

**OVERALL PERFORMANCE NARRATIVE REPORT**  
**(FIRST 1<sup>st</sup>), (SECOND 2<sup>ND</sup>) & (THIRD 3<sup>rd</sup> PHASE 1<sup>ST</sup> & 2<sup>ND</sup> QUARTER)**  
**2017, 2018 & 2019**

<b>Reporting Period</b> <i>(Initial Start month &amp; Current Month)</i>	November 2016 to July 2019	
<b>Name of the Project</b>	Kisim save Na Helpim Hauslain (KSHH) <i>means</i> Gain Knowledge and Help Communities	
<b>Major Financier</b>	U.S Ambassador’s Small Grant Program, U.S Embassy, Port Moresby	
<b>Co – Financier</b>	Sir Brian Bell Foundation	
<b>Implementing &amp; Facilitating Agency</b>	Hope Worldwide PNG Inc.	
<b>Implementing Civil &amp; Community Based Organization Partners (1<sup>st</sup> Phase)</b>	<ol style="list-style-type: none"> <li>1. Kukipi Women(s) Association Inc. (9mile)</li> <li>2. Widows and Single Mothers Club Inc. (Konedobu )</li> <li>3. Mowilsha Self Help Association Inc. (Wildlife)</li> </ol>	<b>Note:</b> Contract between Widows & Mowilsha no longer exist
<b>Implementing Civil &amp; Community Based Organization Partners (2<sup>nd</sup> &amp; 3<sup>rd</sup> Phase)</b>	<ol style="list-style-type: none"> <li>1. Kukipi Women (s) Association Inc. (9mile)</li> <li>2. Erima Advocacy Association Inc. (Erima)</li> <li>3. Poreporena Motuan Care Inc. (Hanuabada)</li> <li>4. Friends Frangipani Inc. (Sex Workers Organization)</li> </ol>	<b>Note:</b> Contract between Friends Frangipani Inc. no longer exist

Being Coordinator for this project over three years 2017, 2018, 2019, I would like to comment that; Kisim Save Na Helpim Hauslain Project's approach is first of its kind but best approach adapted by HOPE Worldwide PNG to work in partnership with Community Based Organizations (Associations) to effectively deliver services to the Key Population targeted to address HIV/AIDs related issue such as stigma, discrimination and violence in the country. Since project's commencement in November 2016 to this year 2019, a lot of challenges and lessons learnt that enable the project team to bring this great work to its third phase this year 2019.

From personal point of view, usually HIV programs look at the Health aspect of the HIV issue (referral, counselling and treatment) and distribution of condoms and pamphlets. *Do we ever ask; is this really helping to solve the HIV issue or not?*

This is where Kisim Save na Helpim Hauslain project comes in to solve other aspects of HIV issue that are overlooked by other HIV program implementing partners. The project therefore, came up with the main goal is to build or increase the capacity of Civil or Community Based Organizations and provide necessary funding support to effectively advocate for target Key Populations (Female Sex Workers (FSW), Transgenders (TG), Men Having Sex with Men (MSM) in their respective communities to access clinics for HIV check-up. If they don't access clinics because of shame/fear of families or people in the communities then spread will be happening without known and affect innocent lives. ***The project indirectly tries to make communities take ownership and be responsible to address HIV and other related issues in their communities. This is to address mindset and attitude problems such as dependency, free handout mentalities, ignorance and I don't care attitudes/behaviours.***

This is integrated and inclusive or participatory HIV approach and the scope of work is clearly spelled out by Project's unique name "**Kisim Save na Helpim Hauslain**" means "**Gain Knowledge and Help Communities**". The project's goal spells out three areas of service delivery:

1. Capacity Building/funding support – looks at necessary trainings to empower CBOs do HIV Work, manage their Organizations, activities, members and funds etc. On the other hand, provides funds to empower them financially to effectively carry out voluntary HIV sensitization work to sensitize general population. To help those that need to access HIV services at clinics with escort, transport, or bus fare assistance etc. or buy necessary outreach equipment they need or admin purpose etc. And help them do Small fundraising or economic activities to cater for other community needs or prolong service in the community after project ceases.
2. Identify Barriers/Needs and address them – While working alongside with the CBOs or CSOs providing capacity building, funding support and providing referral & treatment pathways for Key Populations, the project team together with communities tries to identify barriers and needs. This is done not only among KPs but among the associations and communities as a whole and works together to identify best solutions to address them.

