

Annual Work Plan (Cover Page)
HIV and AIDS Task Team
Country: Papua New Guinea

UNCP Outcome:

The government of PNG, and its partners in the HIV response, are more able to deliver on the rights of people in PNG in access to prevention, care, treatment and support as foreseen in the National HIV and AIDS Strategy

Expected Intermediate Outcome(s)

By 2015, the GoPNG and its partners have strengthened capacity in delivering on the goals and strategic priorities of the National HIV and AIDS Strategy.

Expected Output(s):

1. By 2015, the Government will have increased capacity to protect human rights in the context of HIV for Most at Risk populations, in alignment with the NHS strategic objective 2.4.3; with a particular focus on men who have sex with men, transgender, sex workers and those who engage in transactional sex and their clients, people living with HIV, prisoners, people who use and/or inject drugs, women at higher risk, children, and HIV affected families with specific emphasis on young populations in those groups by:
 - a. Progressing initiatives to remove punitive legal measures that impact on same sex attracted people and sex workers, (NHS PA 3: SO 2.4.2)
 - b. Ensuring the update of the HAMP ACT and improved implementation (NHS PA 3:SO 2.4.1)
 - c. Progressing the reform of identified legislation (NHS PA 3: SO 2.4.2)
 - d. Ensuring the implementation of the Lukautim Pikinini Act 2009 in relation to children affected/infected with HIV (NHS PA 2: SO2.3)
 - e. Through advocacy and technical assistance, ensure the youth voice and participation in the HIV response, particularly the youth most at risk of HIV. (NHS PA 2: SO 2.2)
2. By 2015 health related HIV services are integrated with mainstream services in the following specific areas:
 - a. PPTCT and EPI programmes with MCH programmes (NHS PA 1: SO1.2.1; NHS PA 2: SO 2.2.3)
 - b. Testing and treatment services for HIV, TB and STIs (NHS PA 2: Cluster 1.1)
 - c. HIV and STI services with S & RH, with a particular focus on groups who currently under utilise the services (PLHIV, men, young people, transgender, sex workers), (NHS PA 2: SO 2.1.5: NHS PA 2: SO 1.1.7; NHA PA 1: SO 2.2.3)
 - d. HIV and STI surveillance and monitoring into the National Disease Surveillance programme (NHS PA 3: SP 1)
 - e. The provision of HIV commodities is integrated into the procurement and supply systems, incorporating condom

- programming and condom social marketing as an integral part of commodity management. (NHS PA 1: 1.2.4)
- f. Improve quality assurance mechanisms in HIV testing, care and treatment programmes for PLHIV with an emphasis on referral process, ensuring continuity of services, and mechanism to support adherence
3. By 2015 national partners have the capacity to collect, manage, analyse, disseminate and use strategic information (NHS Goal 1) to guide the response with particular focus on:
 - a. Improving the systems in place to collect, communicate and utilise evidence to target prevention, treatment and protection programmes to the groups most at risk (including emerging groups) and to provinces/centres with high prevalence, (NHS PA 1: SO 2.4.1; NHA PA 3: SO 1.1 – 1.5)
 - b. Ensuring that the GoPNG HIV national and global reporting is timely and accurate.
 4. By 2015, coordination, partnership and leadership mechanisms needed to achieve the NHS are supported and facilitated with specific focus on:
 - a. Integrating risk management best practice into all capacity building initiatives for leadership and organisations amongst the most-at-risk groups (NHS PA 3: SO 2.1.8, 2.2.1, 2.3.3, 2.5.5)
 - b. Reducing the duplication of capacity development programmes provided for leaders and organisations in most-at-risk groups (NHS as above),
 - c. Supporting the principle of increased provincial engagement in the PNG response particularly with those provinces with less local leadership. (NHS PA 3: SO 3.1.2 & 3.2)
 - d. Convening and facilitation of Rural Community Engagement through CCE-CC partnering DFCD & NACS.

Implementing partner:

National AIDS Council Secretariat (NACS) and National Department of Health (NDoH)

Responsible Parties and other Partners:

NACS, NDoH, Department of Community Development (DfCD), Special Parliamentary Committee on HIV, PNG Alliance of Civil Society Organisation (PACSO), National Department of Education (NDoE), National HIV and AIDS Training Unit (NHATU), Department of Provincial and Local Government Administration (DPLGA), Igat Hope, Provincial AIDS Committee Secretariats (PACS)

Participating (Agencies):

UNAIDS, UNDP, UNESCO, UNFPA, UNICEF, UNWomen, WHO

Narrative

This annual work plan is the first AWP developed under the UN Development Assistance Framework (UNDAF) for 2012 – 2015, which has been developed to realign the UN support with the Government of PNG development plan. The AWP is based upon and is designed to support the implementation of the National HIV and AIDS Strategy (NHS) 2011 – 2015.

Element of the budget	Estimated budget in USD	Funded in USD	Unfunded in USD
Output 1	707,000	502,000	205,000
Output 2	1,561,000	1,036,000	525,000
Output 3	331,900	226,900	105,000
Output 4	567,500	352,500	215,000
Output 5	37,500	37,500	0
AWP Total	3,204,900	2,154,900	1,050,000

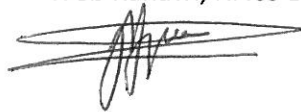
Implementing Partner
Date: 13 APRIL, 2012

Hon. Jamie Maxtone-Graham, Minister for Health and HIV




Implementing Partner
Date: 15/3/2012

Web Kanawi, NACS Director



(Mr Philip Teapo, NACS Director, di)

