

Case Study of the Education Response to HIV & AIDS in Papua New Guinea

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
AusAID	Australian Agency for International Development
BAHA	Business Coalition against HIV/AIDS
BEPD	Basic Education Development Project
BOM	Board of Management
CRIP	Curriculum Reform Implementation Project
EFA	Education for All
EFA/FTI	Education for All Fast Track Initiative
EMIS	Education Management and Information System
ESIP	Education Sector Implementation Plan
FBO	Faith Based Organization
HAMP	PNG HIV/AIDS Management and Prevention Act
HIV	Human Immunodeficiency Virus
IATT	Inter Agency Task Team
IRG	Independent Review Group (for the HIV and AIDS Response in PNG)
MoU	Memorandum of Understanding
NAC	National Aids Council
NACS	National Aids Council Secretariat
NDoE	National Department of Education
NDoH	National Department of Health
NJCC	National Joint Coordinating Committee
NGO	Non Governmental Organization
NHASP	National HIV AIDS Support Project
NSP	National Strategic Plan
OVC	Orphans and Vulnerable Children
PAC	Provincial AIDS Committee
PD	Personal Development
PLHIV	Persons Living with HIV
PNG	Papua New Guinea
SEOC	Senior Officers Conference
SRH	Sexual and Reproductive Health

STI	Sexually Transmitted Disease
SWAp	Sector Wide Approach
TSC	Teaching Service Commission
TVET	Technical and Vocational Education and Training
UNAIDS	United Nations Joint Program on HIV/AIDS
VCT	Voluntary Counseling and Testing

Executive Summary

Background

Papua New Guinea (PNG) faces a fast growing generalized epidemic with an estimated 1.7 – 2% of the population infected with HIV or living with AIDS. Young people between the ages of 15-29 are most affected, and in particular girls and women (UNAIDS, 2008). The speed at which the epidemic is progressing calls for a comprehensive and exceptional response. The education sector is of particular importance because of its potential to reach children and young people and because of the size of its workforce.

Experience across the world has shown that the simple fact of going to school offers a strong measure of protection against HIV, and that each additional year of schooling brings additional benefits, in particular for girls (GCE, 2004; Kelly, 2006). In addition, where education approaches include HIV and AIDS related content as part of a comprehensive prevention message, essential knowledge, skills, attitudes and behaviour change can be brought about (IATT, 2008; Kirby, Obasi, & Laris, 2006).

Purpose of the case study

This report was commissioned by the Australian Agency for International Development (AusAID) on behalf of the National Department of Education (NDoE). Its main purpose is to provide an analysis of the education sector's contribution to the HIV and AIDS response in PNG. Specifically, this case study seeks to inform the Government of PNG and its partners of successful interventions, critical factors of success, and emerging challenges. In doing so, the study aims at bringing to the forefront perceptions and concerns of key stakeholders and highlighting examples of best practice from PNG. Recommendations for further strengthening and scaling up the response are put forward based on this analysis and on a review of selected experiences from other parts of the world.

Methodology

In preparation for this study key documentation on the HIV and AIDS response and on the education sector were reviewed. This was complemented by semi-structured interviews. A total of 68 stakeholders were included in the study and consulted through individual interviews or focus groups. Stakeholders consulted represented the following main groups: NDoE staff; advisors working within the NDoE and in other HIV and AIDS related projects; provincial and district staff of NDoE; the National Aids Council Secretariat (NACS); Persons living with HIV (PLHIV); the private sector; external partners (bilateral, multilateral, Non Governmental Organizations (NGOs) and Faith Based Organizations (FBOs)); consultants; and education staff at different levels (teachers and guidance counsellors). Preliminary findings of the study were presented at meetings in PNG and in Canberra, Australia. The draft report was circulated for comment by all stakeholders interviewed and finalized based on their contributions.

The education response to HIV and AIDS – achievements and challenges

A major part of the case study examined the achievements and challenges of the education response to HIV and AIDS. In general partners from within and outside of the sector were unanimous in stressing that the education work on HIV and AIDS in PNG has been impressive, and that this provides an important basis for further intensifying and expanding the response so as to meet the challenges of a fast expanding epidemic. Many partners referred to the education sector response as “standing-out”, acknowledging the leadership and engagement shown by champions within the NDoE and the significant efforts that have been made. The table highlights the key achievements identified.

The Education Response – Key Achievements

- Strong and consistent leadership by select champions in the sector
- Development of a HIV/AIDS Policy for the sector and of a HIV/AIDS/STI Implementation Plan
- Adoption of a comprehensive approach which addresses the needs of pupils and staff as well as the projected impact of the epidemic on the education system
- Demonstrated commitment to a comprehensive prevention message which includes condoms for young people depending on their choice and needs
- HIV and AIDS mainstreamed in the curriculum from grade 5 through 12 as part of the overall education curriculum reform process
- Integration of HIV and AIDS in pre-service curricula ensuring that all teachers graduating from 2007 onwards have 36 hours of training on HIV and AIDS
- Integration of HIV and AIDS responsibilities into school learning improvement plans, teacher in-service plans and capacity building for communities and school boards
- Development of quality materials and supplementary resources for teachers and pupils
- Commitment to highly participatory approaches in developing and rolling out policies and resources which embrace internal and external stakeholders at various levels
- Significant efforts in disseminating policies, strategies and materials
- Development of partnerships with external stakeholders including churches and Faith Based Organizations (FBO)
- HAMP Act provides conceptual and legal support for the strong approach within NDoE

Stakeholders singled out the HIV and AIDS Policy as well as the HIV/AIDS/STI Implementation Plan as models of good practice and highlighted the participatory processes through which they were developed. The integration of HIV and AIDS in the curriculum was also seen as a considerable achievement, particularly as 2008 was the first year in which HIV and AIDS were an integral part of the curriculum from grades five through to 12, and the second year that all new teachers graduated with a 36-hour course on HIV and AIDS as part of their pre-service training. These efforts have been complemented by the drafting of very high quality educational materials and other resources for teachers and students. Messaging around HIV and AIDS is comprehensive focusing on many of the factors that put children and young people at risk of HIV, and does not shy away from addressing issues such as sexuality and condoms. The sector also stands out for its efforts in coordinating with its partners.

The study also highlights a number of challenges. Staffing and coordination of the response are currently the most critical issues in the education response. In many ways these are at the core of the challenges which the education response faces. The absence of dedicated staff to lead, manage and implement the response at central and decentralized levels is a serious threat to sustainability and is a constraint to implementing all four focus areas of the response.

A further important challenge is that the Education Policy on HIV and AIDS is being unevenly implemented. Many of the activities to date have targeted the curriculum response (i.e. area 1 of the Policy which focuses on prevention for students, and which has been prioritized in the Implementation Plan) while complementary areas of the plan, such as addressing ensuring care and support, workplace issues, and strengthening the management of the response have received less attention. It will be difficult for efforts in the curriculum response to be successful in the absence of significant complementary work on workplace, management and access to services by students. This study therefore brings to the forefront the importance of ensuring that *all* four focus areas of the Education Policy on HIV and AIDS get priority attention.

Much effort is being put into rolling out training. It will be necessary to continue to collect evidence of how these efforts are paying off and to ensure that this informs decisions on strategies and approaches for teacher

training, selection and support. There are still considerable reservations among teachers as well as myths, misconceptions and perceived moral/religious barriers to disseminating a comprehensive message about HIV and AIDS, in particular on issues related to sexuality and condoms. This underscores the importance of continuing to gather evidence on how teachers are addressing HIV and AIDS in their daily practice, or working closely with partners to harmonize approaches and messages, and of ensuring that the teachers who are at the forefront of HIV prevention in schools meet the criteria that are highlighted in the in-service training modules in terms of motivation, prior knowledge and attitudes.

The Education Response – Challenges

- **Lack of adequate national staff within the NDoE** to manage, coordinate (internally and externally) and evaluate planned activities. This has a direct impact on many of the gaps which follow
- **Ensuring balanced implementation all four focus areas** in the Education Policy on HIV and AIDS – in practice most efforts centre around the curriculum response (i.e. Focus Area 1 on prevention for students)
- **Continuing to address gender issues** which at management, structural and school levels impact on vulnerability of girls.
- **Providing support to certain key education stakeholders such as head teachers and district and provincial education staff**
- **Extending the coverage and outreach of activities**, with particular challenges in reaching and supporting the more remote schools and areas
- **Assessment of outcomes and impact** of the various activity areas and ensuring that lessons are fed back into decision making around strategies and priorities. The NDoE lacks a coordinated structure for ensuring that this happens
- **Sustainability** of the response. Much of the day-to-day management and implementation is run by external advisors
- **Coordination** of the response, both within the education system and with the overall HIV and AIDS response, is challenging and focuses heavily on external staff

There is a need to give further attention to monitoring and evaluation in order to understand how the response is progressing and what the outcomes and impact are. In addition, stigma and discrimination continue to be major barriers. It is also very clear that even greater efforts will need to be made to address key gender issues. The gender policy offers an excellent basis for doing so as does the work that is already being done at curriculum and teacher training levels. Addressing gender equity at all levels of the system, including in management and staffing, as well as at the level of school safety, will be critical.

Coordination and sustainability of the education response were also highlighted as important challenges. At present the education sector operates in some isolation from the limited coordination that is happening within the overall response. The internal coordination (both horizontally between departments and vertically down to school level) needs to be substantially strengthened, in particular to ensure that HIV and AIDS become an integral part of education management within all divisions and all levels. With the day to day implementation in the hands of external advisors who do not have counterparts there is a real threat that the response will be derailed when staff leave or priorities of funding agencies change.

Finally, there was a clearly expressed need for better coordination among external partners, for stronger harmonization in terms of approaches, and for greater alignment of external actors with the NDOE and the National Aids Council (NAC) priorities and strategies. Stakeholders underscored the difficulties of making real progress when interventions are not sufficiently targeted to areas of need, and when these are often short lived and don't address the underlying issues of sustainability and capacity.

Suggested good practices

One of the objectives of this study is to inform the PNG education work through a rapid analysis of good practices from other contexts. The following were identified as providing insight which PNG could learn from:

- Developing strong coordination structures with dedicated senior staff, with effective internal and external linkages and with clear defined terms of reference and structures for accountability.
- Engaging HIV positive teachers and students to enhance the relevance of actions and to begin to address stigma and discrimination.
- Integrating HIV and AIDS in key processes of education reform, such as in Sector Wide Approaches (SWAp), in the Fast Track Initiative (FTI), and in the movement for Universal Basic Education (UBE).
- Adopting policy measures which address constraints to access, participation and performance in the education system so as to ensure that mainstream education policies contribute to reducing the vulnerability to HIV infection.
- Holding donors accountable for harmonization, alignment and sustainability through joint planning, reviews, formal partnership agreements, and procedures for mutual accountability.
- Monitoring progress against agreed upon benchmarks and indicators which are periodically assessed.
- Involvement and leadership from the teachers' union in HIV/AIDS rights and teacher behaviour

Best practices from PNG

This study also identified best practices in the PNG education sector's response to HIV and AIDS. The selection of these best practices was guided by the following criteria: relevance to the drivers of the epidemic; innovativeness; effectiveness; ethical soundness; and potential for replication. The following stood out:

- The NDOE initiative to declare HIV and AIDS the Theme for 2008 education year which was followed through with a number of events such as the Literacy Week and the National Book Week both of which focused on HIV and AIDS and raised awareness.
- The launching of yearly national HIV and AIDS teaching innovation competitions for teachers which award prizes based on the submission of a package of materials which testifies to teachers' efforts in teaching about HIV and AIDS related topics and which is linked to the national curriculum reform
- The adoption of participatory approaches when developing policies, strategies and materials, enhancing buy-in and ensuring that messages and approaches gradually become more consistent.

Opportunities for improving the response

A number of opportunities which the NDOE and its partners can build upon to further strengthen and expand the response were identified from the analysis. These include:

- Capitalizing on the momentum generated during 2008 HIV and AIDS Theme Year for the Sector by ensuring that particular activities or events during the year are used to promote this theme.
- Reviewing the HIV and AIDS Policy as foreseen in 2009. Commissioning a select number of studies and evaluations as a basis for this revision is likely to enhance the relevance and quality of this revision. This may also be an excellent opportunity to review the HIV/AIDS/STI Implementation Plan and to make sure that the revised version is costed and includes a prioritization of activities.
- Working closely with emerging PLHIV organizations to generate greater PLHIV involvement in the work in the sector, in a manner which takes into account the local context and constraints.
- Ensuring early integration of HIV and AIDS as well as gender issues in the preparation of the Sector Wide Approach (SWAp), in the submission to the Education for All (EFA) Fast Track Initiative (FTI) and in the work that is being done by the working group on Universal Basic Education (UBE).