3. To take Collaborative and Innovative approaches – looks at creative ways of implementing activities with integrated intentions/purposes with inclusive of issues to address and tries to do them collectively with communities and partners.

Through the CBOs assistance in the communities I am proud to say that; we have reached many Key Population (People at Risk) that have accessed clinical services. Our partnership work with CBOs has created an avenue full of exciting learning experience, challenges/issues faced together and interacted directly with other community members and the beneficiaries of the project. Also, it's an opportunity for us project team to learn different backgrounds of different people, cultures, up-bringing etc, who live together in these project target settlements.

During my observation working with x4 Community Based Organizations in Moresby South and Moresby North East, the common need I have identified among the four respective communities is daily financial struggles which forces many uneducated females, Transgenders to engage in sex work to earn their living and this contributes to increase HIV prevalence rate in PNG. On the other hand many youths are jobless, sitting around doing nothing but they need money to survive or entertain them therefore, turn to do illegal activities like selling drugs, home brews, stealing etc, which contributes to Law and order or socio-economic problems at large .

I believe these are the root causes of HIV and other issues happening in our country that we all are blind to see or carefully analyse it. Resources need to be invested in addressing these socio-economic issues in order to address the spread of HIV and its related issues.

**Note that;** HIV&AIDS is not only a Health issue in the country because Health is just one effect of the big problem HIV/AIDs. There are Social issues, Law and order issues, education issues, economic issues, safety/security issues and even spiritual issues are all effects of HIV/AIDs issue. **To address HIV/AIDs issue, we should identify root causes contributing to HIV increase rate thus produces the effects we so called health problem and others mention and address them more holistically.**

I strongly recommend and call on all Stake holder partners including government to adapt this kind of approach HOPE Worldwide PNG is taking to address HIV/AIDs issue. Otherwise, we seek funding support to continue this great work and reach out because we believe it's a way forward to prevent the spread of HIV and other issues.

It is my privilege and great honour to be the first person to lead team to try out this kind of project's approach in Papua New Guinea. I say thank you very much to the hard working project team, HOPE Worldwide Management, U.S Embassy the Health grant team and not forgetting our good supporting partners. Together we implemented two phases successfully and made it to the third phase of the project this year. I would say it's just the beginning and a lot more need to be done but need more funding support from government, donors and Cooperate Business Houses and through sustainability plans.

**Josephine Kaola (Ms)**  
**Coordinator – Kisim Save Na Helpim Hauslain Project**

## Introduction

This is ***first, second and third phase*** performance narrative report for Kisim Save Na Helpim Hauslain project from initial start month ***November 2016 to Current month March 2019***.

The report will provide clear progress update of performance from the initial start until to the current date. Firstly, the grant's purpose and its outcomes for this project will be highlighted, then provide progress report in terms of its development throughout the first and second phase. The key challenges faced will be reported and explain how these challenges were overcome and way forwards were drawn. Also will present the Monitoring and Evaluation component of the project's work in terms of reaching Key Population and helping them to access clinics. In the conclusion part of the report will cover reports on comments, discussions, and other information. Also will report on success stories and provide photos and way forward suggestions and recommendations.

**Below is the outline of the report organized in alphabet.**

*a) Purpose of the grant and its outcomes expected*

*b) Development achievement highlights*

*c) Key challenges faced*

*d) Data Report on Barriers identified and addressed*

*Conclusion*

*e) Any other comments, discussions or information*

*f) Success stories (Testimony)*

*g) Way forward Suggestions and Recommendations*

### **A: Purpose of the Grant**

The purpose and main goal of Kisim Save na Helpim Hauslain project is to continue build the capacity of community based organizations to effectively advocate for improve HIV programs particularly to improve key population's access to health services.

In the first phase project aims to identify barriers/needs that stops Key Population(s) access to clinics and in the second phase, it tries to address barriers/needs identified in the first phase.

The project's required outcomes:

- To identify and break through barriers that stops key population from accessing health services.
- To continue build the capacities of community based organizations (CBOs) and provide necessary funding support.
- To take collaborative and innovative approaches to reduce or address barriers/needs.