UN Task Team Leader
Date: 14/3/2012

Stuart Watson, UNAIDS Country Coordinator



Expected output	Indicators	Baseline	Annual Target
<p><i>Output 1.1: By 2015, the Government will have increased capacity to protect human rights in the context of HIV for Most at Risk populations (MARPs), in alignment with the NHS strategic objective 2.4.3; with a particular focus on men who have sex with men, transgender, sex workers and those who engage in transactional sex and their clients, people living with HIV, prisoners, people who use and/or inject drugs, women at higher risk, children, and HIV affected families with specific emphasis on young populations in those groups by:</i></p> <p><i>a. Progressing initiatives to remove punitive legal measures that impact on same sex attracted people and sex workers, (NHS PA 3: SO 2.4.2)</i></p> <p><i>b. Ensuring the update of the HAMP ACT and improved implementation (NHS PA 3:SO 2.4.1)</i></p> <p><i>c. Progressing the reform of identified legislation (NHS PA 3: SO 2.4.2)</i></p> <p><i>d. Ensuring the implementation of the Lukautim Pikinini Act 2009 in relation to children affected/infected with HIV (NHS PA 2: SO2.3)</i></p> <p><i>e. Through advocacy and technical assistance, ensure the youth voice and participation in the HIV response, particularly the youth most at risk of HIV. (NHS PA 2: SO 2.2)</i></p>	<p>Criminal Code Act 1974 (Sections 120, 123, and 212) Summary Offences Act 1977 (Sections 55, 56, and 57) and the HAMP Act reviewed and updated to create a more supportive and protective environment</p> <p>Percentage of national M&E indicators related to most at-risk populations which report an age and sex-disaggregated figure</p> <p>HLM Targets and Indicators related to this output: Target 1 - Reduce sexual transmission of HIV by 50 percent by 2015 (1.7 Percentage of sex workers reached with HIV prevention programmes. 1.11 Percentage of men who have sex with men reached with HIV prevention programmes) Target 7 - Critical enablers and synergies with development sectors (7.1: national Commitments and Policy Instruments related to prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation)</p>	<p>0</p> <p>30%</p>	<p>1</p> <p>40%</p>
Specific Output Area			
a. Progressing initiatives to remove punitive legal measures that impact on same sex attracted people and sex workers, (NHS PA 3: SO 2.4.2)			
Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor	Budget description	UN Agency
i. By the 31 December of 2012 the JUNTA will have undertaken at least 10 high level strategic engagements with leaders and legislators (including the membership of the Parliamentary Committee on HIV) in order to get them to commit to developing and supporting the adoption of appropriate legal measures in the 2012 parliamentary sessions.		NACS, Parliament (SPC on HIV)	UNDP/UNAIDS

Activities	Q1	Q2	Q3	Q4	Source of funds (Named: a) Govt. b) UN/core. c) Donor	Budget description	Resp. Party	Amount (unfunded)	Amount (unfunded)
1.1.a.i.1. Contribute to 5 high level initiatives with leaders and legislators (incl. membership of the Parliamentary Committee on HIV) to secure commitment to the adoption of HIV responsive legal measures in the 2012 parliamentary sessions.		x	x	x	b) UNAIDS	Meetings		\$23,000	nil
1.1.a.i.2. Incorporate the recommendations of the Auckland Declaration on HIV, the Law, Human Rights and Ethics into the JUNTA Annual Work plan 2012 & 2013 activities on progressing the reform of identified legislation that impacts on the MARPs.			x	x	b) UNAIDS	TA		nil	nil
1.1.a.i.3. Engage high level government officers and legislators in national dialogues/meetings/ workshops aimed at promoting and sharing best practices on Human Rights and HIV, other legal and policy frameworks that affect HIV response	x	x	x	x	b) UNDP	Workshops		\$5,000	\$5,000
Subtotal								\$28,000	\$5,000
Annual Deliverable									
ii. By the 31 December of 2012 the JUNTA will have provided Technical Assistance to the Government of PNG in its development of social protection initiatives so they are HIV sensitive and addressing the protection needs of Most At Risk populations / individuals.									
Activities	Q1	Q2	Q3	Q4				Amount (funded)	Amount (unfunded)
1.1.a.ii.1. Through short term technical assistance support the participation of Most At Risk Populations in consultations to develop social protection initiatives and policy		x	x		b) UNDP	Travel, TA		\$10,000	nil
1.1.a.ii.2. Support Igat Hope, PACSO and NACS to conduct an assessment and report on the socio-economic vulnerability /impact of HIV at individual and community level.	x	x	x		b) UNDP	TA		\$10,000	\$15,000
1.1.a.ii.3. Engage provincial leaders through consultations in a maximum of 4 provinces to integrate/mainstream HIV into the existing social protection schemes and during the development of the PNG Social protection policy	x	x	x	x	b) UNDP	Consultations		\$10,000	nil
1.1.a.ii.4. Support at least 4 Civil Societies/Networks from 4 provinces with economic empowerment initiatives (e.g. business skills training, small grants) targeting women living with HIV.	x	x	x		b) UNDP	Cash, TA		\$10,000	\$15,000
1.1.a.ii.5. Safe Cities & Partnerships to Improve Markets projects: Mainstreaming of HIV into the appropriate bylaws, policies and legislation that relate to the provision of Markets in Port Moresby and 2 Provinces in the Highlands		x	x	x	b) UNWomen	TA		nil	nil

<p>1.1.a.ii.6. For the Market project in POM and in the 2 provinces UNWomen is to facilitate the provision of: a) HIV & gender Billboards in 3 markets in POM and 2 in the selected Highland provinces. b) A feasibility assessment of regular condom distribution in at least 3 markets in POM and the 2 Highland provinces c) 1 performance of Theatre skits per market per month in at least 3 markets in POM and 2 in the Highland provinces d) Two HIV movies per year in the Mobile Cinema at POM</p>	x	x	x	b) UNWomen	TA, Supply,	\$60,000	nil
Subtotal					\$100,000	\$30,000	UN Agency
<p>Annual Deliverable</p> <p>iii. By the 31 December of 2012 technical assistance will have been provided to draft relevant legislative changes for in the 2012 parliamentary sessions.</p>	<p>Source of funds (Named): a) Govt. b) UN/core. c) Donor</p>				Budget description	Resp. Party	UN Agency
	<p>Activities</p>				NACS, Parliament	UNDP	
<p>1.1.a.iii.1. Technical assistance to NACS to conduct a situational analysis activity of the existing legal impediments on access to HIV related services and disseminate report</p>	x	x	x	b) UNDP	TA	\$10,000	nil
<p>1.1.a.iii.2. Support consultations with FBOs and CSOs towards the possible review of existing HIV related legislations and bills (HAMP Act 2003, Criminal Code Act, Summary of offences Act, etc.)</p>	x	x	x	b) UNDP	TA	\$5,000	\$5,000
<p>1.1.a.iii.3. Provide technical assistance to build the advocacy capacity of Sex Work, MSM, Transgender and PLHIV CSOs to address legal impediments to full protection of human rights in the HAMP ACT</p>	x	x	x	b) UNAIDS	TA	\$45,000	nil
Subtotal					\$60,000	\$5,000	\$5,000
Specific Output Area							
b. Ensuring the update of the HAMP ACT and improved implementation (NHS PA 3:SO 2.4.1)							
<p>Annual Deliverable</p> <p>i. By the 31 December of 2012 the JUNTA will have advocated and assisted key agencies such as RPNGC, Legal Training Institute, Corrections, Lands (inheritance rights) to identify priorities and plans for strengthening implementation of the HAMP Act ensuring the needs and rights of; men who have sex with men, transgender, sex workers and those who engage in transactional sex and their clients, people living with HIV, prisoners, people who use and/or inject drugs, women at higher risk, children, and HIV affected families with specific emphasis on young populations in those groups.</p>	<p>Source of funds (Named): a) Govt. b) UN/core. c) Donor</p>				Budget description	Resp. Party	UN Agency
						NACS	UNDP