- Establishing close linkages with the national research agenda on HIV and AIDS to promote research around education and to ensure that education initiatives take account of emerging knowledge around HIV and AIDS in PNG.
- Collaborating with the finalization and roll-out of the national policy on Orphans and Vulnerable Children (OVC).
- Linking the HAMP Act more closely to the NDoE policy and implementation guidelines and procedures in order to scale up a progressive and human rights based approach to HIV related responses, and hold authorities accountable on its implementation.

Emerging recommendations

The study puts forward six main recommendations. Each recommendation is followed by a summary sentence of the key issues which this recommendation hopes to address. Details on priority actions for each of the six recommendations can be found in the full report.

Emerging recommendation 1: Strengthen the coordination of the education response internally and externally through the appointment of key staff

The current response is mostly led and implemented by external advisors. Appointing dedicated staff, including in senior management positions, and setting up coordination and management structures needs to receive priority attention. This is critical to addressing the challenges identified above and to ensuring the sustainability of the response. Staffing issues are at the heart of most of the challenges identified in this report.

Emerging recommendation 2: Prioritize learning from successful education initiatives and ensure scaling-up

This report highlights a number of very successful initiatives. These should, in partnership with other stakeholders, be consolidated and scaled up to reach as many teachers and pupils as possible.

Emerging recommendation 3: Identify and implement strategies for ensuring that the four focus areas of the Policy receive priority attention

Important progress has been made in the curriculum response to HIV and AIDS. Care and support, workplace issues and the management of the response will also need to receive priority attention for the synergies between the four focus areas to emerge and for the scaling up of the response to be possible.

Emerging recommendation 4: Establish monitoring and evaluation mechanisms and procedures which provide insight into strategies that are effective

Monitoring and evaluation of the education response needs to be strengthened to ensure a clearer understanding of outcomes and of the impact of interventions. Assistance in the identification and selection of a number of education and HIV & AIDS related indicators for periodic monitoring may be considered.

Emerging recommendation 5: Prioritize a gendered approach to HIV & AIDS in the education sector

Gender issues are strong underlying drivers of HIV in PNG. Further bold steps will need to be taken to comprehensively address these issues at the level of education planning, management and implementation and through targeted interventions if further progress is to be made.

Emerging recommendation 6: Ensure that HIV and AIDS specific work is complemented with a strong emphasis on mainstream educational improvement.

Education in itself offers a good measure of protection against HIV. Addressing key constraints to access, to transition, performance and completion can be as (or possibly even more) effective than specific interventions aimed at increasing HIV and AIDS related knowledge, attitudes and practices.

Case Study of the Education Response to HIV & AIDS in PNG

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1. Introduction

HIV and AIDS present significant development challenges to PNG. The speed at which the epidemic is progressing calls for a comprehensive and exceptional response, in which all sectors need to play a prominent role. The education sector is of particular importance in this respect because of its outreach and coverage – adolescents and young people are the most affected by the epidemic in PNG - and because of the size of its workforce.

Experience across the world has shown that the simple fact of going to school offers a strong measure of protection against HIV, and that each additional year of schooling brings additional benefits, in particular for girls (GCE, 2004; Kelly, 2006). In addition, where education approaches include HIV and AIDS related content as part of a comprehensive prevention message, essential knowledge, skills, attitudes and behavior change can be brought about (IATT, 2008; Kirby, Obasi, & Laris, 2006).

2. Purpose

This study was commissioned by AusAID on behalf of the NDoE and conducted by Muriel Visser-Valfrey (independent consultant) and by Paula Henriksen (education thematic group, AusAID) during an eight day visit to PNG in September 2008. The main purpose of this case study is to provide a critical analysis of the education sectors' contribution to the HIV and AIDS response to the epidemic in PNG. Specifically, this case study seeks to inform the Government of PNG and its partners of successful interventions, critical factors of success, emerging challenges and any intractable issues. In doing so, the study aims at bringing to the forefront perceptions and concerns of key stakeholders and at highlighting examples of best practice from PNG. Recommendations for further strengthening and scaling up the response are put forward based in part of a review of selected



¹ This report follows UNAIDS and UNESCO guidelines for terminology on HIV and AIDS by separating the acronyms. E.g. prevention is about HIV as a virus and should thus be called HIV prevention and not HIV/AIDS prevention. The same distinction applies to the spread of HIV (rather than HIV/AIDS). The reference section of the report contains a link to these guidelines.

experiences from other parts of the world. Further details on the scope and purpose of the study can be found in the terms of reference in Appendix 1.

In preparation for this study key documentation on the HIV and AIDS response and on the education sector were reviewed. Documentary evidence was complemented by semi-structured interviews conducted by the study team over a one week period (see Appendix 2 for the interview guideline). Logistical limitations as well as the short duration of the study prevented the team from conducting significant field work. Instead experiences and perceptions of teachers and other key education stakeholders (such as guidance officers, Non Governmental Organizations (NGO) and Faith Based Organizations (FBO), community members) were collected from participants in national workshops which were planned so as to coincide with this study. Perspectives of teachers originating from many parts of the country were collected through group interviews at an in-service college in Port Moresby. Appendix 3 lists all the persons interviewed. Preliminary findings of the study were presented at meetings with stakeholders in PNG and to key staff from AusAID in Canberra, Australia, at the end of the field work. The draft report was then circulated for comment by all stakeholders interviewed to ensure participation in the formulation of conclusions and recommendations.

3. HIV and AIDS in Papua New Guinea

PNG has the highest rate of infection in the Pacific and faces a fast growing generalized epidemic with an estimated 1.7 – 2% of the population infected with HIV or living with AIDS. Young people between the ages of 15-29 are most affected, with a particular impact on girls and women among whom HIV prevalence is twice as high as among men of the same age (UNAIDS 2008).

The first AIDS case was diagnosed in PNG in 1987. The initial response to the epidemic has been slow and Government leadership and ownership is still a major issue. The coordination of the response is in the hands of the National Aids Council (NAC) which – having gone through considerable recent change – is still awaiting appointment of key members, including the director. The day to day implementation of the response is being done by the NAC Secretariat (NACS), headed by an acting director. A major challenge has been re-orienting the NACS to a coordinating and facilitating role, and away from the implementation role that it had been playing (IRG, 2008).

Key HIV and AIDS related indicators:

Adult HIV prevalence: 1.7 – 2.0%

Prevalence of STIs: 35-40%

Percentage of those in need on ARV: 11-35% (2007)

Coverage of PMTCT: 2.3% (2007)

Percentage of population reached by HIV testing services: 9-15% (2007)

Source: IRG (2008)

Recent progress has been made in outlining in detail the strategic areas of the response and in more clearly outlining coordination mechanisms and responsibilities.

Key drivers of the epidemic in PNG ...

- Violence in general, and gender based violence in particular
- Cultural practices including complex sexual networks and practices
- Multiple sexual partners, concurrent sex and sex among men
- Ethnic and linguistic isolation
- Alcohol and marijuana abuse
- Poverty
- Migration
- Low condom use
- Cross generational sex

Nevertheless coordination at national level is facing serious challenges and is in practice not functional. The National AIDS Council (NAC) is not in place to coordinate the response and bring players together, and the foreseen National Joint Coordinating Committee (NJCC) to coordinate the public sector response is also not in place. Thus those sectors which are active in the response (such as law and justice, community development, and education) in practice run vertical interventions with little linkages with other key services. Poor service delivery to district level constrains effective response not only for treatment but for counseling and care, sexual health and reproductive care, etc. Medication (including for the treatment of Sexually Transmitted Infections (STI) is insufficient and frequently not available). There are also virtually no youth

friendly health services. In spite of some recent progress on the roll-out of Anti-Retroviral Treatment (ART), the number of people on treatment is still limited (see text box 1) and only a handful of sites have active programs

for children (IRG, 2008). Retention of those who go on ART is erratic. The continued opposition of some churches to reproductive sexual health education and condom promotion is a serious impediment to progress in prevention.

Capacity, leadership, and structural issues have meant that many of the Provincial Aids Committees (PAC) exists in name only, although there are notable exceptions where PACs are doing important work in leading the response. As a result, a substantial portion of the implementation of the response is carried by community organizations, NGOs and FBOs with activities which are not always adequately coordinated and frequently of short duration. Compounding issues include distances and accessibility (85% of PNG population are estimated to be living in rural areas), cultural practices, complex gender relations and gender based violence, socio-economic insecurity, linguistic diversity and widespread stigma and discrimination (UNAIDS 2008). These constraints have fueled the rapid progression of the disease and led a recent report (2008) of the Independent Review Group (IRG)² to conclude that “There is clear evidence that the national response lacks the focus and intensity necessary to arrest and turn back a series of rapidly developing epidemics: both among the population generally and among groups at special risk”.

The current phase of the response to the epidemic is guided by the National Strategic Plan (NSP) on HIV/AIDS for 2006-2010 which builds on the previous NSP. This comprehensive plan takes a broad approach to HIV and AIDS and covers seven focus areas, including: (i) treatment, counseling, care and support; (ii) education and prevention; (iii) surveillance and epidemiology; (iv) social and behavior change research; (v) leadership, partnership and coordination; (vi) family and community support; and (vii) monitoring and evaluation. Education fall mainly under focus area two but also has an important role to play in other areas such as leadership, promotion of family and community involvement, as well as behavior change. This underscores the importance of vertical as well as horizontal coordination of the education response with all other key sectors and stakeholders.

4. The Overall HIV and AIDS Response

The study sought to interview a wide range of stakeholders both from inside and outside of the education sector and to triangulate their opinions. The first part of the study focused on identifying achievements and challenges for the overall response to HIV and AIDS. Tables 1 and 2 below highlight the responses which reflect many of the key findings presented by the IRG in its recent report (IRG, 2008), the launching of which coincided with the field work for this study.

The Overall HIV and AIDS Response – Key Achievements
➤ Gradually increasing awareness around HIV and AIDS
➤ Gradually growing engagement in the response around HIV and AIDS
➤ Pockets of strong leadership in some sectors (e.g. education, law and justice)
➤ Gradual scaling up of HIV testing and ARV provision, with support from key stakeholders (NGOs, Churches)
➤ Selected progress on building capacity and rolling out systems for surveillance and monitoring and evaluation and on drafting a national research agenda
➤ Drafting of key guiding documents e.g. gender strategy, national leadership strategy, and organizational structure of NAC.

Asked to reflect on gaps in the overall response a number of critical issues related to coordination, scope, coverage and monitoring were raised which are summarized below.

² The Independent Review Group (IRG) was established in 2007 to assess progress towards implementing Papua New Guinea’s National Strategic Plan (NSP) for HIV and AIDS. The IRG conducts periodic higher level assessments of the national response to HIV in PNG and puts forward strategic recommendations for each of the seven NSP focus areas.

The Overall HIV and AIDS Response – Key Challenges and Gaps

- Government leadership of the response is still poor on key issues, including on the appointment of director and staff to the NAC
- Some churches continue to offer significant opposition to reproductive sexual health education and condom promotion
- Coverage of the response lags behind need and the projected progression of epidemic
- The response is disperse, lacks coordination, and focuses on short term interventions. A multitude of uncoordinated and at times contradictory approaches are used for delivery of services
- Remote regions are not being reached and the same groups are targeted by multiple organization in accessible areas
- Prevention is most often equated narrowly with training and distribution of commodities (male and female condoms, testing kits, etc.). A comprehensive approach to prevention is neither advocated nor supported
- The response is not sufficiently specific to the cultural and social diversity and to the specific drivers of the epidemic in different parts of the country
- There are severe capacity constraints, particularly at provincial and district level
- There is an almost complete lack of support for and involvement of People Living with HIV and AIDS (PLHIV)
- Supply of key commodities is erratic and insufficient undermining prevention efforts (male and female condoms, lubricants, rapid HIV tests)
- Poor quality and outdated nature of data makes planning and roll-out of interventions very difficult
- The HIV and AIDS prevention through schools does not reach children and adolescents who are not or no longer in school. Many of these children and adolescents – who have high levels of vulnerability and are at significant risk - are not being reached

These challenges are illustrative of the difficult overall context within which the education response operates. Constraints such as the weaknesses in the overall coordination of the response, the lack of commodities, and the still largely insufficient coverage of VCT and ART provision will reduce the effectiveness of HIV prevention activities through schools. This underscores the critical importance of a strong engagement of senior and middle level education leadership with the overall HIV and AIDS response, and of capacity building and support at decentralized levels to improve the response.