## B: Achievement Highlights

Below are achievement highlights for the past two phases presented in the table. The left column of the table indicates the projects expected outcome and middle column is the update of the progress made respectively to each phase. The right column is the photos of all activities done throughout phases.

FIRST 1 <sup>st</sup> PHASE 2017		Action Photos in order of all Activities carried out through x2 phases & to the current 3 <sup>rd</sup> phase
Outcome	Progress Update	
To identify and break through barriers that stops key population from accessing health and other services	<ul style="list-style-type: none"> <li>The CSO/CBO members were sensitized as they went through HIV sensitization training. They regretted ill treatments they have done to the Key Population in their communities and said to go back and help them access clinics to save their lives.</li> <li>For the first time co-hosted and celebrated International Day against Homophobia, Biphobia and Transphobia event.</li> <li>For the first time heavily involved communities in the Commemoration of World Aids Day 2017 (<i>Had Sohe District MP marched with the Erima Group since he lives with them</i>)</li> </ul>	 <p>Launching Programs</p> 
To continue build the capacities of community based organizations and provide necessary	<ul style="list-style-type: none"> <li>Integrated Basic Management and Budgeting Skills training into HIV Sensitization training to equip CSO/CBOs to carry out work at community level</li> </ul>	 <p>MOU Signing</p>   <p>HIV &amp; Management Trainings</p> 

funding support.	<ul style="list-style-type: none"> <li>Idea of Fundraising projects initiated (Poultry farm, table markets etc.)</li> <li>Purchase of Outreach Equipment by CBOs</li> </ul>
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Outcome of funding support

To take collaborative and innovative approaches to reduce barriers identified	<ul style="list-style-type: none"> <li>Involved women(s) in “Women Participation in Election Program” in partnership with U.S Embassy.</li> <li>Proposed second phase scope of work and won second year funding from U.S Embassy</li> <li>FHI360 provide Technical support to the project over three months</li> </ul>
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HIV Sensitization outreach & support to KPs

**SECOND (2<sup>ND</sup>) PHASE 2018**

To identify and break through barriers that stops key population from accessing health and other services	<ul style="list-style-type: none"> <li>Bus fare and other assistance to KP clients to access clinics has been adapted by x4 CBOs as a strategy to break through financial &amp; bus fare problems to increase clinic accessed number. <b>(Refer to Data comparison report in section D)</b></li> </ul>
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Support to Association Launching, IPA Registration & Acc. Opening

To continue build the capacities of community based organizations and provide necessary	<ul style="list-style-type: none"> <li>Have assisted Poreporena Motuan Care Inc. and Erima Advocacy Association Inc. registered at IPA and got their bank accounts open <b>(Sohe District MP assisted Erima</b></li> </ul>
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funding support.

**Group with K1000 to meet costs involved in the process).**

- Also running capacity building – skills training to CBOs in areas they lack knowledge like book keeping, report writing & proposal writing (*Kukupi's receiving Hon. John Kaupa's support is an outcome of this proposal writing training*)
- Sponsored x20 participants to Human Development Institute for entrepreneur training & 16/20 graduated in level 1
- Sponsored x2 staffs to attend Mapex training in Project Planning & Writing Skills to train CBOs
- Sponsoring x10 participants to Ginigoda Skills Training & x43 to adult literacy training in March

To take collaborative and innovative approaches to reduce barriers identified

- Have established networks with Human Development Institute, Save the Children with PNG National Rugby League and their x2 rugby clubs, Medias, Telikom, Brian Bell, Watete (Performing Group) and working around to establish more networks. **The idea behind collaborating is to complement each other's work**



Capacity Building Programs



HIV Sensitization to Youths & Policemen



*but most importantly address HIV issue in a more holistic way.*

- Media advocacy is adapted as a strategy to improve HIV and other development programs. *(Refer to media published stories attached with this report )*



Cleanaton Programs at Clinics & Police Stations

### Participation in International Events (World Aids Day)



### Partner Meetings/Media Sensitization Workshop



### Support to the Project by Telikom & Brian Bell Foundations



### Motivational /Empowerment/ Advocacy Events



### 3<sup>RD</sup> PHASE 2019 (1<sup>ST</sup> & 2<sup>ND</sup> QUARTER REPORT)

Despite funding challenges faced, here is one main highlight on progress made during the second quarter of the third phase.