Activities	Q1	Q2	Q3	Q4	Amount (funded)	Amount (unfunded)
1.1.b.i.1. Through a short term consultancy support RPNCG, Legal Training Institute, Corrections, Lands (inheritance rights) to develop plans for strengthening the HAMP Act.	x	x	x	x	\$5,000	nil
Subtotal					\$5,000	\$0
Specific Output Area						
c. Progressing the reform of identified legislation (NHS PA 3: SO 2.4.2)						
Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor				Resp. Party	UN Agency
i. By the 31 December of 2012 the JUNTA will have identified, timetabled and implemented three priorities as follow up actions to the National Dialogue on HIV and the Law held in 2011 which will progress the understanding of the issues inherent in the legislative reform process.	Budget description				NACS	UNDP
Activities	Q1	Q2	Q3	Q4	Amount (funded)	Amount (unfunded)
1.1.c.i.1. Support NACS in the implementation of the Leadership Engagement Framework plan, at various levels (National, Provincial, District, village) – Targeting 4 provinces	x	x	x	x	\$20,000	nil
Subtotal					\$20,000	\$0
Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor				Resp. Party	UN Agency
ii. By the 31 December 2012 the JUNTA will have identified, recruited and funded local champions from civil society and government institutions to implement the three follow up actions (e.g. lobbying around legislative reform)	Budget description				Parliament (SPC AIDS), NACS	UNDP
Activities	Q1	Q2	Q3	Q4	Amount (funded)	Amount (unfunded)
1.1.b.ii.1. Conduct Transformational Leadership Development Programme (TLDP) for the enrolled leaders for FBOs		x	x		\$25,000	nil
1.1.b.ii.2. Influencing of media partnerships through the Pacific Islands News Association and other media outlets, and facilitating training of PNG journalists, to improve human rights based reporting on HIV and human rights.	x	x	x	x	\$24,000	nil
Subtotal					\$49,000	\$0
Specific Output Area						
d. Ensuring the implementation of the Lukautim Pikinini Act 2009 in relation to children affected/infected with HIV (NHS PA 2: SO2.3)						

The JUNTA reassessed comparative advantage and decided to not deliver on this specific output area in 2011										
Specific Output Area										
e. Through advocacy and technical assistance, ensure the youth voice and participation in the HIV response, particularly the youth most at risk of HIV. (NHS PA 2: SO 2.2)										
Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor	Budget description	Resp. Party	UN Agency	Quarterly Progress				Amount (unfunded)	
					Q1	Q2	Q3	Q4		
i. By the 31 December of 2012 the NDoE will have been assisted by JUNTA in developing the components of the national HIV and AIDS implementation plan for 2012-15 that are centred on and around young people who are men who have sex with men, transgender, sex workers and those who engage in transactional sex and their clients, people living with HIV, prisoners, people who use and/or inject drugs, young women at higher risk, young people and HIV affected families										
Activities										
1.1.e.i.1. Conduct Transformational Leadership Development Programme (TLDP) for the youth groups	b) UNDP	Workshops	\$25,000	nil		x	x			
1.1.e.i.2. Support NDoE to improve understanding of the Behaviour Change Management Policy which has potential to protect children and young people, especially girls from sexual harassment and HIV-related stigma and discrimination through advocacy and awareness training in 4 regional (Mamose, Highlands, Southern and NGI) workshops with all School Administrators and Teachers.	b) UNESCO	Workshops	\$30,000	\$50,000		x	x	x		
1.1.e.i.3. UNESCO to support partners (NDoE & PNGTA) to participate in relevant international HIV and AIDS /Education conferences	b) UNESCO	Grants	\$10,000	\$10,000					x	
1.1.e.i.4. To support the NDoE to conduct advocacy and awareness-raising around the reviewed HIV and AIDS Policy for all School Administrators and Teachers.	b) UNESCO	TA, Workshops, Printing	\$30,000	\$50,000		x	x	x		
1.1.e.i.5. Coordinate and strengthen partnerships with PNG Youth Parliament, UN UNDAF Working Group on Youth and other similar agencies to assist in developing advocacy activities of young peoples in the MAR groups.	b) UNAIDS	TA	\$5,000	\$30,000		x	x	x		
Subtotal				\$100,000	\$140,000					
Annual Deliverable										
Source of funds (Named): a) Govt. b) UN/core. c) Donor		Budget description		Resp. Party		UN Agency				