5. The Education Response - background

The education sector in PNG caters for a total of 1.3 million students, and has approximately 45,000 teachers. The educational pyramid is typical of many other developing countries, with a relatively large intake rapidly funneling off as pupils and their families face challenges of accessibility, costs and cultural barriers to keeping their children (and in particular girls) in school. Many of the schools are run by churches and FBOs who are active partners of the Government of PNG. Of all the sectors, education reaches the furthest into remote areas, although geographical constraints mean that many schools may not receive any support and supplies for extended periods of time – in remote areas it is not uncommon for schools not to be visited for five years or more. There are no clear data on the projected impact of HIV and AIDS on the education sector. Anecdotal evidence appears to indicate that mortality rates among teachers are rising, and the recent Senior Officers Conference (SEOC) of the NDoE highlighted an expected and increasing toll in teacher attrition and drop-out for the years to come (NDoE, 2008).

The education response has been slow to start but has gained considerable momentum in the past years. The adoption of the HIV/AIDS Management and Prevention (HAMP) Act by Government in 2003 spurred the development of the HIV/AIDS Policy for the National Education System of PNG in 2005 which was followed by the development of a comprehensive National Department of Education HIV/AIDS/STI Implementation Plan 2007-2012 for the Sector. The overall goal of the HIV/AIDS Policy for the Sector is to reduce the impact of HIV

and AIDS. It proposes to do so through the implementation, monitoring and evaluation of a comprehensive response which embraces the four key strategic areas shown on page 13.

In PNG today, HIV and AIDS education is introduced in grade five and provided in each subsequent grade through to grade 12. In grade five the approach is to include HIV and AIDS and STIs in Health Education. In grades six through to 12, HIV and AIDS are part of Personal Development (PD), which is a specific compulsory subject in the curriculum. In addition, HIV and AIDS content has also been mainstreamed into other subjects (such as mathematics, geography, English Language). Since 2007, the teacher pre-service curriculum includes a compulsory and examinable 36 hour course on HIV and AIDS. Technical and vocational schools also have a 40 hour HIV and AIDS and reproductive health curriculum with a Teachers' Guide and Student Resource Book. As will be highlighted below, progress has also been made in integrating HIV and AIDS content into higher education curricula in a number of universities.

Objectives of the four focus areas of the PNG Education Policy on HIV and AIDS:

- 1. Prevention for students:* Students acquire the knowledge and information and develop appropriate life skills to be free from HIV infection all their lives.
- 2. Care and support for students:* School and institutions will be positive learning environments where all infected and affected students can access information, care, counseling and support.
- 3. HIV/AIDS and the workforce:* Work environments will be positive and proactive in prevention of HIV in the workforce and be responsible for the needs of infected and affected employees.
- 4. Managing the education's response:* Management structures and systems will be in place and partnerships developed and sustained at all levels of the national education system to plan, implement and monitor quality education in the context of HIV/AIDS.

A number of important externally supported initiatives have contributed to the progress which has been made in the education sector so far. At a general level the HAMP Act has been extremely important as a legal framework for action which commits all partners to a number of key principles and priorities. The HAMP Act has served as a driving force to empower champions within the education sector and has been particularly critical in providing support to those pushing for a comprehensive education response to HIV which includes explicit messages on sexuality education. Today the HAMP Act is widely referenced in various materials for students and teachers. The introduction of the HAMP Act in 2003 was followed closely by a number of initiatives which not only served to better equip the country in addressing HIV and AIDS but also provided support to the education response. This includes the establishment of a Parliamentary Committee on HIV and AIDS in 2004 and the adoption of an HIV/AIDS workplace policy for the Public Service.

Within the education sector itself a variety of initiatives have come together to produce the dynamic which is today in evidence. PNG is the recipient of one of AusAIDS's largest development aid programs and the Agency has over the past decade been committed to a mainstreamed approach to addressing the epidemic and to promoting gender issues. This is reflected in AusAID's HIV/AIDS mainstreaming strategy which was adopted by the AusAID PNG Branch Senior Management in 2004.

At the level of the overall response, two AusAID supported initiatives stand out as having provided an important impetus to the response. The National HIV/AIDS Support Project (NHASP) – which in its new incarnation is the Sanap Wantaim or (Stand Together) Program - has worked closely with the NACS and focuses on ensuring that the NSP is implemented. This program has provided key technical and financial support to the response overall and has worked closely with the education sector as a key ally for scaling up prevention activities. The PNG Incentive Fund (PNGIF) works across a variety of sectors and has provided considerable support to infrastructure development in the education sector. From 2004 there has been a strong demonstrated commitment through the PNGIF to have HIV and gender indicators integrated into all of its projects, including those in the education sector.

AusAID has been a major player in the HIV response. AusAID has implemented a number of generously funded programs over the years which have laid the groundwork for the education response and for the successful integration of HIV and AIDS in curricula and other areas of support for teachers and students. The strong institutional focus of AusAID over the past decade on ensuring that gender and HIV are included in all interventions has been of critical importance to raising the profile of these issues.

The Basic Education Development Project (BEPD) is one such initiative which has played an important role. The BEPD covers all provinces in PNG and runs from 2004 to 2008. Its aim is to contribute to effective implementation of quality and equitable primary schooling in PNG. The project has focused strongly on developing partnerships between Government and the community and on strengthening the capacity at national, provincial, district, school and community level to plan and manage school infrastructure. The establishment of a facility from which organized schools can draw funds has provided a strong encouragement to better community involvement, and in particular for the involvement of women in the management of schools through Boards of Management (BOM). The project made considerable progress in mainstreaming HIV and AIDS in its activities, for example by ensuring that community discussions on priorities include a focus on addressing HIV; by personalizing HIV information so that staff, students and communities become aware of their vulnerability; by promoting peer education to address norms and social factors which drive the epidemic (in particular by focusing on boys and young men and on damaging notions of masculinity); by encouraging BOM to look at alternative school fee arrangements for orphans; and by including HIV and AIDS awareness sessions in training and work at all levels.

Another key AusAID supported initiative has been the Curriculum Reform Implementation Project (CRIP) which began in 2000 and which has supported the Curriculum Development Division of the NDoE in improving the relevance and quality of curriculum reform through targeted training, technical assistance, and support with curriculum design, production, implementation and materials distribution. This program has contributed to raising awareness and capacity building for the mainstreaming of HIV and AIDS in the curriculum. The Education Capacity Building Program (ECBP) – also supported by AusAID has had a similarly important role. The project aims at: strengthening planning, management and governance procedures and practices at various levels; providing targeted training to senior education executives, school counselors, provincial planners, head teachers and boards of management; improving communication and coordination between Government agencies; and developing effective education program monitoring, evaluation and reporting systems. The program was conceived to run for ten years from 2004 and roughly coincides with the National Education Plan (NEP) 2005-2014.

To date AusAID support has been provided exclusively through projects. A new phase of AusAID support is currently under preparation and will focus on a Sector Wide Approach (SWAp) for the education sector. Lessons learnt in terms of HIV and AIDS mainstreaming will feed into the design of this program.

Other partners of the NDoE have played an important and complementary role to many of these initiatives. UNFPA, for example, has provided considerable technical and financial support to the curriculum development process over the years. It has funded a Population Education Program, which is embedded in the NDoE curriculum division and which has developed approaches and methodologies which have been invaluable to the design of the curricula which are now being rolled out to all schools. UNICEF has also played an important role by funding materials development and focusing on promoting child-friendly schools. PNG NGOs have also played a strong role in service provision at local levels, although mainly in the non-formal sector.

An exhaustive analysis of all the initiatives which have contributed to the education response to HIV and AIDS is beyond the scope of this report but the brief highlights above illustrate that the progress that is evident today is the result of a variety of efforts which have been supported by over the past years – in particular since the launching of the Education Policy on HIV/AIDS in 2005.

6. Overall Assessment of the Education Response

This section of the report discusses the findings of the study with respect to achievements and challenges of the education response on HIV and AIDS. These findings combine the perceptions of stakeholders with documentary review and the critical analysis by the study team. The perceptions of stakeholders are important on the one hand because they cover a wide range of individuals and organizations from within and outside the sector. On the other hand, their relevance lies in providing insight into how the response is being assessed overall by those involved and by underscoring what areas need further attention. In this context it is important to note that areas below which are identified as challenges or gaps are not necessarily equivalent to areas where no work is being done. Rather these are areas where impact is less evident to those involved in the response. This may be due to a variety of reasons e.g. the activities in this area have only recently started, strategies and activities are not as effective as anticipated, activities are not sufficiently scaled up and followed through to have an impact, planning has prioritized other areas, or because there are too few synergies and links with other areas of the response.

The Education Response – Key Achievements

- Strong and consistent leadership by select champions in the sector
- Development of a HIV/AIDS Policy for the sector and of a HIV/AIDS/STI Implementation Plan
- Adoption of a comprehensive approach which addresses the needs of pupils and staff as well as the projected impact of the epidemic on the education system
- Demonstrated commitment to a comprehensive prevention message which includes condoms for young people depending on their choice and needs
- HIV and AIDS mainstreamed in the curriculum from grade 5 through 12 as part of the overall education curriculum reform process
- Integration of HIV and AIDS in pre-service curricula ensuring that all teachers graduating from 2007 onwards have 36 hours of training on HIV and AIDS
- Integration of HIV and AIDS responsibilities into school learning improvement plans, teacher in-service plans and capacity building for communities and school boards
- Development of quality materials and supplementary resources for teachers and pupils
- Commitment to highly participatory approaches in developing and rolling out policies and resources which embrace internal and external stakeholders at various levels
- Significant efforts in disseminating policies, strategies and materials
- Development of partnerships with external stakeholders including churches and FBO
- HAMP Act provides conceptual and legal support for the strong approach within NDoE

Overall partners from within and outside of the sector were unanimous in stressing that the education response to HIV and AIDS in Papua New Guinea has been impressive, and that this provides an important basis for further intensifying and expanding the response so as to meet the challenges of a fast expanding epidemic. Many partners referred to the education sector response as “standing-out” within the overall response, thus acknowledging the leadership and engagement of individuals within the NDoE and the significant efforts that has been made in recent years. The case study team concurs with the overall perception by stakeholders that the education response to HIV and AIDS has progressed enormously over the past few years and that PNG is in many ways ahead of other countries in terms of its education response.

The leadership shown by certain individuals in the education sector has been very important to the achievements so far. A number of ‘champions’ within the NDoE have worked very hard to generate institutional awareness and commitment to HIV and AIDS. These players have taken on a key role in making the most of opportunities, such as the external funding and technical support provided by AusAID. They have also

been pivotal in lobbying senior management to ensure a comprehensive approach to HIV and AIDS which includes adequate attention to gender issues and encouraging explicit discussion of issues such as sexuality (for example through diagrams and pictures in the training of trainers' manuals and in school books at appropriate levels).

The Education Policy on HIV and AIDS as well as the HIV/AIDS/STI Implementation Plan for the sector also stand out. Both are models of good practice. As part of the on-going process of educational reform, much effort has been put into the integration of HIV and AIDS in the curriculum and this is an area of considerable success. 2008 testifies to the results of this effort – it is the first year that HIV and AIDS are integral part of the curriculum from grades five through to 12. HIV and AIDS are also part of pre-service teacher training. From 2007 onwards all new teachers are graduating with a 36 hour course on HIV and AIDS. The efforts in capacity building have been complemented by the drafting and dissemination of very high quality educational materials and other resources for teachers and students. In-service training of teachers is also being rolled out (mostly by partner organizations) although approaches to training still vary and the overall number of teachers who have been trained still falls considerably short of the needs.

The NDoE has also been strongly committed to comprehensive messaging around HIV and AIDS, focusing on many of the factors that put children and young people at risk of HIV (including drugs, alcohol and other risky behavior) and promoting condoms for those young people (and staff) where relevant. Addressing gender issues is a major component of the approach. This messaging is consistently reflected in the education policy as well as in approaches and materials and is carried through in the work with stakeholders. While still controversial to some extent, there has been important progress in keeping an open dialogue with key partners on these issues and the NDoE takes its role in enforcing the principles of the HAMP Act very seriously. A number of key complementary guidelines and policies have been (or are in the process of being) developed, including a gender policy and a policy for behavior management at school level.