Outcome	Progress Update	Action Photos
<p>To break through barriers that stops key population from accessing health services that were identified in the first phase of the project.</p>	<ul style="list-style-type: none"> <li>The Country Coordinating Mechanism called the CCM is the body that approves grants for HIV programs in the country represented by different stake holders (Global Fund, UNAIDS, Health Department etc. They invited HOPE Worldwide to do a presentation on the innovative CBO intervention to address HIV.</li> </ul> <p>The presentation was done successfully and has convinced the CCM committee and it was said that, this approach is first of its kind. By verbal the Global fund rep made a commitment to sustain the project with the remaining funds and also secure next year funds in their budget. The management now awaits Global funds responds.</p>	 <p>12/03/2019</p> <p>Adult Literacy Training conducted in partnership with Ginigoada</p>
<p>To continue build the capacities of community based organizations and provide necessary funding support.</p>		 <p>Basic Computing Training conducted from Telikom donated laptops</p>
<p>To take collaborative and innovative approaches to reduce barriers identified</p>		

**Project Proposal Writing Training at Badihagwa with a community volunteer group (photos below)**



**GBV-SASA Training conducted in partnership with Population Services International. (Photos Below)**



## C: Key challenges (Both Phases)

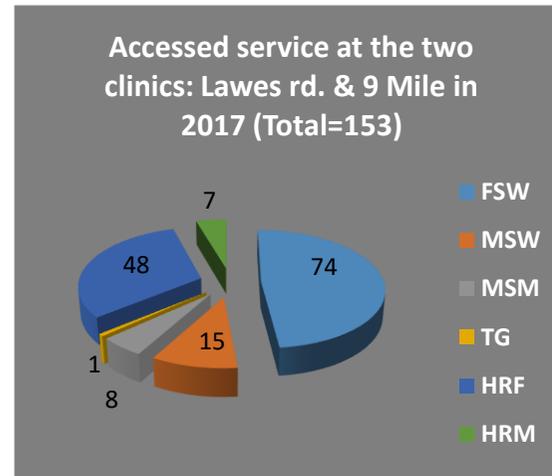
Some of the main challenges and issues faced are reported in this table with actions or strategies that were used to address them, key lessons learned and way forwards.

OVERALL KEY CHALLENGES FACED		
Challenges or Issues	Action or Strategy used to address it	Key Lessons learned and Way forward
Due to one admin vehicle, Transportation becomes ongoing problem in terms of field visits & urgent cases like rushing a sick patient to the clinics.	Still able to manage due to flexibility of the project driver	Have reported transportation as an ongoing problem but lacks funds to afford a vehicle. <b>For way forward for 2019, will request vehicle donation from other potential funders or do fundraising if possible.</b>
Sustainability of the Project is a major concern and also very challenging looking for alternative funding sources	Apart from normal responsibilities the management tries to write to potential funders seeking funding support.	Have learnt that; it's very challenging to secure funding to sustain the program. <b>Way forward is to have a sustainability plan in place &amp; do fundraisings while waiting for donor funders to support.</b>
CSO/CBO partners have weak management systems	Still working around identifying and addressing barriers within CBOs/CSOs management systems.	Have learnt that; enough knowledge and skills have been departed to CSO/CBO members. <b>For way forward need to strengthen their management systems in order to deliver services effectively.</b>
Dependency mindsets, free hand out mentality and attitude/behaviour problems is also a main challenge	Have programs to help address: Personal Viability, KP Empowerment & Inspirational Video shows, talks from external partner leaders	The lesson learnt is that; CSO/CBO members gradually changing after going through this programs. <b>Way forward is to set people's mindset right then everything we want to do and achieve will be possible in terms of service delivery.</b>

## D: DATA COMPARISSION REPORT – HEALTH COMPONET ACTIVITIES 1<sup>ST</sup> PHASE 2017 AND 2<sup>ND</sup> PHASE 2018

This is a data comparison report for first phase and second phase of the project represented in pie graphs.