ii. By December 2012 JUNTA will have assisted NAHTU to:										NAHTU	UNFPA
<ul style="list-style-type: none"> o Evaluate the pilot 'Out of School' programme o Implement resulting changes needed o Advocate to NACS to resource NAHTU to implement further out of school youth training programmes using the evaluated and adapted training programmes 										Amount (funded)	Amount (unfunded)
Activities	Q1	Q2	Q3	Q4							
1.1.e.ii.1. Technical and financial assistance provided to the PACS in ARB, Central, Enga and Morobe provinces	x	x	x	x	b) UNFPA	TA				\$50,000	\$0
1.1.e.ii.2. Technical assistance provided to NHATU to amend/adapt the Training of Trainer(TOT) & peer education programmes and to deliver in Enga Central, Morobe and Western Highlands. This will be in the current approved format with additional Training IEA materials using those Trainers that have been certified by NHATU.	x	x	x	x	b) UNFPA	TA				\$30,000	\$0
1.1.e.ii.3. Refresher training held by NAHTU for master trainers for prevention programmes for out-of-school youth	x				b) UNICEF	grants				\$40,000	nil
1.1.e.ii.4. Four Workshops to be conducted using the current newly developed and approved HIV Prevention National Sexuality Education for 'Out of School' Young People. Materials will be printed and used for Training.	x	x	x	x	b) UNFPA	TA, Workshops, Printing				\$20,000	\$25,000
Subtotal										\$140,000	\$25,000
Annual Deliverable											UN Agency
iii. By end 2012 through fully gender sensitized peer education and support programmes, at least two tertiary institutions activities focusing on HIV, STIs, and sexual and reproductive health, will have been implemented with follow up impact assessments to be implemented at planned future date.										UNPNG/UoT	UNFPA
Activities	Q1	Q2	Q3	Q4						Amount (funded)	Amount (unfunded)
1.1.e.iii.1. Two staff provided to deliver technical assistance in data collection, material development and 'Out of School' peer education programme support for UoT and U of Technology	x	x	x	x	b) UNFPA	TA				nil	\$0
Subtotal										\$0	\$0
Total for Output 1.1										\$502,000	\$205,000
Expected output										Baseline	Annual Target
Output 1.2: By 2015 health related HIV services are integrated with mainstream services in the following specific areas:										45 (2009)	120
a. PPTCT and EPI programmes with MCH programmes (NHS PA 1: SO1.2.1;											
Indicators											
Number of health care facilities providing ANC services that offer both HIV testing and counselling for pregnant women											

<p>NHS PA 2: SO 2.2.3)</p> <p>b. Testing and treatment services for HIV, TB and STIs (NHS PA 2: Cluster 1.1)</p> <p>c. HIV and STI services with S & RH, with a particular focus on groups who currently under utilise the services (PLHIV, men, young people, transgender, sex workers), (NHS PA 2: SO 2.1.5: NHS PA 2: SO 1.1.7; NHA PA 1: SO 2.2.3)</p> <p>d. HIV and STI surveillance and monitoring into the National Disease Surveillance programme (NHS PA 3: SP 1)</p> <p>e. The provision of HIV commodities is integrated into the procurement and supply systems, incorporating condom programming and condom social marketing as an integral part of commodity management. (NHS PA 1: 1.2.4)</p> <p>f. Improve quality assurance mechanisms in HIV testing, care and treatment programmes for PLHIV with an emphasis on referral process, ensuring continuity of services, and mechanism to support adherence</p>	<p>Percentage of pregnant women attending ANC services testing for Syphilis (STI)</p> <p>Percentage of TB clients who had an HIV test result recorded in the TB register</p> <p>Percentage of STI clients who received HIV test and know their results</p> <p>Percentage of health facilities that offer paediatric ART (that is, prescribe and/or provide clinical follow-up)</p> <p>Percentage of ART services that are linked to HBC and other family and community support services</p> <p>Number of ART centres implementing HIVQUAL Programmes</p> <p>Percentage of health care facilities delivering ART services that report stock out of test kits in the last 12 months</p>	<p>12% (2009)</p> <p>5% (2009)</p> <p>12% (2010)</p> <p>3% (2009)</p> <p>-</p> <p>8</p> <p>2%</p>	<p>20%</p> <p>12</p> <p>30%</p> <p>7%</p> <p>50%</p> <p>12</p> <p>1%</p>
<p>Specific Output Area</p> <p>a. PPTCT and EPI programmes with MCH programmes (NHS PA 1: SO1.2.1; NHS PA 2: SO 2.2.3)</p>			

Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor				Budget description	Resp. Party	UN Agency
	Q1	Q2	Q3	Q4			
i. By the 31 December of 2012, NDoH will have improved the coordination of key stakeholders implementing PPTCT and Paediatric AIDS through establishment of national and regional coordination teams, broadcasting technical updates, and producing annual progress reports that captures contribution by major partners.							
Activities						Amount (funded)	Amount (unfunded)
1.2.a.i.1. Support NDoH to conduct quarterly technical PPTCT and Paediatric AIDS coordination meetings at national (4 per year) level and an annual planning and review meeting for technical PPTCT and Paediatric AIDS partners.		x	x	x	TA	\$75,000	nil
1.2.a.i.2. Support a technical meeting for society of Obstetricians and Gynecologists and the Society of Paediatricians of PNG to advice on technical issues related to implementation of the MCH and PPTCT national guidelines and service delivery standard.			x		TA	\$20,000	\$10,000
1.2.a.i.3. Conduct advocacy around the Elimination of Paediatric HIV during relevant international days (World AIDS Day, International Day for Breastfeeding, etc..)		x	x	x	TA, Supply	\$15,000	\$5,000
1.2.a.i.4. Support capacity building of appointed PPTCT and Paediatric regional and national teams (GFATM funded) for knowledge and skill building in planning and coordinating and M & E of PPTC.			x	x	TA	\$10,000	nil
1.2.a.i.5. UNICEF and its partners to participate in international HIV conference workshops to learn and share experiences and lessons learned from the PNG PPTCT and Paediatric AIDS programme			x	x	Conferences, Travel	\$10,000	\$20,000
Subtotal						\$130,000	\$35,000
II. By the 31 December of 2012, standardized MCH registers and report tools will be in place that capture interventions for PPTCT, Paediatric AIDS and elimination of congenital syphilis							
Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor				Budget description	Resp. Party	UN Agency
Activities	Q1	Q2	Q3	Q4		Amount (funded)	Amount (unfunded)