Education in itself offers a good measure of protection against HIV. Each additional year of school brings further benefits which are particularly important for girls and young women. Addressing key constraints to access, to transition, performance and completion can thus be as (or possibly even more) effective than specific interventions aimed at increasing HIV and AIDS related knowledge, attitudes and practices, in particular if they are linked to a broader concern with social justice, gender and human rights. There has been considerable progress in PNG in ensuring that key education initiatives include attention to gender and HIV & AIDS. Examples include the efforts which have been made to mainstream HIV and AIDS (and gender issues) in School Level Implementation Plans (SLIPS), in the efforts around Universal Basic Education (UBE), and in the work which the BEDP has done with BOM.

Participatory approaches which allow stakeholders to be part of the drafting of policies, strategies and materials have characterized many of the key endeavors and have enhanced buy-in to key principles and practices. The HIV/AIDS/STIs Implementation Plan stands out as a significant example of this. The Plan went through two in-depth consultative processes that included a broad representation of stakeholders. In general the sector stands out for its efforts in coordinating with local partners operating in the sector, including in beginning to encourage stakeholders to harmonize messages and approaches. This was very evident in the two workshops which coincided with this case study exercise.

In summary, considerable progress has been made in a large number of important areas of the response. The next section of the report will look at some of the challenges that remain.

Challenges

The main challenges relate to the staffing and coordination of the response (internally and externally), the uneven implementation of the focus areas of the HIV/AIDS/STI Plan, the need to further increase coverage and outreach of activities, the importance of monitoring and evaluation and impact assessment, the need for

further efforts in addressing gender issues, and the importance of addressing the sustainability of the response. These areas are discussed below and summarized in the table at the end of this section.

Staffing at the NDoE

At present the education response is almost entirely implemented by external advisors to the NDoE. As was mentioned above, leadership by select high level managers within the NDoE has been instrumental to the achievements to date. However there has been insufficient commitment and attention by the NDoE to ensuring that national staff is put in place to coordinate, manage and evaluation the activities in the HIV/AIDS/STI Implementation Plan. Although HIV and AIDS positions (as well as gender staff) are part of the planning and of the recently completed restructuring process, the NDoE still does not have a strategy officer or an implementation team for HIV and AIDS. As a result much of the day-to-day work, and of the coordination, in area of HIV and AIDS, is being done by external advisors. The absence of national staff places a big constraint on the further expanding the response and puts in question the sustainability of most of the activities that have been rolled out to date (see also below). This is particularly important in the case of teacher training, which has become a very important part of the response, but which is done by lecturers from the teacher training colleges who have limited availability rather than by a small full time team of people. Ultimately, these capacity constraints in managing and implementing the response are also at the origin of many of the other challenges which are discussed below.

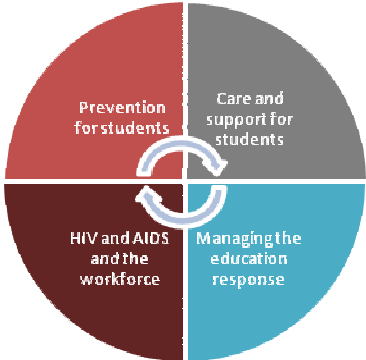
Coordination of the response

Much progress has been made in recent years to engage more strongly with various stakeholders in the education sector. However, more work will need to be done to strengthen the coordination of the response, both internally within the education system and externally with stakeholders and with the overall HIV response. Various stakeholders interviewed in the context of this study highlighted that there is a need for stronger involvement of provincial and district structures in the education response which is currently not systematically being done, in part because there is so little capacity at these levels. Better coordination with the national response would also be beneficial to the quality and focus of activities, although it is acknowledged that this is a challenge for the NDoE given the lack of dedicated staff for the HIV response and the weakness of the NACS. And finally, there is a need to ensure that external partners (multilaterals and bilateral as well as NGOs and FBO engage more strongly with the sector and that further efforts are made to harmonize and align with government plans and priorities. In this context it is important that external partners commit to and collaborate in ensuring that activities have longer time-frames and greater sustainability.

Implementation of the Policy and the HIV/AIDS/STI Plan

Section 7 of this report contains a detailed analysis of each of the focus areas of the HIV/AIDS/STI Implementation Plan. This analysis highlights that important progress has been made in curriculum approaches and in training for HIV prevention (this is focus area 1 of the plan namely “prevention for students”) and to a

considerable extent in focus area 4 (“managing the education response”). Less emphasis has been placed to date on the other two (complementary) areas of the NDoE Policy on HIV and AIDS - namely care and support and HIV and AIDS in the workforce.



Experience from other settings has shown that it is the synergy between the various areas of a comprehensive education response - and the corresponding added value - that will ensure that HIV and AIDS prevention and mitigation efforts are successful. Thus, for teachers to feel comfortable addressing

HIV and AIDS, they need to be supported not only through one-off training efforts and through the supply of key didactic resources as is currently the case, but also through better workplace policies, supportive legislation, increased accountability for outcomes and results, and broad and better cooperation with other service providers. These actions will provide an environment that is conducive to the openness that is necessary for an effective response, and will also begin to address issues which HIV positive teachers as well as teachers who are otherwise affected by the epidemic may face. This includes taking action on stigma and discrimination, gender inequality, ensuring that teacher deployment and sickness benefits takes account of the specificities of the epidemic, and working with other service providers so that pupils and teachers and their families can access VCT and ART. In the same vein, it is crucial that efforts in HIV and AIDS prevention in schools are closely coordinated with what limited services exist at provincial, district and school levels. Promoting the use of condoms will have little effect if (male and female) condoms are not available. Similarly, access to VCT is critical so that young people and education staff can know their status and take action. Close cooperation with social and legal service providers to ensure orphans and vulnerable children (OVC) have access to key services and enforcing legislation protecting children, young people and staff from (sexual) abuse and violence are similarly essential since many of these factors put those who are vulnerable at greater risk of the disease.

It is clearly the intention of the Education HIV/AIDS Policy and of the HIV/AIDS/STI Implementation Plan for the Sector to ensure that such a comprehensive approach which integrates the issues mentioned above becomes reality as it includes many of the activities which were just highlighted. In moving forward in the coming period, it will be important to ensure that the focus areas that are currently not as prominent in the response receive adequate priority. In order to do so it may be useful for the NDoE and its partners to review the current IP and to prioritize the activities in each of the four focus areas, ensuring that necessary technical and financial resources are available to move forward on these priorities. Developing a costed version of the Plan will be an important step in this respect. Addressing the staffing issues which were highlighted above will be absolutely critical to a more balanced implementation of the Plan. Strengthening internal coordination and accountability around the Policy and the IP is similarly important to ensure that all these areas are taken on board as part and parcel of core education business.

Gender issues

Attention to gender has been mainstreamed into all curriculum materials. Important initiatives have been taken to ensure better representation of women in the education sector, for example through the mandatory recruitment of at least 50% female candidates for teacher training courses. The BEDP has contributed to increasing the number of female head teachers and has, as was mentioned earlier, resulted in significantly wider participation of women on school BOM. Important experience is being gained in involving young boys and men in HIV and AIDS prevention by addressing damaging notions of masculinity which are at the heart of gender inequity and violence against women and girls.

Nevertheless, it is clear that further efforts will be necessary to address the particular gender issues which in PNG fuel the progression of the epidemic. This should include ensuring that successful experiences (such as the ones mentioned in the previous paragraph) are adequately monitored, evaluated and where relevant scaled up to ensure good coverage. On the other hand, many gender concerns ranging from issues of violence against girls and women in communities, lack of incentives and support for the participation of girls in education (for example because boarding facilities do not provide safe facilities), sexual abuse in schools, and cultural practices and beliefs, to the lack of support for female role models and for providing equal promotion opportunities for women in senior levels of the education system were raised during this case study. Action on these issues will need to receive even greater priority if underlying factors which contribute to the vulnerability of girls and women to HIV are to be addressed. A number of recommendations are made in this respect at the end of this report. The recent appointment of a gender advisor in the NDoE is a positive step in this respect but more capacity is needed, in particular in terms of NDoE staff.

Teachers, school managers and school structures

Much effort is being put into rolling out training. However, it is not easy to say how this capacity building effort will pay off. In the discussion which the case study team had with a non representative sample of teachers (most of whom had a number of years of teaching experience and not all of whom had been trained) considerable reservations and some confusion was expressed by a number of teachers about their role. Many teachers appear to believe in the very myths and misconceptions which they are expected to dispel. A substantial number of them also referred to (perceived) moral/religious barriers to disseminating a comprehensive message about HIV and AIDS, and in particular in talking about sex and condoms. Many of the teachers did not appear convinced of their personal risk and the overriding opinion was that those who get HIV are being punished for their bad behavior (which reflects predominant views in PNG society). A recent study by the NDoE of teacher trainees also highlighted certain misconceptions among (future) teachers which further training will need to address. The fact that the same in-service teachers are being targeted in multiple training events and being presented by conflicting ideologies may be in part to blame for this. The HAMP Act is clear in underscoring what the messages around HIV and AIDS should be and thus provides a way out for NDoE on this very important issue. If this issue is to be addressed it means that only provincially and nationally assessed and approved training should take place.

Strategies which focus on putting teachers who meet certain criteria in terms of motivation, prior knowledge and attitudes at the forefront of the response may therefore prove to be more effective. Partners have agreed that this should be the principle rather than the approach which is foreseen in the Education Policy on HIV/AIDS which is to train all teachers. In addition, it will be important to ensure that support is further scaled up to include school managers, head teachers, inspectors and supervisors. Exploring other means of reaching teachers – beyond the distribution of print materials – may be a workable option in some areas of the country (for example through radio programs).

Coverage and outreach

In spite of considerable efforts by the NDoE and by its partners, coverage and outreach – in particular – to remote rural areas – was singled out as an important challenge. It was felt that more work may need to be done to identify alternative means of delivery and support (for example through radio programs and through better partnerships with other sectors). Conducting a mapping of outreach by different service providers at least in part of the country - identifying where there are health facilities, radio stations, functioning PACs, etc – could provide some indication of how and where to better target activities. Finding ways of supporting and involving HIV positive teachers and staff will enhance the relevance of activities and begin to address some of the debilitating issues of stigma and discrimination. This will need to be done with appropriate consideration of the PNG context where stigma and discrimination are major barriers to disclosure.

Outcomes and Impact

The past years has seen an exponential and encouraging increase in the range and coverage of activities in HIV & AIDS and education. The number of partners working in this area has grown and much work has been done to develop new approaches and to improve on what is being done. However, there is insufficient evidence documenting what the outcome and impact of these activities is, for example in terms of changes in knowledge, in attitudes (e.g. towards PLHIV, and towards gender issues) and in (intended) behavior.

In this context there was a general view among stakeholders – shared by the case study team - that monitoring, evaluation and impact assessment of the progress around the HIV/AIDS/STI Implementation Plan could be considerably improved and needs to be given greater priority. This includes both the monitoring and impact assessment by the NDoE of the HIV and AIDS response in the sector, as well as at the level of individual projects and programs. The NDoE is currently setting up its EMIS and this does not (at present) include HIV and AIDS

specific indicators. At project level reporting usually focuses on numeric targets reached (rather than outcomes and impact).

The lack of attention to this area appears to be a combination of lack of priority setting by the NDoE and its partners (including major funders), capacity constraints, and possibly lack of resources specifically allocated for this purpose. Further action around teacher training and curriculum approaches is likely to produce better outcomes if informed by base-lines and follow-up studies (such as the study which the NDoE recently conducted among first and second year students in teacher training colleges) as well as by comprehensive studies in schools, communities and teacher training colleges which focus on assessing the outcomes and impact of curricula and of other activities at different levels. Financing of such studies should continue to be a priority for the NDoE and its partners. In this context capacity building of the NDoE to provide support to monitoring and evaluation and to conduct research may need to receive priority attention. Developing partnerships with other organizations (locally and regionally) to carry out research could also be a viable supplementary strategy. The findings of such studies should then be fed back into decision making around the revision of the Education Policy on HIV and AIDS (foreseen for 2009) and into a revised Implementation Plan.