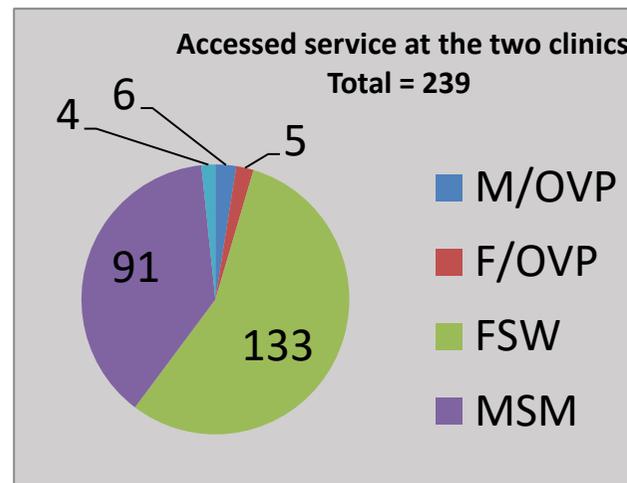
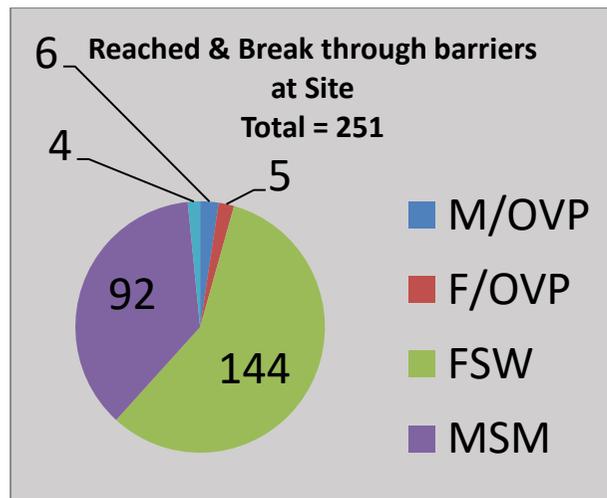
### D.1 Overall Data Report (Reached & Accessed Clinics) - **FIRST PHASE (2017)**



#### Summary analysis Report

- KPs reached at site in total 809
- KPs accessed clinic in total is only 153 out of 809. This is due to barriers existed that prevented KPs from accessing clinics for HIV tests.