Activities	Q1	Q2	Q3	Q4	Source of funds (Named): a) Govt. b) UN/core. c) Donor	Budget description	Resp. Party	UN Agency
1.2.a.ii.1. Short term consultant to support NDOH to improve quality of PPTCT and Paediatric AIDS data management and reporting and advise on opportunities to use ICT to improve data flow.		x	x	x	b) UNICEF c)Other Funds	TA	\$200,000	nil
1.2.a.ii.3. Develop, field test, print and disseminate the MCH registers and reporting forms to enable reporting on key global PPTCT and PAED AIDS indicators		x	x	x	b) UNICEF c)Other Funds	TA, Printing	\$30,000	\$60,000
1.2.a.ii.4. Support a formative assessment of a standardized coding system for use in MCH to track clients receiving PPTCT services		x			b) UNICEF c)Other Funds	TA	\$10,000	nil
Subtotal							\$240,000	\$60,000
Annual Deliverable								
iii. By the 31 December of 2012 the NDOH will have training packages and standard operating procedures, and a core team of trainers to support implementation of the revised PPTCT and Paediatric AIDS guidelines (UNICEF).								
Activities	Q1	Q2	Q3	Q4	Source of funds (Named): a) Govt. b) UN/core. c) Donor	Budget description	Resp. Party	UN Agency
1.2.a.iii.1. Print PPTCT and Paediatric HIV training packages		x	x		b) UNICEF c)Other Funds	TA, Printing	\$80,000	\$70,000
1.2.a.iii.2. Print job aides and standard operating procedures for PPTCT and paediatric AIDS			x	x	b) UNICEF c)Other Funds	TA, Printing	\$20,000	\$20,000
1.2.a.iii.3. Conduct training of trainers workshop to train 20 Master Trainers for PPTCT and Paediatric AIDS.		x	x		b) UNICEF c)Other Funds	TA. Workshop	\$20,000	\$20,000
1.2.a.iii.4. Conduct training for health workers in 5 provinces on pediatric HIV care (90 participants).			x	x	b) UNICEF c)Other Funds	TA. Workshop	\$50,000	\$25,000
Subtotal							\$170,000	\$135,000
Annual Deliverable								
iv. By the 31 December of 2012 there will be 5 provinces strengthened to integrate PPTCT and Paediatric AIDS in MCH services through training, mentoring and implementing innovative models at 2 centres of excellence.								
Activities	Q1	Q2	Q3	Q4	Source of funds (Named): a) Govt. b) UN/core. c) Donor	Budget description	Resp. Party	UN Agency
							NDOH	UNICEF
							Amount (funded)	Amount (unfunded)

Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor	Budget description	Resp. Party	UN Agency	Q1				Q2				Q3				Q4				Amount (unfunded)
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
1.2.a.iv.1. Conduct technical support visits to PPTCT Centres of Excellence	b) UNICEF c) Other Funds	TA	\$10,000	WHO																	\$20,000
1.2.a.iv.2. Conduct a KAP study on male involvement in PPTCT and Men Taking Action (MTA)11	b) UNICEF c) Other Funds	TA, Supply	\$140,000	WHO					x												nil
1.2.a.iv.3. Support Innovative approaches to improve quality of PPTCT programming to ensure adherence and reduce loss to follow up.	b) UNICEF c) Other Funds	TA	\$115,000	WHO					x												\$120,000
1.2.a.iv.4. COE's conduct mentoring and supervision of health facilities in catchment area. (At least 4 lower health units supervised by each COE)	b) UNICEF c) Other Funds	TA	\$20,000	WHO					x												\$20,000
Subtotal			\$285,000																		\$160,000
Specific Output Area																					
b. Testing and treatment services for HIV, TB and STIs (NHS PA 2: Cluster 1.1)																					
Annual Deliverable																					
i. By the 31 December of 2012 the JUNTA will have supported national response to develop the Provincial HIV/TB Collaboration Committees in at least 4 provinces (where they currently do not exist but there is support), and they will then advocate for the integration of HIV, STI and TB testing and treatment services at the provincial level in collaboration with NDoH, NACS and CSO partners providing these services.																					
Activities																					
1.2.b.i.1. Capacity building for HIV testing quality assurance for provincial laboratory staff (3 provinces)	b) WHO	TA	\$21,000	WHO					x												nil
1.2.b.i.2. Support expansion of HIVQUAL in Southern Region through training workshops (1 workshop)	b) WHO	TA, Workshop	\$40,000	WHO					x												nil
1.2.b.i.3. Support implementation of HIV Drug resistance surveillance and monitor early warning Indicators (5 Hospitals)	b) WHO	TA	\$30,000	WHO					x												nil
1.2.b.i.4. Support the establishment of 4 more Provincial TB/HIV Collaboration Committees including specific activities to enable sharing of best practices in the integration of these services in PNG (e.g. Lae and EHP) through documentation or study tours or other methods	b) WHO	TA	nil	WHO					x												\$40,000
1.2.b.i.5. Support PLHIV CSOs (at Madang, NCD, Morobe, EHP, WHP) to conduct follow up for ART clients from the HIV and Care programme	b) UNFPA	TA	\$20,000	UNFPA					x												nil

Subtotal		\$111,000	\$40,000
Specific Output Area			
c. HIV and STI services with S & RH, with a particular focus on groups who currently under utilise the services (PLHIV, men, young people, transgender, sex workers), (NHS PA 2: SO 2.1.5: NHS PA 2: SO 1.1.7; NHA PA 1: SO 2.2.3)			
Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor	Budget description	Resp. Party
i. By the 31 December of 2012 four provinces will have one meeting each on understanding the need to integrate HIV into reproductive and sexual health services focusing on the needs of PLHIV, men, young people, transgender, sex workers in NCD, Morobe, EHP, WHP.			
Activities	Q1	Q2	Q3
1.2.c.i.1. Assistance and facilitation to CSO and government programmes which integrate HIV into S & RH services for MARPs, in particular PLHIV, MSM, Transgender and FSU.	x	x	x
Subtotal		\$15,000	nil
Subtotal			
Specific Output Area			
d. HIV and STI surveillance and monitoring into the National Disease Surveillance programme (NHS PA 3: SP 1)			
Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor	Budget description	Resp. Party
i. By the end of 2012 the tools are available for monitoring of health sector activities in HIV response (i.e. HCT, Care and Treatment, and PPTCT)			
Activities	Q1	Q2	Q3
1.2.d.i.1. Provide technical assistance to review the monitoring and reporting tools for HIV care and treatment, PPTCT and PICT		x	x
Subtotal		nil	\$35,000
Subtotal			
Specific Output Area			
e. The provision of HIV commodities is integrated into the procurement and supply systems, incorporating condom programming and condom social marketing as an integral			

Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor	Budget description				Resp. Party	UN Agency
		Q1	Q2	Q3	Q4		
i. By the 31 December of 2012 the JUNTA will have supported and advocated for government to conduct a forecasting exercise to provide a five year projection of key commodities for HIV prevention, testing and treatment							
Activities							
1.2.e.i.1. Conduct ART and HIV testing and counseling test kits forecasting	b) WHO		x	x		Amount (funded) nil	(unfunded) \$30,000
1.2.e.i.2. Provide technical support to NDoH in procurement and supply management for MCH HIV related supplies and logistics (Q 1-Q4)	b) UNICEF c) Other Funds	x	x	x	x	nil	nil
Subtotal						\$0	\$30,000
Annual Deliverable							
II. By the 31 December of 2012 the JUNTA will have influenced NACS and NDoH to outsource / monitor and improve condom programming							
Activities							
1.2.e.ii.1. Support and provide technical and financial assistance to Condom programming	b) UNFPA			x	x	Amount (funded) \$50,000	Amount (unfunded) \$0
Subtotal						\$50,000	\$0
Specific Output Area							
f. Improve quality assurance mechanisms in HIV testing, care and treatment programmes for PLHIV with an emphasis on referral process, ensuring continuity of services, and							
Annual Deliverable							
i. By the 31 December of 2012, a total of 11 provinces will roll out strategies that will result in integrated and higher quality PICT and treatment programmes							
Activities							
1.2.f.i.1. Strengthening Provider initiated HIV testing and counseling for 8 provinces using two confirmatory tests	b) WHO		x	x		Amount (funded) \$20,000	Amount (unfunded) nil
1.2.f.i.2. Support quality assurance through supervision	b) WHO		x			\$10,000	nil

1.2.f.i.3. Assistance with capacity development of UN and country stakeholders to integrate HIV in emergency planning and response in PNG as per the IASC guidelines	x	x	x	x	x	b) UNAIDS	TA	\$5,000	\$5,000	
1.2.f.i.4. Support provided to address HIV related programming required in the event of an emergency	x	x	x	x	x	b) UNICEF	TA, training, supplies	nil	\$25,000	
Subtotal								\$35,000	\$30,000	
Total for output 1.2								\$1,036,000	\$525,000	
Expected output	Indicators									
<p>Output 1.3: By 2015 national partners have the capacity to collect, manage, analyse, disseminate and use strategic information (NHS Goal 1) to guide the response with particular focus on:</p> <p>a. Improving the systems in place to collect, communicate and utilise evidence to target prevention, treatment and protection programmes to the groups most at risk (including emerging groups) and to provinces/centres with high prevalence, (NHS PA 1: SO 2.4.1; NHA PA 3: SO 1.1 – 1.5)</p> <p>b. Ensuring that the GoPNG HIV national and global reporting is timely and accurate.</p>	Annual surveillance reports are produced (at national and provincial levels) with a clear section on target groups based on available evidence									
	Percentage of indicators reported as achieved in the PNG Report on UNGASS and UA monitoring reports (or other reports replacing them) through data collected from routine M&E and surveillance reports									
	<p>HLM Targets and Indicators related to this Output: Target 7 - Critical enablers and synergies with development sectors (7.1 national Commitments and Policy Instruments related to prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation)</p>									
Specific Output Area										
<p>a. Improving the systems in place to collect, communicate and utilise evidence to target prevention, treatment and protection programmes to the groups most at risk (including emerging groups) and to provinces/centres with high prevalence, (NHS PA 1: SO 2.4.1; NHA PA 3: SO 1.1 – 1.5)</p>										
Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor			Budget description			Resp. Party			UN Agency

i. By the 31 December of 2012 the PNG national and international reporting including GAR/UNGASS and UA reports are developed and submitted in a more timely fashion than previously with leadership from NACS and NDoH, respectively, and technical support from JUNTA.										NACS/NDoH	UNAIDS
Activities	Q1	Q2	Q3	Q4						Amount (funded)	Amount (unfunded)
1.3.a.i.1. Provision of technical support for facilitation of national consensus building, reporting, and communicating of national strategic information by NACS and NDoH. (Shadow: PPTCT reporting and data process improvements under Integration output)	x	x	x	x	b) UNAIDS	TA				nil	nil
1.3.a.i.2. Provision of technical support in production of the national and international reports.	x	x	x	x	b) UNAIDS	TA				nil	nil
1.3.a.i.3. Technical support and facilitation for the annual visit and reporting of the Independent Review Group.	x	x	x	x	b) UNAIDS	TA			\$25,000		\$30,000
1.3.a.i.4. Assistance to undertake research on modes of transmission (including PMTCT), new social media and related issues in order to inform evidence-based response development and improvements in strategic information systems in PNG.		x	x	x	b) UNAIDS	Research, TA			\$70,000		\$30,000
1.3.a.i.5. Support to improve the network for monitoring of HIV commodities and reporting of PPTCT data for the UA progress reports	x	x			b) UNICEF c) Other Funds	TA			\$10,000		nil
Subtotal									\$105,000		\$60,000
Annual Deliverable					Source of funds (Named: a) Govt. b) UN/core. c) Donor	Budget description	Resp. Party	UN Agency			
ii. By the 31 December of 2012 the national surveillance team, the NACS M&E team and ProMEST members from a minimum of two priority provinces are able to collect, analyse and use quality data.									NACS	UNDP/UNAIDS	
Activities	Q1	Q2	Q3	Q4					Amount (funded)	Amount (unfunded)	
1.3.a.ii.1. Conduct two Training sessions for the ProMEST members from the national office and two provinces in data management (to include quality through triangulation, analysis, review and input into national surveillance and M&E reports)			x	x	b) UNDP	Workshops			\$10,000		\$20,000
1.3.a.ii.2. Short term consultant to support the NACS to develop a national data management system including a service provision GIS.		x	x		b) UNDP	TA			\$25,000		\$25,000
Subtotal									\$35,000		\$45,000

Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor	Budget description	Resp. Party	UN Agency	Quarterly Progress			
					Q1	Q2	Q3	Q4
iii. By the 31 December of 2012 the first National AIDS Spending Assessment for 2009 and 2010 is completed								
Activities			NACS	UNAIDS				
1.3.a.iii.1. Provision of technical capacity to NACS for the NASA exercise	b) UNAIDS	TA	\$55,000	Amount (unfunded) nil	x	x		
1.3.a.iii.2. Provision of technical support and capacity to NACS in assessing the National Response spending in relation to the NHS priority interventions.	b) UNAIDS	TA	nil	nil	x	x		
Subtotal			\$55,000	\$0				
Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor	Budget description	Resp. Party	UN Agency				
iv. By the 31 December of 2012 the NACS M and E system is able to provide more information that can be used in the development of programmes targeting the most at risk groups								
Activities			NACS	UNAIDS				
1.3.a.iv.1. Strengthen capacity building for provincial M & E staff for improved monitoring and evaluation and data utilization in Momase region	b) WHO	TA	\$31,900	Amount (unfunded) nil		x		
Subtotal			\$31,900	\$0				
Specific Output Area								
b. Ensuring that the GoPNG HIV national and global reporting is timely and accurate.								
Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor	Budget description	Resp. Party	UN Agency				
i. By the 31 December of 2012 there will be measurable improved timelines and accuracy of national and global reports on the national response								
Activities				UNAIDS				
				Amount (unfunded)	Q1	Q2	Q3	Q4

