is provided on behalf of the Contractor on Site, the Contractor shall ensure that such clinic provides to the Contractor's Employees, on request and without charge:**

1.5.1 confidential counselling and advice on HIV and AIDS and

<sup>7</sup> Source : ADB/UNDP. 2002. *Toolkit for HIV Prevention Among Mobile Populations in the Greater Mekong Subregion*. Manila.

<sup>8</sup> Ibid.

1.5.2 condoms that comply with the WHO/UNAIDS Specification and for Condoms 1998 or any more recent equivalent publication to a maximum of [number] per member of the Contractor's Employees per year.

1.6 Where the Contractor sub-contracts any of its obligations under the Contract, it shall require any sub-contractor to comply with sub-clauses [1.2.2 to 1.2.6] of the Contract as if it were the Contractor.

**DRAFT EXPLANATORY NOTE (FOR INCLUSION IN BIDDING DOCUMENTS)**

Clause [ ] requires the Contractor to arrange for its employees, its sub-contractor's employees and others to attend an HIV prevention program provided in accordance with the NACS strategy.

The program will be provided at the Employer's cost, though the Contractor will make the initial payment to the program provider before claiming reimbursement from the Employer in the usual way. The program will take place during its employees' normal working hours. In pricing his bid, the Contractor should therefore take into account the 'down time' during which employees attend the program.

## Monitoring and Evaluation Framework for the TSSP HIV and AIDS Strategy

Component	Performance Indicator	Operation Level Implementation Monitoring				M&E Tool Used to Assess Performance	Responsibility for Collection and Frequency
		ACTION IN HAND	YES	NO	NOT APPLICABLE		
	PROGRAM/PROJECT LEVEL						
<b>Cross-Cutting Component</b>	<b>1. HIV policies and action plans operational in each line agency</b>						
<b>HIV mainstreaming</b>	1.1 Policies and Plans operational and aligned to National policies, strategies & legislation.					Organisational survey Have plans been developed? Are they being used? Who is aware of the plans?	TA Annual Review
	1.2 Corporate and Annual Plans include strategies to address relevant environment issues [Links with MTDS NTDP HIV objectives].						
	1.3 Line agency PM staff aware of the policies & plans, incorporation of HIV mainstreaming.						
	1.4 Awareness information available from the line agency						
	1.5 Awareness training linked to contracts for PMCs.					Survey What actions have taken place? How are these issues mainstreamed into projects?	
	1.6 Adviser (TA) workplans include HIV related information on policies & related activities						

### People Consulted in the Development of the TSSP HIV and AIDS Strategy

1. Ms Susan Novak, Social Development Consultant, Asian Development Bank.
2. Ms Anne Malcolm, Senior Program Coordinator, PNG Australia HIV & AIDS Program
3. Mr Abraham Opito, HIV AND AIDS Advisor, PNG Australia HIV & AIDS Program
4. Mr Ninkama Moiya, HIV AND AIDS Advisor, PNG Australia HIV & AIDS Program
5. Mr Stanley M Tavul, Business Development Manager, PNG Ports Corporation Ltd
6. Mr Mike O Pangheem, Assistant HRD Manager – Training, PNG Ports Corporation Ltd
7. Mr Tom Kildi, Assistant Port Manager, PNG Ports Corporation Ltd
8. Mr Romanus G. Pakure, Deputy Director, National AIDS Council Secretariat
9. Mr Gabriel Poiya, Executive Officer, National AIDS Council Secretariat
10. Ms Jennifer Mondia, Community Development Manager, DoT Community Water Transport Project
11. Ms Anna Maalsen, Disease Control Program Coordinator, Department of Health
12. Ms Dominica Abo, Executive Officer, Anglicare STOP AIDS PNG
13. Mr Jeff Clark, Technical Officer – HRD, World Health Organisation
14. Ms Tansie Jarrett, Project Manager PNG Program, Centre for International Health, Burnet Institute
15. Mr Joshua DeBruin, Consultant (NHASP), Cardno ACIL
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