### D.2 Overall Data Report (Reached & Accessed Clinics) - **SECOND PHASE (2018)**

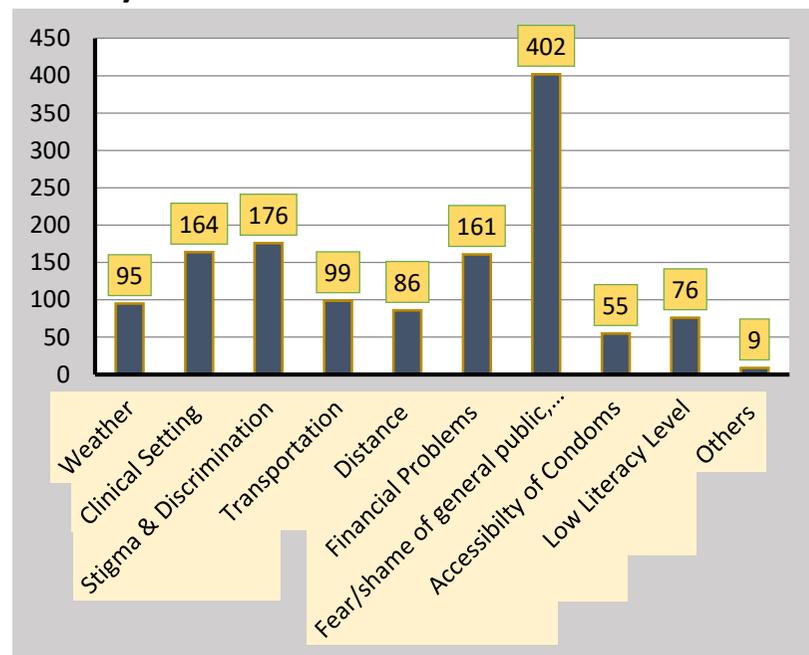


#### Summary analysis Report

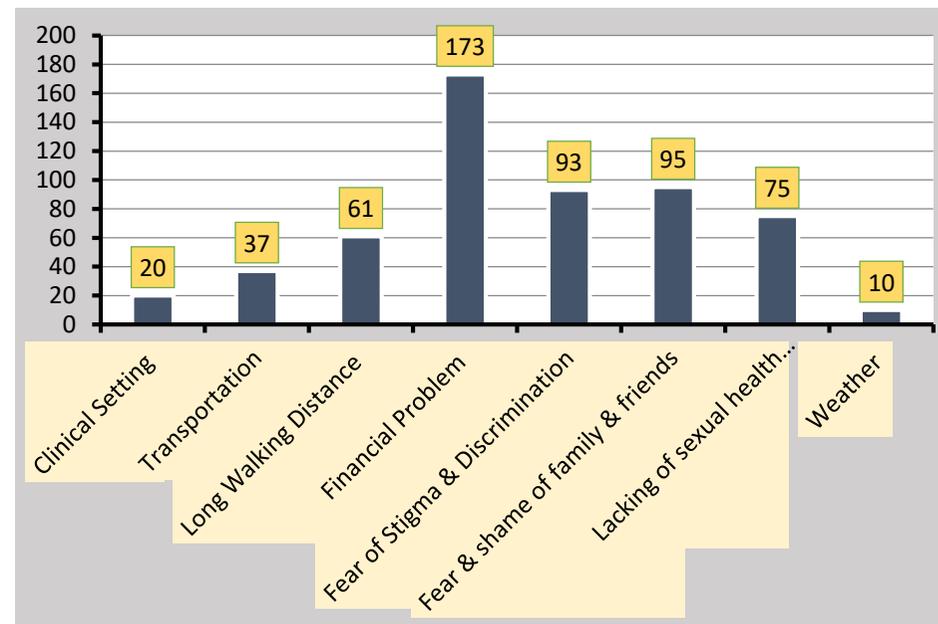
- FSW were mostly reached and have accessed clinics in overall report for 2018-2<sup>nd</sup> phase.
- According to verified referral cards all KPs reached in overall have accessed clinic except for 12 KPs who have reached but did not access clinics due to Test Kits (strips) nil in stock at Lawes rd. clinic during the Month of November 2018.

### D.3: Report on Key Barriers identified in 2017 and addressed in 2018

#### Overall Key Barriers Identified - 2017



#### Overall Key Barriers Addressed - 2018



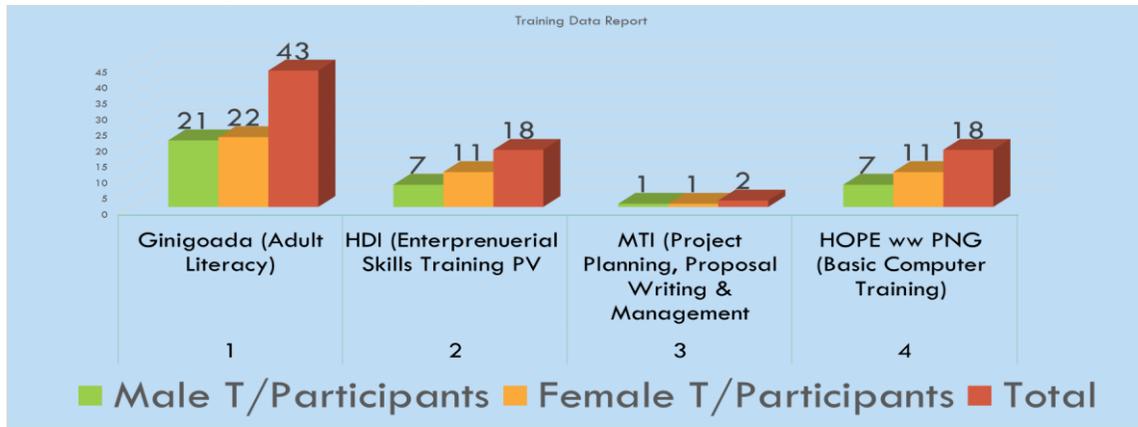
#### Summary Analysis Report

- The graph for 2017 (1<sup>st</sup> Phase) reports highest key barrier identified among key population in accessing clinic is Fear/Shame of family and friends.
- However; in second phase this barrier was addressed together with financial problems which is why the graph for 2018 (2<sup>nd</sup> Phase) reports financial problem was the most addressed key barrier. This was because CSOs adapted financial and escort referral assistance as way forward to break through Fear/Shame of family and friend and financial problems.