1.3.b.i.1. The JUNTA will have developed and communicated an annual calendar for HIV related national and global report deadlines				x	x	b) UNAIDS	TA	nil	nil
1.3.b.i.2. The JUNTA will have disseminated a report template for the use by GoPNG Departments and NGO stakeholder/partner to assist with the gathering of national data needed for the national and global reports .				x	x	b) UNAIDS	TA	nil	nil
Subtotal								\$0	\$0
Total for output 1.3								\$226,900	\$105,000
Expected output	Indicators								
Output 1.4: By 2015, coordination, partnership and leadership mechanisms needed to achieve the NHS are supported and facilitated with specific focus on: a. Integrating risk management best practice into all capacity building initiatives for leadership and organisations amongst the most-at-risk groups (NHS PA 3: SO 2.1.8, 2.2.1, 2.3.3, 2.5.5) b. Reducing the duplication of capacity development programmes provided for leaders and organisations in most-at-risk groups (NHS as above), c. Supporting the principle of increased provincial engagement in the PNG response particularly with those provinces with less local leadership. (NHS PA 3: SO 3.1.2 & 3.2) c. Convening and facilitation of Rural Community Engagement through CCE-CC partnering DFCD & NACS	Percentage of provinces allocating funds for HIV activities out of their provincial development fund budgets								
	Percentage of provinces integrating HIV within their sectorial programmes such as education, transport, industry and mining, tourism, agriculture, etc. as well their workplaces								
	HLM Targets and Indicators related to this Output: Target 6 - Reach a significant level of annual global expenditure in low and middle-income countries (6.1 domestic and international AIDS spending by categories and financing sources)								
Specific Output Area	a. Integrating risk management best practice into all capacity building initiatives for leadership and organisations amongst the most-at-risk groups (NHS PA 3: SO 2.1.8, 2.2.1, 2.3.3, 2.5.5)								
Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor		Budget description		Resp. Party		UN Agency		
i. By the 31 December of 2012 the JUNTA will have supported PACSO to finalise a fully equity driven capacity assessment toolkit for assessing capacity needed of Civil Society Organisations for Most At Risk Groups that includes a risk management component.			for assessing capacity		PACSO/NACS		UNDP		
Activities	Q1	Q2	Q3	Q4	Amount (funded)		Amount (unfunded)		

1.4.a.i.1. Review and finalize the draft capacity assessment tool, and pre test it with at least two Civil Society Organization (One in Urban and another in rural setting)		x	x		b) UNDP	TA		\$5,000	\$5,000	
1.4.a.i.2. Short term consultant to provide technical support to PACSO for capacity development so they are able to carry out their mandate of CSO coordination			x	x	b) UNDP	TA		\$10,000	\$20,000	
Sub Total								\$15,000	\$25,000	
Annual Deliverable					Source of funds (Named): a) Govt. b) UN/core. c) Donor	Budget description		Resp. Party	UN Agency	
ii. By the 31 December of 2012 the JUNTA will have assisted PACSO to use the capacity assessment toolkit and support capacity development and implementation of capacity development plans for at least four Civil Society Organisations (Igat Hope, Friends Foundation, Friends Frangipani, PACSO) .								PACSO/NACS	UNDP	
Activities		Q1	Q2	Q3	Q4			Amount (funded)	Amount (unfunded)	
1.4.a.ii.1. Short term consultant to provide technical support to PACSO and at least four CSOs in Organizational/ institutional development including Risk management, Financial management, Resource Mobilization, Human Resource development and programme/Project Cycle management			x	x		b) UNDP	TA	\$10,000	\$15,000	
1.4.a.ii.2. Support PACSO in the development and centralization of CSO data base			x	x		b) UNDP	TA	\$5,000	\$5,000	
1.4.a.ii.3. Support up to 10 leaders of the selected CSOs and Networks of People Living with HIV, Sex Workers and MSM, to participate in international meetings/workshops/trainings			x	x		b) UNDP	TA	\$10,000	\$30,000	
1.4.a.ii.4. Support up to three business focused 'breakthrough initiatives' as a result of the TDLP 2009-2011 for a minimum of 3 of the selected CSOs working with HIV positive Women and Girls.			x	x	x	b) UNDP	Cash, TA	\$5,000	\$10,000	
Sub Total								\$30,000	\$60,000	
Specific Output Area										
b. Reducing the duplication of capacity development programmes provided for leaders and organisations in most-at-risk groups (NHS as above)										

Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor				Budget description	Resp. Party	UN Agency
	Q1	Q2	Q3	Q4			
i. By the end of 2012 the JUNTA will have assisted the four CSOS (Igat Hope, Friends Foundation, Friends Frangipani, PACSO) as well as working with two identified positive women's groups, to integrate risk management into their annual work planning processes							
Activities					Amount (funded)	Amount (unfunded)	
1.4.b.i.1 Organize high-level dialogues and forge partnerships between positive women, women affected by HIV and women advocates responding to HIV and HIV and key stakeholders.	x	x	x	x	\$50,000	nil	UNDP
1.4.b.i.2. Enable positive women, women affected by HIV and women advocates responding to HIV to participate, lead, advocate and influence decisions, review processes and progress reviews of the national and provincial response.	x	x	x	x	\$92,500	nil	
1.4.b.i.3. Assist further development of the Stigma Index survey and linked capacity development initiatives for the identified MIAR organisations that address stigma and discrimination for MARPs.	x	x	x	x	\$25,000	\$40,000	
Sub Total					\$167,500	\$40,000	
ii. By the 31 December of 2012 the JUNTA will have supported NACS to host biannual development partner forums meetings in 2012							
Activities					Amount (funded)	Amount (unfunded)	
1.4.b.ii.1. Conduct two joint coordination meetings (one every 6 months) with development partners, faith based organizations, Civil Society Organizations, public and private sectors.		x		x	\$5,000	\$15,000	UNDP
1.4.b.ii.2. To assist the quarterly convening of a Development partners forum to improve the coordination of support to CSOs working with PLHIV, MSM, Transgender, Sex Work and prison populations at high risk of HIV transmission.	x	x	x	x	\$5,000	\$20,000	
Sub Total					\$10,000	\$35,000	
Specific Output Area							