Sustainability

The day to day education response to HIV and AIDS is being carried by external advisors to the NDoE who do not have fixed counterparts. There is a real risk that the excellent work which is being done at present will not be continued when there is a turn-over of staff or a change in priorities by those who fund the advisory positions. The NDoE has for some time now planned to recruit a Strategy Officer for HIV and AIDS at grade 12 level. Three concerns were evident from the analysis done by this team. Firstly, the level and responsibility of the work involved requires a more senior and experienced position so that the person in charge of HIV and AIDS strategies can effectively coordinate the various division of the NDoE. Furthermore, there is a need to put in place a team of collaborators from key divisions of the NDoE - who are (partially) released from their duties - to work specifically on HIV and AIDS related issues. This will contribute to ensuring that HIV and AIDS become part of the core business of the education sector. And finally, for the education sector to be truly accountable on HIV and AIDS related issues it is essential that relevant education staff see these duties reflected in their terms of reference and assessments and that HIV and AIDS are mainstreamed in all NDoE processes.

The Education Response – Challenges

- **Lack of adequate national staff within the NDoE** to manage, coordinate (internally and externally) and evaluate planned activities. This has a direct impact on many of the gaps which follow
- **Ensuring balanced implementation all four focus areas** in the Education Policy on HIV and AIDS – in practice most efforts centre around the curriculum response (i.e. Focus Area 1 on prevention for students)
- **Continuing to addressing gender issues** which at management, structural and school levels impact on vulnerability of girls.
- **Providing support to certain key education stakeholders such as head teachers and district and provincial education staff**
- **Extending the coverage and outreach of activities**, with particular challenges in reaching and supporting the more remote schools and areas
- **Assessment of outcomes and impact** of the various activity areas and ensuring that lessons are fed back into decision making around strategies and priorities. The NDoE lacks a coordinated structure for ensuring that this happens
- **Sustainability** of the response. Much of the day-to-day management and implementation is run by external advisors
- **Coordination** of the response, both within the education system and with the overall HIV and AIDS response, is challenging and focuses heavily on external staff

7. Detailed Analysis – the Focus Areas of the Education Response

This section of the report examines in more detail each of the four focus areas of the Education Policy. This analysis highlights the important achievements in Focus Area 1 (prevention for students) and to a somewhat lesser extent in Focus Area 4 (managing the education response). This section also indicates where challenges still lie for each of the four focus areas. The challenges identified below are in some cases beyond the strict scope of the education sector (for example, with respect to ensuring access to youth friendly SRH services) but have been included to underscore their importance for the achievements of the overall goals of the response.

Focus Area 1 – Prevention for Students

The overall objective for this focus area is that “students should acquire knowledge and information and develop appropriate skills to be free of HIV infection all their lives” (NDoE, 2004, p.6). Strategies for achieving this objective which are highlighted in the Policy include:

- Integrating HIV and AIDS in the curriculum.
- Training for teachers and other school personnel.
- Encouraging involvement of communities, parents and other family members.
- Developing safe and health promoting environments in schools.
- Fomenting partnerships.
- Addressing the different needs of female and male students.

The table below outlines key achievement as well as challenges with respect to prevention for students.

Focus Area 1 – Prevention for Students	
Key Achievements	Challenges and Gaps
<ul style="list-style-type: none"> • Mainstreaming of HIV and AIDS across the curriculum from grade 5 through 12 (as part of an overall curriculum reform process) and in technical and vocational education (TVET) • HIV and AIDS policies, curricula and complementary activities (e.g. VCT clinics) in place at selected higher level institutions (e.g. Goroka and Divine Word) • Introduction of HIV and AIDS training in the curriculum for pre-service teacher training – 2007 was the first year that all teacher trainees graduated with 36 hours of training • Significant efforts at training of in-service teachers, with the collaboration of external partners such as UNFPA, NGOs and churches • Drafting and dissemination of high quality, comprehensive materials for pre-service and for in-service teacher training, based on participatory methods and on best practices • Commitment to a comprehensive HIV and AIDS prevention message (including on the importance of condoms) and taking a leadership role in disseminating this message to partners • Positive experience of involving community through Boards of Management (BOM) in educational improvement and in community development 	<ul style="list-style-type: none"> • Many churches continue to oppose accurate SRH and condom messages and to insist on abstinence-only approaches for which little empirical evidence exists • Lack of dedicated staff to coordinate and implement the education response to HIV • There is no officer in the Teacher Education and Development (TED) division who is responsible for pre- and in-service HIV training • Quality control of the work that is done by external partners is difficult, in part due to lack of staff • The lack of coordination of partners is reducing the effectiveness of the response and has on occasion resulted in duplication of efforts • Stigma and discrimination and lack of access to services are major overarching barriers to effective prevention • There is a strong reliance on print materials and concerns about whether these reach schools

Focus Area 1 – Prevention for Students

Key Achievements	Challenges and Gaps
<ul style="list-style-type: none"> • Gender policy developed and gender advisor recently appointed. Gender issues have been comprehensively integrated in materials and training approaches • National HIV and AIDS teaching innovation competitions were launched in 2007 and 2008 creating an incentive for better teaching and practice 	<ul style="list-style-type: none"> • Support for teachers trained on HIV and AIDS is needs further strengthening, in particular to ensure coverage of rural and hard to reach areas and to continuously encourage teachers to take on their role as communicators around HIV and AIDS • Materials may be insufficiently addressing teachers own fears and misconceptions. Levels of motivation of teachers to address HIV and AIDS are enormously varied • Further carefully designed and thought through efforts – which take into account the difficult context of heavy stigma and discrimination in PNG - are needed to make PLHIV and positive teachers more visible and to ensure PLHIV representation in decision making, implementation and monitoring where possible • There are only limited supportive actions to address key gender issues (e.g. cultural issues, incest, sexual abuse, concurrent sex, cross generational sex); female role models and gender targets are not in place

The analysis above shows clearly that major progress has been made in this area. Particularly significant is the scale of the activities (covering all new teachers), the comprehensiveness of the message as well as its translation into concrete training strategies, and the quality of the resources produced. Important efforts have been made to ensure that materials and approaches are gender sensitive and address overarching issues such as poverty, inequality, stigma and discrimination. The recent IRG report (2008) underscores these achievements and singles out the education sector as one of the few sectors where substantial gains are evident. Challenges are also evident, however. The continued resistance by some partners to SRH and condom messages is a major issue in the prevention of HIV through curricular approaches. Staffing and management constraints at the NDoE limit its capacity to provide quality control of training and prevention efforts.

Focus Area 2 – Care and Support for Students

This area of the policy aims at “ensuring that schools and institutions will be positive learning environments where all infected and affected students can access information, care, counseling and support” (NDoE, 200, p.7).

Strategies for achieving this include:

- Providing information on care, counseling and support for students.
- Developing partnership to facilitate access to a full range of support and referral services.
- Supporting the learning of infected and affected students through flexible arrangements, peer support, and a focus on safety and security.

Focus Area 2 – Care and Support for Students	
Key Achievements	Challenges and Gaps
<ul style="list-style-type: none"> • All materials provide information on services, including information on provincial and district AIDS councils, and on the location and contact numbers of VCT sites. • NDoE is in the process of strengthening linkages and coordination with external stakeholders involved in care and support activities • Training of school based counselors has intensified and specific in-service and pre-service modules are being reviewed and improved • School Boards of Management have been strengthened and more strongly involved in addressing school and community development issues, including HIV and AIDS • A National Behavior Management Policy is being drafted with active involvement of all parties 	<ul style="list-style-type: none"> • The absence and poor quality of services (e.g. health, social services) in many areas limits the effectiveness of the education response. Youth friendly services in particular are very scarce. • Best practices need to be more consistently captured and fed back into the identification of strategies and activities which aim at ensuring that children and young people have access to care and support • In the absence of a clear policy on school based counseling, positions for counselors still do not exist in most schools. Current support for student welfare (including school based counselors) far from meets needs • In spite of many worthy interventions, gender strategies and approaches both within mainstream education programs and in the HIV and AIDS response, still need strengthening

An important and commendable start has been made in this focus area through training of staff and materials development, and also through the work of external stakeholders at local levels (e.g. in the provision of home based care. However, the needs at local and the progression of the epidemic still outmatch the capacity to provide services. In addition to challenges of insufficient manpower at school and district levels, there is a need to dramatically scale up activities to ensure that pupils have access to support and services, and that education interventions continue to make progress in addressing those factors which make pupils (and girls in particular) vulnerable (e.g. drop-out, late entry in school, distances to school, violence, cultural norms). The current work on SLIPs and the on-going focus on UBE will be very important in this respect.

Focus Area 3 – HIV and AIDS in the Workforce

Focus area 3 seeks to ensure that the work place is “positive and proactive in the prevention of HIV in the workforce and response to the needs of their infected and affected employees” (NDoE, 2004, p.8). Three main strategies are highlighted, including:

- The establishment of safe work places at all levels through universal infection control precautions.
- The provision of accurate HIV and AIDS information, prevention, testing and counseling programs in all workplaces, as well as on sexual harassment and abuse in the workplace.
- Putting in place and enforcing human resource management policies and practices at all levels of the national education system.

Focus Area 3: HIV and AIDS in the Workforce	
Key Achievements	Challenges and Gaps
<ul style="list-style-type: none"> • Universal infection control precautions part of all curriculum materials • Information on the HAMP Act included in all materials 	<ul style="list-style-type: none"> • An education workplace policy is not yet in place • Stigma and discrimination is still a major deterrent to seeking VCT • Understanding at various levels (management and among teachers) as to how affected and infected

Focus Area 3: HIV and AIDS in the Workforce

Key Achievements	Challenges and Gaps
	<p>teachers are protected and what their rights are is still weak</p> <ul style="list-style-type: none"> • There is little data on the current and projected impact of HIV and AIDS on the education workforce • There is insufficient information on whether and how teachers are accessing VCT and other services and how this could be improved • There is still a big need for training and support for senior and middle level management on workplace issues • Enforcing existing legislation on workplace issues

Focus area 3 emerged from this analysis as the weaker area of the HIV and AIDS response in the education sector. Many of the activities which aim at ensuring implementation of this focus area were planned for the latter part of the implementation period (i.e. 2009/10) and implementation is therefore still forthcoming. However, the issues identified above are likely to be impacting on teachers' willingness to engage in the response and may be reducing the effectiveness of the response as a whole and should therefore receive priority.

Focus Area 4 – Managing the Education’s Response to HIV and AIDS

Through this focus area the NDoE aims at establishing systems and partnerships at all levels of the national education system to “plan, implement and monitor quality education in the context of HIV and AIDS” (NDoE, 2004, p.9). Strategies include:

- Advocating for the policy and raising awareness at all levels.
- Putting in place coordination structures at national level (including a coordinator position) and using existing structures at decentralized levels (provincial and district) for implementation.
- Developing and disseminating guidelines for the implementation of the policy.
- Developing implementation plans at all levels of the system and regularly reviewing progress.
- Planning and budgeting resources at all levels for the implementation of the policy.
- Monitoring and evaluating the response and feeding back into future planning and resource allocation, including by reviewing the policy five years later.
- Collecting data and conducting research.