### D4: Data Report Third Phase - Capacity Building

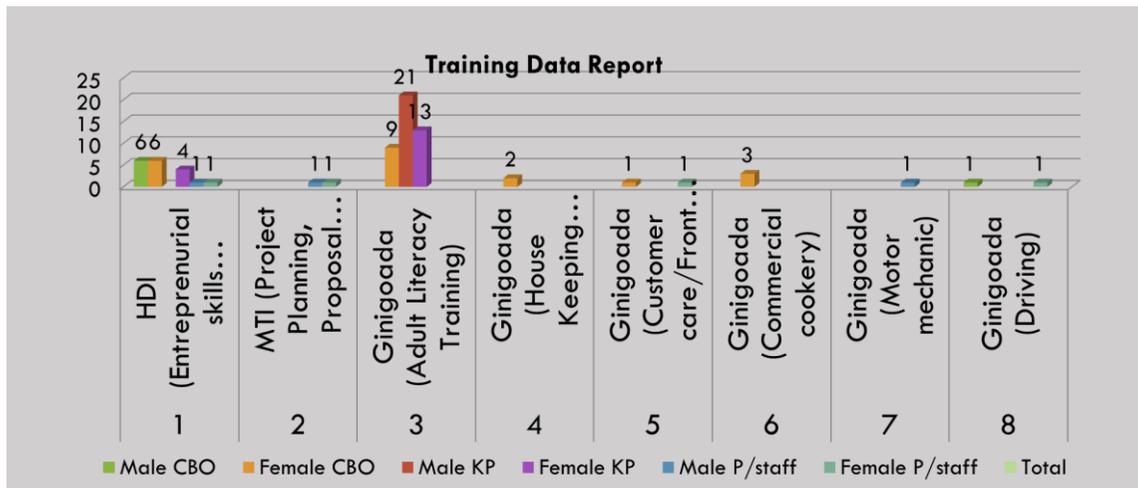
Below is the data report for both quarters (1st & 2<sup>nd</sup>) for clear understanding of capacity building continuation in 2<sup>nd</sup> Quarter.

#### 1<sup>st</sup> Quarter Report (January to March 2019)



#### Summary Report analysis (Graph 1)

- The total number of participants under project team’s arrangement that attended the adult Literacy Training is **43 confirmed**. But according to Ginigoada’s enrolment list, total of 292 participants enrolled but only 202 graduated for adult Literacy Training.
- Total of 18 participants were capacitated under Human Development Institute.
- With Mapex Training Institute x2 field officers attended
- Basic Computing training with total of 18 participants.