c. Supporting the principle of increased provincial engagement in the PNG response particularly with those provinces with less local leadership. (NHS PA 3: SO 3.1.2 & 3.2)										
Annual Deliverable	Source of funds (Named: a) Govt. b) UN/core. c) Donor	Budget description	Resp. Party	UN Agency	Development Programme (TLDP) will actively be addressing equity driven, gender sensitive HIV issues through their TLDP action plans				Amount (funded)	Amount (unfunded)
					Q1	Q2	Q3	Q4		
Activities										
1.4.c.i.1. Support up to 3 'Breakthrough Initiatives' by key leaders from the TLDP 2009-2011 (legislators, private sector, provincial administrator) focusing on Human Rights, Social Protection, economic empowerment and legislative reforms	b) UNDP	Grants, TA	\$30,000	nil	x	x				
1.4.c.i.2. A short term consultant to conduct an evaluation of the Transformational Leadership Development Programme and disseminate report to stakeholders	b) UNDP	TA	\$25,000	\$15,000		x				
Sub Total			\$55,000	\$15,000						
Annual Deliverable										
ii. By the 31 December of 2012 the JUNTA would have assisted Igat Hope develop their plan for provincial governance structures										
Activities										
1.4.c.i.1. Support a consultative strategic planning process for Igat HOPE, including engagement institutional capacity development of established HIV positive networks at the sub national level	b) UNDP	TA	\$10,000	\$15,000	x	x				
1.4.c.i.2. Short term consultant to support and document best practices on livelihood, food security and advocacy initiatives of HIV positive networks of Igat Hope at the at sub national level	b) UNDP	TA	\$5,000	nil	x	x				
Sub Total			\$15,000	\$15,000						
Specific Output Area										

d. Convening and facilitation of Rural Community Engagement through Community Capacity Enhancement - Community Conversations partnering DFCD & NACS											
Annual Deliverable	Source of funds (Named): a) Govt. b) UN/core. c) Donor	Budget description	Resp. Party	UN Agency	Source of funds (Named): a) Govt. b) UN/core. c) Donor				Budget description	Resp. Party	UN Agency
					Q1	Q2	Q3	Q4			
i. By the 31 December of 2012 NACS and PACS will have further strengthened and the provinces expanded through training to enhance local leadership and coordination in provincial engagement processes											
Activities											
1.4.d.i.1. Assist 4 selected provincial governments in integrating HIV within the provincial annual development plans and budgets	b) UNDP	TA	\$15,000	UNDP		X	X	X		\$15,000	nil
1.4.d.i.2. Provide short term consultancy for technical support at least 4 provinces to implement the provincial engagement report on "Service delivery and Responsibility" on decentralization , with a focus on HIV and AIDS (governance, policy and planning)	b) UNDP	TA	\$10,000	UNDP		X	X	X		\$10,000	nil
1.4.d.i.3. Short term consultancy to support PACS develop a follow up plan for community based initiatives and mechanism to integrate community initiatives into the development plans and budgets of the 3 least engaged provinces	b) UNDP	TA	\$5,000	UNDP	X	X	X	X		\$5,000	nil
Sub Total			\$30,000							\$30,000	\$0
Annual Deliverable											
ii. By the 31 December of 2012 there will have been a focus on 3 least engaged provinces through Community Capacity Enhancement through Community Conversations (CCE CC)											
Activities											
1.4.d.ii.1. Refresher training through one workshop, on Skills for capacity development for community facilitators in two provinces	b) UNDP	Workshops	\$15,000	UNDP			X			\$15,000	\$15,000
1.4.d.ii.2. Support provincial based community representation/consultation in provincial development plan and budgeting process for two least engaged provinces (See Activity for PACS - share consultant time)	b) UNDP	TA	\$5,000	UNDP	X	X	X	X		\$5,000	nil

1.4.d.ii.3. Technical Support to NDoE and PNGTA for meetings at provincial and regional level			x	x	b) UNESCO	TA	\$10,000	\$10,000
Sub Total							\$30,000	\$25,000
Total for output 1.4							\$352,500	\$215,000
Expected Output 1.5 - JUNTA Gender Mainstreaming		Indicators						
Output 1.5 : By the end of 2015, fully gender inclusive HIV mainstreaming will have occurred in all UN HIV programmes		Evidence of a gender equality review of each Output, Deliverable and Activity in the Junta's AWP						
		% of programmes that are expressly targeting gender inequality						
		HLM Targets and Indicators related to this Output: Target 7 - Critical enablers and synergies with development sectors (7.1 National Commitments and Policy Instruments related to prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation)						
Annual Deliverable		Source of funds (Named): a) Govt. b) UN/core. c) Donor		Budget description		Resp. Party		
1. By the 31 December of 2012, fully gender inclusive HIV mainstreaming will have occurred in all UN HIV programmes that will programme past 2013 with full reference to at risk populations men who have sex with men, transgender, sex workers and those who engage in transactional sex and their clients, people living with HIV, prisoners, people who use and/or inject drugs, women at higher risk, children, and HIV affected families with specific emphasis on young populations in those groups.						UN Agency		
Activities		Q1	Q2	Q3	Q4	Amount (funded)		Amount (unfunded)
1.5.1.1. Promote institutionalising of gender expertise with NACS by supporting the placement of gender experts.		x	x	x		\$7,500		\$0
1.5.1.2. Assist the Joint UN Team on AIDS to revise all HIV UN Plans, Deliverables and Activities for gender sensitivity with particular focus on GBV for PLHIV, women, girls and transgender in the MAR populations.		x	x	x	x	nil		nil

1.5.1.3. Conduct training for NACS to integrate gender equality into the national and provincial response to HIV & AIDS	x	x					Workshops	\$30,000	\$0	
1.5.1.4. Mainstreaming of HIV into all UNW programmes and operations documents and processes	x	x	x	x			TA	nil	\$0	
Subtotal								\$37,500	\$0	
Total for Output 5 JUNTA Gender Mainstreaming										
Total for Work plan										
									\$2,154,900	\$1,050,000

Total (funded and unfunded)

3204900