Focus Area 4 – Managing the Education’s Response

Key Achievements	Challenges and Gaps
<ul style="list-style-type: none"> • Strong and consistent leadership by “champions” from among senior management of the NDoE • HIV and AIDS was declared the theme for the 2008 education year as well as for the Book Week and the National Education Week • Participatory processes have been used for drafting, launching and dissemination of the policy and have enhanced awareness, ownership and commitment 	<ul style="list-style-type: none"> • Coordination of the response needs strengthening at three levels: a) across the NDoE key divisions; b) with decentralized levels (in particular at provincial and district), and; c) with the overall response (NAC, the National Department of Health (NDoH), other government partners) • Sustainability is weak. Day-to-day implementation is done by advisors, funding comes from projects and some of the achievements identified in the adjacent column have relied heavily on the initiatives and engagement of external advisors

Focus Area 4 – Managing the Education’s Response

Key Achievements	Challenges and Gaps
<ul style="list-style-type: none"> • Recognition in the policy and in practice that HIV is a development issue and that it will require a long term approach. This is illustrated by the fact that HIV and AIDS are part of a comprehensive Personal Development Curriculum • Development, implementation and monitoring of progress through the drafting and periodic monitoring of the HIV/AIDS/STI Implementation Plan for the Education Sector • HIV and AIDS designated as a compulsory part of the School Learning Improvement Plans (SLIP) and cluster level in-service plans • Drafting of complementary implementation tools and guidelines, e.g. the gender policy, behavior management policy (on-going) • Progress on consultation with stakeholders and in standardizing approaches e.g. through the Partner Conference which took place during this study • Recognition at the highest level of the importance of baselines, and monitoring and evaluation systems. • Base-line research on teachers knowledge, attitudes etc. carried out in all teachers colleges and used to inform further training and materials development • Priority list of research topics developed (on-going) • HIV and AIDS policy and curriculum awareness and capacity building at the school community level and with school board of managements through a country-wide network of district women facilitators 	<ul style="list-style-type: none"> • Accountability for implementation of the HIV/AIDS/STI IP needs to be more strongly linked to core business of the NDoE. At present the implementation plan is perceived as something which is separate from the mainstream education program • Implementation plans at decentralized levels are slow to be developed • Not all areas of the policy are given equal focus in implementation • There is a need for further efforts in building capacity of supervisory staff such as head teachers, inspectors, and district and provincial staff • Donor agendas, limited time frames, separate reporting and the absence of a clear commitment/progress on harmonization and alignment impact effective responses. Interventions are often short and not sustainable • Monitoring, evaluation, and impact assessment need to be further prioritized by the NDoE and partners (including donors) to determine how teachers are applying their skills and using the materials, and whether school based HIV and AIDS education is impacting on key indicators of knowledge, attitude and behavior

The analysis above underscores the enormous progress which has been made in terms of policy, and in rolling out activities, although outreach to remote areas is still a major challenge. The education response – while carried by strong leadership and commitment of the NDoE – is in many ways isolated from the overall HIV and AIDS response. To some extent this reflects weaknesses in the coordination of the overall HIV response, but it also underscores the importance of ensuring that adequate coordination structures are established within the NDoE and that sufficient dedicated staff is available to coordinate and manage the education response to HIV and AIDS. Coordination, systems, and staffing are thus major challenges and should receive priority attention by the NDoE to ensure the sustainability of the response. To date this has not been the case.

8. Enhancing the Effectiveness of the Education Response

One of the objectives of this study is to inform the PNG education work through a rapid analysis of good practices which have been shown to be effective elsewhere. The analysis – while not exhaustive – provides pointers to areas of the education policy where gains may be made.

Developing strong coordination structures

HIV and AIDS responses in the education sector have been most effective where coordination and implementation has included the following:

- Dedicated NDoE officers in charge and running the response, and ensuring that responsibility for the coordination is in the hands of a senior officer – in Mozambique HIV and AIDS falls under the office of the Minister of Education and the day to day implementation of the response has been in the hands of a senior and experienced Special Advisor to the Minister. In light of this experience, the proposed grade 12 level officer for PNG is not sufficient.
- Integration of HIV and AIDS at senior management level by: a) making HIV and AIDS a standing agenda point in all education meetings; b) placing the coordination for HIV and AIDS high up in the organizational structure of the Department of Education (for example directly under the office of the Secretary); c) making reporting on HIV and AIDS a requirement as well as an integral part of regular education monitoring mechanisms.
- Establishing coordination structures which:
 - Reach across divisions and regularly bringing together representatives of different division in a team which is accountable to senior management. This works best where representation on the team is sufficiently senior (for example superintendent level) to ensure focus and strong linkages with decision making structures.
 - Regularly bring together this internal education team with external stakeholders (NACS, NDoH, NGOs, and Donors) and linking back to decision making structures with the NDoE.
 - Are guided by clear terms of reference for each element in the coordination chain.
 - Involve officers who have been released from some of their other tasks so they can dedicate sufficient time to HIV and AIDS.
 - Includes clear mechanisms for accountability and an incentive structure for officers who make an exceptional effort.
- Good coordination among external partners, including the designation of lead partners who represent the interests of their respective stakeholder groups (e.g. donors, churches, NGOs).
- Release NDoE officers with a demonstrated interest in and willingness to build capacity in HIV related work and who have demonstrated their commitment from (part of) their regular duties.

Engaging external (consultancy) support to advice ministries of education in reviewing existing arrangements and making suggestions on improving the design of these structures has been shown to be highly effective.

Engaging HIV positive teachers

Teachers are central to the education response. Kenya provides an excellent example of the involvement of HIV positive teachers in two main respects. This has included the integration of a (in this case female) representative of HIV positive teachers in the Teacher Service Commission (TSC). At almost the same time a small group of teachers in Kenya also established an association of HIV positive teachers. Membership of this association has grown dramatically over the past two years and teachers are now much more present in the AIDS response at all levels.

Encouraging and supporting teachers unions to integrate HIV positive teachers in their decision making structures is also very effective. These actions, combined with other key elements of the response, have:

- Made the priority HIV and AIDS agenda more relevant to the needs of teachers affected by HIV and AIDS and broadened responses in education beyond the 'curriculum agenda' to a more comprehensive approach.
- Allowed positive teachers to participate at a much higher level in planning, implementation and monitoring of the HIV and AIDS response thus enhancing the relevance and effectiveness of activities because these are based on the real needs of teachers and their families, as well as of other staff and of students.
- Raised the profile and awareness of HIV and AIDS within the sector.
- Generated the involvement of a pool of people who act as spokespersons and who participate (and sometimes lead) key meetings and training.
- Helped begin to address stigma and discrimination.

Experience has also shown that involvement of PLHIV needs to be carefully planned and implemented to ensure that HIV positive teachers are not just 'used' (e.g. as speakers at workshops) but are integrated in such a way that they participate *equally* in decisions. Supporting the establishment of positive teachers associations (e.g. in terms of developing a vision, strategy, organizational framework, and plan), building capacity, and funding (initial) running costs are all essential. Issues which face teachers in general (low pay, deployment away from families, challenges of traveling) are compounded for HIV positive teachers and their involvement in the education response should take account of this. In PNG stigma and discrimination is likely to still prevent most PLHIV from wanting to take on a public role. It is therefore important that the involvement of PLHIV be carefully planned so as to take account of the context.

Integrating HIV and AIDS in Key Processes of Education Reform

The HIV and AIDS response will be most effective where specific actions are combined with mainstream education business. While not always easy to achieve, there are specific major education processes which can offer an excellent opportunity. These include:

- The development of an Education Sector Wide Approach (SWAp) e.g. in Zambia and in Mozambique the early involvement of key stakeholders ensured that HIV and AIDS were high on the agenda and that there was a strong linkage to issues such as gender and human rights. In this manner, key decisions around focus areas for the SWAp, funding mechanisms and priorities, indicators, monitoring and evaluation all took into account HIV and AIDS as a critical overarching concern. PNG is currently embarking on a similar process of developing a SWAp and an Education Sector Implementation Plan (ESIP) in which HIV and AIDS are being integrated.
- The preparation and endorsement processes for the Education for All (EFA) Fast Track Initiative (FTI) also offer a good opportunity to ensure that funding addresses the overarching factors that affect vulnerability to HIV and that effective measures for mitigation of the impact of the disease are put in place. The endorsement guidelines for FTI include specific requirements with respect to HIV and AIDS.

There are some caveats though, including that donors may feel less empowered to push HIV and AIDS as a key agenda since SWAp processes put decision making much more squarely in the hands of ministries of education.

Adopting policy measures which address constraints to access, participation and performance in the education system

Education protects against HIV and mitigates its impact. For every additional year of schooling benefits are greater, in particular for girls. This means that the biggest gains may be made by doing more and better of what the education system is already supposed to be doing (Kelly, 2000).

Measures which have shown to be effective include:

- Abolishment of school fees paving the way for increasing access and reducing drop-out (especially among girls).
- Adopting Universal Primary/Basic Education.
- Establishing bursaries for marginalized children, with priority for girls where relevant.
- Introducing well designed school feeding and de-worming schemes.
- Devolving power to key stakeholders at local level through decentralizing budgets and putting in place legislation which requires the establishment of school boards which include better representation of parents and communities. PNG has embarked on a similar process through the ECBP. It may be useful to compare these experiences.
- Creating mechanisms for enforcing legislation ensuring that the rights of pupils and staff are protected, for example in the case of (sexual) abuse in schools.

Holding donors accountable for harmonization, alignment and sustainability

Various studies have highlighted what many of us have already experienced in practice, namely that effective HIV and AIDS responses to education require good coordination, harmonization among donors, and alignment with government plans and priorities - the so called "Three Ones" (UNAIDS). Committing to long term approaches and support is equally important. It has also become clear that while most partners have little reservations in committing to these principles, reforming the way in which business is done (i.e. changing donor practices) is a considerable challenge. Accountability can be enhanced among others by:

- Joint planning and budgeting sessions which bring together all major partners in the response.
- Annually reviewing progress on the implementation of the education plan with respect to HIV and AIDS.
- Committing to a series of principles in a Memorandum of Understanding (MoU) signed by all parties and ensuring that this MoU is monitored.
- Independent monitoring of progress, outcomes and impact.

These measures will be most effective where they are part of the regular functioning of the education system.

Monitoring progress against agreed upon benchmarks and indicators

Monitoring progress against a select number of carefully selected indicators and agreeing upon benchmarks for progress and on accountability mechanisms can be very effective, especially where these are part and parcel of established education review mechanisms. This includes integrating indicators in regular data collection. PNG has an excellent opportunity because of on-going work on developing an Education Management Information System (EMIS). The revised data collection form for schools should include a small number of carefully selected proxy indicators of HIV and AIDS (e.g. on orphans). In addition, it would be very useful if stakeholders could collectively agree on a small number of indicators of progress which would be annually monitored.

Community involvement in school improvement and HIV Prevention

Mozambique has combined major policy reform with specific activities to encourage involvement of parents and communities in school development. Abolishing school fees (which reduced a key barrier to schooling) resulted in a dramatic increase in access to schools and improved gender balance. However, schools now had no independent income. So a program combining the establishment and support of school boards with direct financial support to schools was put in place. Schools were initially given a strict and limited list of authorized purchases (chalk, exercise books, etc). By year two the direct support to schools had proven so successful that the program was expanded to include a specific percentage of funds for HIV and AIDS related activities such as peer education, outreach to communities, prevention activities for out of school youth, etc. The initiative has been very successful bringing together partners at local level, in placing HIV and AIDS in a broader development context and in creating greater commitment to HIV and AIDS activities and outcomes.

Establishing (anti-) AIDS Clubs

A number of countries have experimented very successfully with the establishment of AIDS Clubs in schools. In Rwanda the Ministry of Education launched AIDS prevention clubs in selected secondary schools in 1999. Such clubs now exist throughout Rwanda in both public and private institutions. Each club comprises 5-300 members participating under the teaching staff's guidance. These clubs aim to help adolescents learn about reproductive health, enable them to define and distinguish between prevailing STIs, address stigma and discrimination and teach students how to care for PLHIV. AIDS clubs also provide an excellent setting for encouraging peer education and for reaching out to young people who are not or no longer in school. Uganda has been a case in point where AIDS clubs in schools were provided valuable information to students, including to many of those who do not have easy access to health services. In some settings, the establishment of AIDS Clubs is linked to an increased demand and use of youth reproductive health services, condoms, contraceptives and counseling, and to reduced pregnancy rates (Rwanda, Malawi, Uganda, and Nigeria). The Uganda experience used many innovative peer education strategies (including drama, popular culture and community outreach) which had great appeal to youth, and provided important opportunities for raising gender issues and develop leadership skills.

9. Best Practices

This study also sought to identify and begin documenting best practices in the PNG education sector's response to HIV and AIDS. To guide the selection of these best practices a number of criteria for inclusion were used, including:

- Relevance to the nature and drivers of the epidemic.
- Innovativeness.
- Effectiveness.
- Ethical soundness.
- Potential for replication.

Other key criteria (such as cost-effectiveness and sustainability) could not be assessed in the short time available for this study but should be part of future endeavors when selecting best practices. It should be noted that this is not a systematic effort to collect best practices and that there are probably many equally or more important practices which remain to be documented. This report highlights only a few to encourage key stakeholders to learn from such experiences and to take to scale efforts that are showing impact.

HIV and AIDS as the themes for 2008 education year

In 2008 the NDoE designated HIV and AIDS as the lead theme for the department's activities. Throughout the year the NDoE has used a number of key events (such as the National Book Week and the National Literacy Week) to promote the role of literacy and education in HIV prevention. The strategy has been very successful in generating awareness, in putting the accent on specific strategies and in galvanizing support for prevention through education.

National HIV and AIDS teaching innovation competition for teachers

For the second year running the NDoE has collaborated with the PNG Business Coalition against HIV and AIDS (BAHA) in launching a national competition which awards prizes of PNGK1000 to teachers who present evidence of good teaching practice. In order to enter the competition teachers have to submit a package which must include the following: a) a well presented and easy to read unit of work; b) interesting student centered teaching and learning activities; c) the outcomes the students achieved; d) samples of student work such as stories, photos, artwork, posters, essays, graphs, drama; e) documentation of the behavior change that occurred (BAHA, 2008). The 2007 competition resulted in 22 teachers being awarded. The National Competition not only provides a way of encouraging teachers to implement the HIV and AIDS curriculum but also allows the NDoE to get insight into the approaches and materials used and into some of the areas where

further support is needed. Dissemination of the competition is done by the media and through posters distributed to schools. A brief analysis of the 2007 submissions highlighted the need to further improve training and support to teachers to improve the quality of their work.

Participatory approaches to development of policies and materials

The NDoE approach to developing policies and materials stands out for its participatory nature. All major policy documents and products around HIV and AIDS are based on iterative processes of broad consultation, joint drafting, and joint revision. In the process the NDoE and its partners have gone to great efforts to build on existing experience. The development of the HIV/AIDS Policy and Implementation Plan for the sector was, for example, based on a participatory analysis of policies from other countries (mainly Africa).

The products of the consultation are presented for approval by senior management once they have gone through this process. These consultations – while time consuming and potentially costly – have done much to enhance buy-in by key stakeholders (including NGOs and FBOs), contributed to coordination, enhanced capacity, and have also ensured that many of the products are of high quality. At the same time these participatory processes have pulled difficult agendas – such as condom promotion – above the table. While still contentious to some this has enhanced the dialogue and strengthened the NDoE capacity to defend its policy and position and resulted in a mentality change on the part of many individuals and partners. Products developed in this manner include key curriculum materials (such as teachers’ handbooks, units of work, in-service framework and modules and implementation guidelines), the HIV and AIDS policy for the sector, and more recently, the behavior management policy which was being discussed while this study was on-going).

10. Opportunities

A number of opportunities which the NDoE and its partners can build upon to further strengthen and expand the response were identified from the analysis. These include:

- Capitalizing on the momentum generated during 2008 HIV and AIDS Theme Year for the Sector by ensuring that particular activities or events during the year are used to promote this theme.
- Reviewing the HIV and AIDS Education Policy as foreseen in 2009. Commissioning a select number of studies and evaluations as a basis for this revision is likely to enhance the relevance and quality of this revision. This may also be an excellent opportunity to review the HIV/AIDS/STI Implementation Plan and to make sure that the revised version is costed and includes a prioritization of activities.
- Working closely with emerging PLHIV organizations to generate greater PLHIV involvement in the work in the sector.
- Ensuring early integration of HIV and AIDS as well as gender issues in the preparation of the Sector Wide Approach (SWAp), in the submission to the Education for All (EFA) Fast Track Initiative (FTI) and in the work that is being done by the working group on Universal Basic Education (UBE).
- Establishing close linkages with the national research agenda on HIV and AIDS to promote research around education and to ensure that education initiatives take account of emerging knowledge around HIV and AIDS in PNG.
- Collaborating with the finalization and roll-out of the national policy on Orphans and Vulnerable Children (OVC).
- Link HAMP Act more closely to NDoE policy and implementation guidelines and procedures in order to scale up a progressive and human rights based approach to HIV related responses, and hold authorities accountable.

11. Emerging recommendations

This study is being done as the HIV/AIDS/STI Implementation Plan is being rolled out. As was underscored earlier, it is early to assess outcomes and to get a sense of impact. Nevertheless this study provides an opportunity to document what has happened so far in PNG and to draw on perceptions of stakeholders and early indications of success and challenges to further fine tune the response. Informing this analysis with lessons from international practice and disseminating some of the very positive experiences from PNG will further enhance the quality of the program. In some ways – and as a number of stakeholders mentioned – the speed at which the epidemic is spreading (in particular among young people and girls) means that the hardest work is still to come. An important priority in this context will simply be to go to scale with activities that have been successful.

The study puts forward six main recommendations with a number of suggested activities for each. These are outlined in detail below. Many of these priority activities have resource implications and the NDoE may seek assistance from donor partners to cost these.

Emerging recommendation 1: Strengthen coordination of the education response internally and externally, build capacity, and enhance sustainability

This study highlighted the need to strengthen coordination, both within the education sector (across divisions of the NDoE) and with the overall response. This is critical to ensure that indispensable complementary support for teachers and pupils is in place (VCT, ART, sexual and reproductive health (SRH) services, social support, counseling, etc.) Priority activities to achieve this objective would include to:

- Conduct an in-depth analysis of coordination needs at the three identified levels. Design and roll-out a comprehensive coordination framework which is part of the NDoE institutional functioning and which includes a Steering Committee that is linked to thematic groups, an operational unit, and provincial and district structures. Ensure this analysis results in a clear outline of responsibilities of different levels, communication channels, accountability, and staffing implications and links all stakeholders.
- Recruit at least two senior level HIV Strategy Officers (Grade 15 at least) to coordinate the response as a matter of absolute priority and develop a staffing plan to gradually increase the number of local staff positions dedicated to HIV & AIDS and gender.
- Recruit at least 2 senior level Gender Officers (Grade 15 at least) to coordinate the implementation of gender related NDoE response.
- Discuss at senior levels of NDoE and ECBP why the above positions remain unfilled despite their allocation.
- Ensure that advisors are shadowed by NDoE personnel who have demonstrated their own commitment to, and interest in, HIV to ensure skills transfer.
- Prioritize coordination with the overall HIV response at central, provincial and district levels and ensure that these responsibilities are part of the terms of reference of key education staff (the mapping study can provide an indication of provinces and districts where quick gains may be made)
- Ensure good representation on coordination mechanisms of the national AIDS response and ensure education is represented at key events (such as discussions on the IRG reports).
- Middle management level – ensure terms of reference and assessment of staff reflect HIV and AIDS, hold staff at different levels accountable, reward efforts where appropriate.
- Engage with key partners to develop mechanisms for ensuring longer time-frames and more sustainable interventions.

Emerging recommendation 2: Prioritize learning from successful education initiatives and ensure that these are scaled-up.

PNG is facing a fast growing epidemic. The education sector has made a considerable contribution to the response. Successful activities should be scaled up to reach as many teachers and pupils as possible. Priority areas to support the scaling up of the response include:

- Establish a small full-time team for training and for supporting teachers and other education staff within the NDoE. This team should bring together staff from key divisions of the NDoE.
- Conduct a mapping exercise of education and other services at provincial and district levels and identify where opportunities exist for rolling out training in combination with essential services and support.
- Identify successful experiences, document and disseminate these to all stakeholders involved.
- Put in place mechanisms for ensuring that only provincially and nationally approved training takes place.
- Collaborate with other partners to encourage the establishment and roll-out of youth friendly centers based on the experienced gained by other stakeholders in order to increase the coverage of young people who are not in school and to ensure service provision to all children and young people.

Emerging recommendation 3: Identify and implement strategies for ensuring that the four focus areas of the Policy are implemented

Important progress has been made in the curriculum response to HIV and AIDS. Care and support, workplace issues and the management of the response will also need to receive priority attention for the synergies between the four focus areas to emerge and for the scaling up of the response to be possible. The following priority actions are suggested in this context.

- Conduct an impact assessment of HIV and AIDS on the education sector to inform strategies and priorities.
- Identify priority strategies and activities for each of the focus areas of the Plan.
- Sign a Memorandum of Understanding (MoU) with key external partners to commit to certain principles, practices and priorities in the response, including in terms of accountability and reporting.
- Review the education policy in 2009³.
- Develop context specific strategies for supporting and involving teachers living with HIV in key decision making and implementation bodies, in partnership with the teachers' union.

Emerging recommendation 4: Establish monitoring and evaluation mechanisms and procedures which provide insight into strategies that are effective

Scaling-up needs to go hand in hand with the establishment of strong monitoring and evaluation mechanisms. The following priority activities are put forward in this respect:

- Commission, as a matter of urgency, an external study to design and roll-out a simple methodology and research tools to periodically assess the outcomes and impact of key areas of the response (e.g. training, materials development, etc.). Experience from other countries may prove to be informative in this respect.
- Identify and agree on a small number of clear indicators and benchmarks for progress on all four focus areas of the Education Policy on HIV and AIDS and include those in the regular reporting mechanisms of the NDoE.

³ A review of the education policy in 2009 is foreseen in the policy itself.

- Agree on mechanisms for reviewing progress which involve all stakeholders. These mechanisms need to be part of (or at least closely linked to) standard NDoE processes for reviewing progress in the sector and should hold different divisions and stakeholders accountable.

Emerging recommendation 5: Prioritize a gendered approach to HIV & AIDS in the education sector

Gender issues are strong underlying drivers of HIV in PNG. The NDoE and its partners have prioritized attention to gender issues through a number of activities which were highlighted in this report. For the future, it is important that these activities become part of a gendered approach to HIV & AIDS by the sector. This will require a dual approach whereby gender considerations become part of all levels of planning, implementation, and reporting in the education sector, supplemented by targeted interventions for women and girls – or for men and boys if they are disadvantaged (Bradley, 2006). In this context suggested actions include:

Important areas of attention for the future – some of which build on efforts so far - should include:

- Conduct a gender audit/review of the education sector to identify current strengths as well as areas which need priority attention. Use the findings of this study to inform the revision of the Education HIV and AIDS Policy in 2009 and to ensure that links are made to underlying gender issues which affect HIV vulnerability and risk.
- Ensuring that education curricula and approaches address gender issues, social norms, and damaging notions of masculinity, from a very young (pre-adolescent) age
- Continuing efforts in improving school infrastructure, in particular to make schools more friendly to girls, through the recruitment of female teachers, construction of sanitary facilities, building of more rural schools, bursary schemes, improvement of boarding conditions, and continued support to SLIPs and BOM
- Continuing efforts at training teachers in gender and HIV & AIDS, including a focus on violence free sex as safer sex behavior and on initiatives which promote male behavior change
- Ensuring that schools and teachers implement sexual and reproductive health programs as is foreseen, monitoring these programs and guaranteeing that adequate attention is paid to issues of sexuality, gender and violence (at present teachers still have quite a bit of discretion in deciding what to teach and what to leave out)
- Ensuring teachers are trained to identify children, and particularly girls, in need of support, developing school based counseling and developing strong linkages with referral services where these exist
- Expanding school based programs focusing on changing male gender norms, and ensuring that these involve the broader community, including parents and out-of-school youth
- Ensuring sexual harassment laws and policies are disseminated, implemented and adequately enforced
- Developing capacity within the NDoE and at decentralized levels – including within the programs run by development partners – for gender responsive programming
- Sector wide monitoring of progress on key gender indicators (including on funding for gender related priorities), discussion of the results and feed back into decision making at sectoral and donor level. This should include the selection of a small number of indicators of progress around gender and HIV & AIDS, and ensuring that these are part of monitoring and evaluation mechanisms.
- Establish gender targets for the education response for HIV & AIDS and for the education response in general (such as coverage of orphans and vulnerable children disaggregated by gender, access to counseling and referral, transition rates in schools, etc.).
- Liaising with key gender initiatives outside of the education sector such as the Office for Development of Women.

Emerging recommendation 6: Ensure that HIV and AIDS specific work is complemented with a strong emphasis on mainstream educational improvement.

Education in itself offers a good measure of protection against HIV. Addressing key constraints to access, to transition, performance and completion can be as (or possibly even more) effective than specific interventions aimed at increasing HIV and AIDS related knowledge, attitudes and practices. Suggested actions include:

- Ensuring that the SWAp addresses key structural and organizational issues which affect performance (such as teachers not being at school during class time). Recognize this is a medium term issue.
- Abolish school fees, at least at primary level.
- Establish incentives for girls' participation which are appropriate to the different levels of the system.
- Develop and put into place a SWAp which effectively mainstreams HIV and AIDS in education.
- Submit the proposal for the FTI for endorsement with a strong HIV and AIDS focus.

Specific recommendations for AusAID (and other donor partners)

- Meet with the NDoE to discuss this report's emerging recommendations, as well as the Department's priorities and resourcing requirements for implementing relevant recommendations.
- Use the findings of this report and the relevant recommendations to further dialogue with the NDoE on the design and the implementation of the education SWAp. This can include:
 - The introduction of incentives such as bursaries for girls and marginalized children as part of the SWAp.
 - The establishment of mechanisms for providing direct financial support to schools for specific activities aimed at encouraging that girls enroll at the recommended age and at promoting progression and transition of girls through the education system.
 - Seek assistance from groups such as the UNAIDS Inter-Agency Task Team on Education (IATT) to identify relevant indicators to measure progress on gender and HIV & AIDS in the context of the Education SWAp.
 - Continued support to the progressive abolishment of school fees at primary level to improve girls' enrolment and retention.
 - Take into account some of the best practices reflected in this report (and in similar analysis) in dialogue on the design of the education program.
- Ensure education is comprehensively incorporated in AusAID's sub-national strategies to help strengthen provincial leadership and strategies.
- Ensure HIV and AIDS and gender are genuinely mainstreamed in AusAID's priority agenda for PNG and in monitoring and reporting.
- Facilitate cross-sectoral cooperation (education, law and justice, health, community development) via AusAID support to each department.
- Consider ways to support the NDoE to conduct a gender audit, perhaps with mentoring between NDoE staff and AusAID-funded advisors, including the recently appointed gender advisors in the ECBP and BEPD while these programs continue.
- Assist the NDoE to draft terms of reference /job statements for middle management that include specific HIV & AIDS and gender responsibilities/accountability.
- Work in close coordination (among external partners) in supporting the education sector and in taking forward this report's recommendations to ensure harmonized approaches in line with aid effectiveness principles.
- Commit to supporting comprehensive monitoring and evaluation.
- Progressively work towards integration of externally funded projects and commit to ensuring longer time-spans and greater sustainability.

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Appendix 1- Terms of Reference (Abbreviated Version)

Case study analysis of the education sector response to HIV/AIDS in Papua New Guinea

HIV/AIDS Education in Papua New Guinea

HIV/AIDS presents a significant development challenge in Papua New Guinea and as a lead donor Australia is committed to supporting a successful multi-sectoral response to the epidemic. AusAID's primary support is through the Papua New Guinea - Australia HIV and AIDS Program *Sanap Wantaim*⁴, which works across a number of sectors including education.

School-based education has a key role in both prevention and mitigation of the impact of HIV/AIDS and mainstreaming HIV/AIDS into the education sector includes incorporating HIV/AIDS into policies and services - professional development, curriculum guides, employment policies, student enrolment, staff and student welfare. Experience has shown that education personnel face a number of challenges in supporting mainstreaming of HIV and AIDS, such as starting and sustaining dialogue with key community leaders, working in decentralised systems, providing teacher training and curriculum support. While the main responsibility for mainstreaming lies with Ministries of Education, development cooperation agencies (such as AusAID), NGOs and other civil society organisations play a key supportive role.

The Government of PNG has taken a lead in mainstreaming HIV/AIDS into the education sector by developing the *HIV/AIDS Policy for the National Education System of Papua New Guinea, 2005* and the *HIV/AIDS/STIs Implementation Plan 2007-2010*. The implementation of this policy is supported by AusAID as a component of the Education Capacity Building Program (ECBP). HIV/AIDS mainstreaming activities are also supported through the AusAID-funded Basic Education Development Project.

HIV/AIDS is the national education theme for 2008 and an early analysis of the education sector response to HIV/AIDS through the *HIV/AIDS/STIs Implementation Plan 2007-2010* will inform the PNG Department of Education, donors and other agencies for future sectoral planning and resource allocation for effective HIV/AIDS mainstreaming in education.

Purpose of the assignment

AusAID's Education Thematic Group (ETG) requires a consultant to provide a case study analysis of the education sector response to HIV/AIDS in PNG and how HIV/AIDS is affecting the sector.

The case study analysis will inform the Government of PNG and AusAID on the practical situation facing the HIV/AIDS program in PNG, in relation to the education sector. It will provide an expert perspective on successful interventions and critical success factors, emerging challenges and any intractable issues in mainstreaming HIV/AIDS into the PNG education sector, bringing independent international expertise and current thinking in the area to inform future policy dialogues between relevant PNG Government Departments and AusAID over support for sectoral priorities.

⁴ Papua New Guinea-Australia HIV and AIDS Program Sanap Wantaim (\$100 million, 2007-2010), which is working through PNG Government systems as well as with civil society and the private sector to prevent the spread of HIV and provide treatment, care and support for those infected and affected by HIV

Scope of assignment

The consultant will critically discuss achievements and challenges in developing and implementing the *HIV/AIDS Policy for the National System of Education in PNG* (the Policy) and the *HIV/AIDS/STIs Implementation Plan 2007-2010* (the Plan), providing recommendations on ways to improve implementation, where appropriate. This will include analysis of:

- activities and targets proposed to implement the key strategies in the Plan;
- level of coordination among organisations responsible for implementation of activities in the Plan;
- challenges, limitations and/or intractable issues experienced in implementing the Plan;
- contribution and alignment of the Plan with the national HIV/AIDS program and the National AIDS Council;
- the extent to which gender considerations are addressed;
- effective measures for monitoring and impact assessment; and
- appropriate actions to strengthen the education sector contribution to the national HIV/AIDS response and facilitate implementation of the Plan.

Methodology and timing

The case study analysis will take up to 20 days. The consultant will consult with relevant people involved in the development and implementation of the Policy and Plan, in PNG and elsewhere. This will include:

- The PNG Department of Education and other relevant government department personnel; AusAID staff; school staff and students, including those in at least one provincial school; and other key agencies such as UNAIDS, UNICEF, UNFPA and GFATM.

The consultant will:

- review existing documents, including annual workplans and progress reports on implementation of the *HIV/AIDS Policy for the National System of Education in PNG*, relevant components of the *Education Capacity Building Program (ECBP)* and the PNG –Australia HIV and AIDS Program *Sanap Wantaim*.

Expected outputs

An aide memoire, summarising preliminary findings will be presented in PNG following consultations. A case study report will be provided that includes an executive summary of no more than 5 pages and a main report of up to 15 pages, with appropriate annexes. The report will be submitted in draft and then finalised based on feedback from the advisory group.

The report will include:

- a summary of key stakeholder perspectives on achievements and challenges in providing an effective education sector response and coordinating activities across sectors;
- a critical analysis of progress and challenges in commencing to implement the HIV/AIDS/STIs Implementation Plan 2007-2010, providing specific examples to illustrate the argument and enliven the report;
- an expert analysis of actions that contribute to an effective education response to HIV/AIDS - with a particular focus on organisational harmonisation, sectoral alignment and successfully addressing gender issues;
- a range of proposals for the Government of PNG, AusAID and other organisations to consider that would improve implementation of the Policy and Plan.

Appendix 2 – Interview Guideline

Case Study of Education Response to HIV & AIDS in Papua New Guinea – Generic interview Guideline

Name:

Function:

Location of interview:

Date of Interview:

N.B. Start with a brief introduction on the purpose of the case study, the output (aide memoire) and the process for feedback on the main conclusions/recommendations.

1. What are in your opinion the two to three biggest achievements in the HIV & AIDS response so far?
2. What have been the main gaps in the response? Why? At what levels are these gaps felt most strongly?
3. What areas of the HIV and AIDS implementation plan are seeing most success? What is critically missing?
4. What gender issues most urgently need to be addressed with respect to HIV and AIDS? How is this being done? And with what results?
5. What have been the main challenges in implementing the education sector implementation plan on HIV and AIDS?
6. How is the education response coordinated (nationally and regionally)? How is the education sector linked to the overall response? How effective is the coordination overall?
7. What has been the specific contribution of your organization (financial, technical assistance, coordination, monitoring, research, etc. – only prompt if necessary)? What have been strengths and weaknesses?
8. How is the implementation of the education response to HIV and AIDS being monitored? What research has been conducted? How?
9. How will we know in a few years whether the HIV & AIDS strategy has had the impact that was foreseen? What evidence, if any, do we have of this impact so far? (in terms of teacher preparation, care and support, knowledge, attitudes, behaviors, etc; - only prompt on these if necessary).
10. What are the key challenges for the coming three to five years? How are these challenges to be addressed?

Appendix 3 – List of Persons Met

Name	Organization
Joe Anang	HIV/AIDS Consultant, UNAIDS
Flavia Arnold	BEPD
Ian Boden	Lecturer in Broadcasting and Media, Divine Word University, Madang
Dr. Shalini Bharat	Professor and Dean School of Health Systems Studies, Tat Institute of Social Sciences, Mumbai
Dr Jeff Buchanan	EDUCAIDS Unesco Paris (former consultant to NDoE)
Joe Bukikun	Resource Officer, Business Association of PNG
Simon Ellis	BEPD, Department of Education
Mali Endolo	BEPD, Department of Education
Sofia Ericsson	Sanap Wantaim, AusAID
Wendy Gilson	Curriculum Unit, Department of Education
Chris Graham	Second Secretary, AusAid
Ellen Hau	Senior Program Officer, AusAid
Richard Jones	HIV/AIDS Advisor, Education Capacity Building Program
John Kian	Programme Officer UNFPA
Jenny Richard Kome	National Women’s Representative, PNG Teachers Association
Henry Konoka	Programme Officer Education, AusAid
Hennie Kama	Snr Project Officer, Save the Children Goroka
Lepapa Kopi	Guidance Officer, Department of Education, National Capital District
David Lowe	First Secretary, AusAid
Ben Mallari	Acting Assistant Director Guidance and Counselling
Dr. Ninkama Moiya	Sanap Wantaim, AusAid
Stanley Oluword	Programme Support Officer, AusAid
Maria Nepel	Partnership and Social Mobilization Officer, UNAIDS
Jenny Nindil	Guidance Officer, Department of Education Wabag, Enga Province
Piwen Marupi	PNG Family Health Association
Delphine Nua	HIV/AIDS Programme Coordinator, Hope Worldwide, Boroko
Dr. Gairo Onagi	Vice Chancellor, University of Goroka
Abraham Opito	Advisor to Sanap Wantam
Romanus Pakure	Acting Director, National Aids Council Secretariat
Dr. Joseph Pagelio	Secretary, Department of Education
Michael Pearson	Teacher Services Commission, Department of Education
Priscilla Raschei	Research Division, Department of Education
Keith Stebbins	BEPD, Department of Education
Dr. Michael Tapo	First Assistant Secretary, Department of Education
Naomi Uupae	Eastern Highlands Family Voice
Mitsue Uemura	Project Officer Education, UNICEF
Christi Morf	UNICEF
Mr Walipe Winge	Assistant Secretary, Teacher Education Division, Department of Education
Rhona Yabri	Executive Director, PNG Family Health Association
Dr. Kini James Yoko	Pro Vice Chancellor – Administration, University of Goroka
Kate Butcher	Independent Consultant on Mainstreaming of HIV and AIDS
Keith Stebbins	Coffey Advisor, BEPD
Anne Malcolm	Sanap Wantam, Advisor
Tony McGee	Director, Program Quality and Review, PNG Branch Canberra
Fred Brooker	Education Sector Adviser, National Department of Education, AusAID, Port Moresby

Group of In-Service Teachers

Name	Organization
Paul Erem	West New Britain
Rodney Kipoi	Southern Highlands Province
Maitona Wagola	Western Province
Lillian Silas	East Sepik Province
Beverly Tatsi	Autonomous Region of Bouganville
Shola Manembe	East Sepik Province
Pepi Paru	Milne Bay Province
Mary Sylvia Ganisi	Milne Bay Province
Rachel Lalio	Southern Highlands Province
Anna Kiarra	National Capital District
Miriam Parinjo Yawing	Morobe
Peter Onsirap	Central
Ignas Hombi	Eastern Sepik Province
Harry Maragum	Eastern Sepik Province
Dianne Buna	Eastern Sepik Province
Managub Baru	Morobe
Anna Mou	West New Britain
Joanne Isu	West New Britain
Steven Anne	Central
Walter Yakas	East Sepik Province
Danny Kaks	Simbu
Simon Geamsa Lees	Morobe
Craig Yoga	Southern Highlands Province
Anwa Amoko	Central
Chris Kena	Autonomous Region of Bouganville
Roga Eric	National Capital District
Mark Cephas	East Sepik Province
Jennie Richard Kome	Central Province