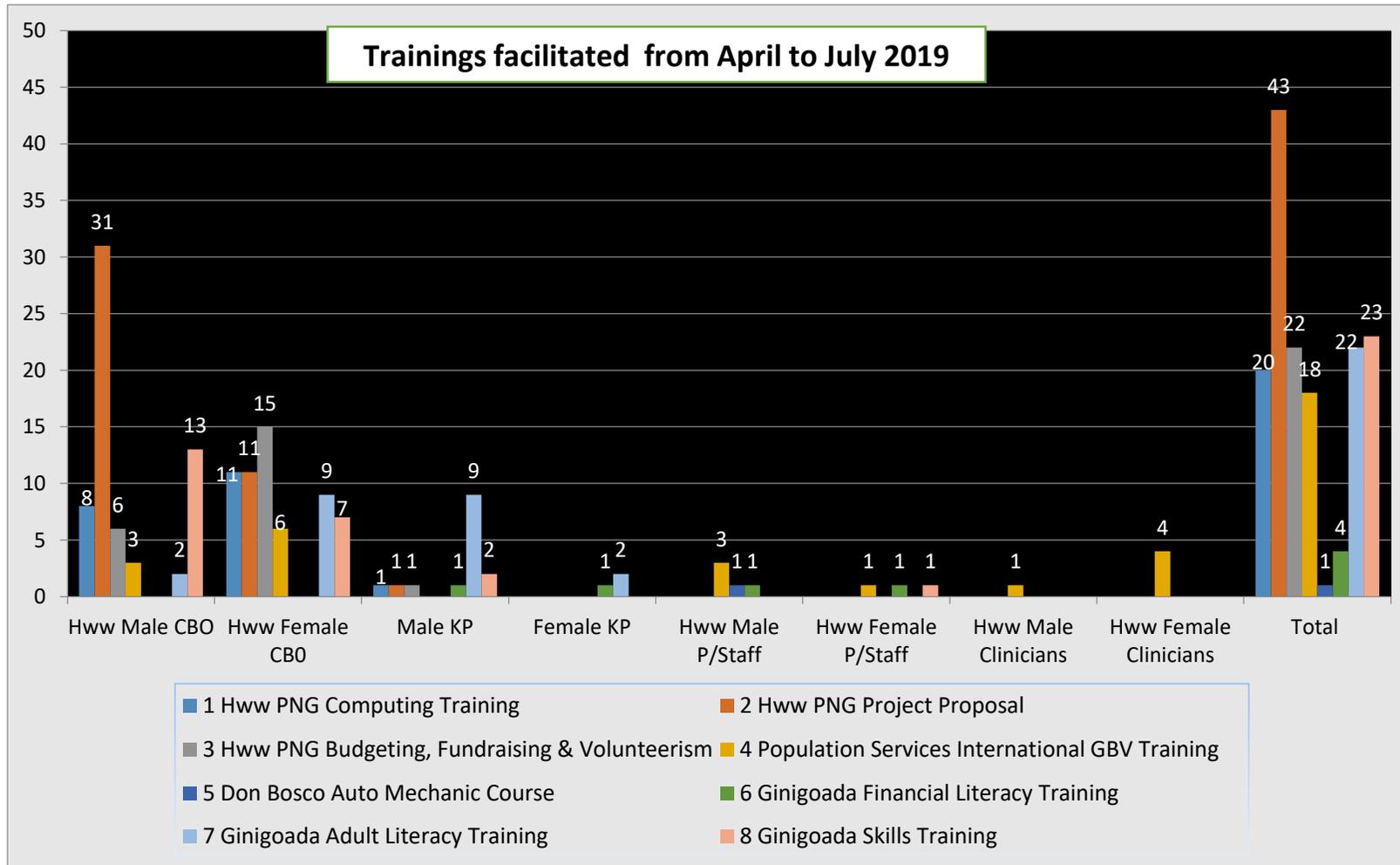


#### Summary Report Analysis (Graph 2)

Graph 1 presents the total number of participants per training conducted, while graph 2 gives more specific information on participants attended each training.

*(Please refer to the graph)*

**D5: 2<sup>nd</sup> Quarter Report (April to July 2019)**



## 2<sup>nd</sup> Quarter Summary Database

	Male CBO	Female CBO	Male KP	Female KP	Project Male staff	Project Female staff	Male clinician	Female clinician	Total
HOPE ww PNG Computing Training	8	11	1						20
Hww PNG Project Proposal writing training	31	11	1						43
Hww PNG Budgeting, Fundraising & Volunteerism	6	15	1						22
Population Services International's GBV Training	3	6			3	1	1	4	18
Don Bosco Auto Mechanic Course					1				1
Ginigoada Financial Literacy Training			1	1	1	1			4
Ginigoada Adult Literacy Training	2	9	9	2					22
Ginigoada Skills Training	13	7	2			1			23

### Summary Analysis Report

- There are total of 20 participants from the Community Based Associations, KP clients and office staff who are semi-illiterate on computing have all participated in the computing training facilitated by HOPE ww PNG's IT officer.
- There are total of 43 participants from the Community Based Associations and KP clients have attended Community Project Proposal Writing training facilitated by HOPE ww PNG's Project Proposal Writing Team.
- There are total of 22 participants from the Community Based Associations, KP clients have attended Budgeting, Fundraising & Volunteerism training facilitated by the Program Coordinator

- There are total of 18 participants from the Community Based Associations, Project Staffs and Clinicians have attended the GBV training. This training was the last training which key and influential staffs like clinicians attended to have better knowledge and understanding to approach most of the GBV cases seeking health care services at the two clinics managed by HOPE ww PNG i.e. 9 mile clinic and Lawes rd. clinic.
- Only 1 participant a project male staff attended technical trade course in 'Auto Mechanic Course' at Don Bosco Gabutu who is a current handy man and driver for the project.
- There are 4 participants; 2 Community members and 2 project staffs have attended 'Financial Literacy training' facilitated by Ginigoada Foundation Inc.
- There are 22 participants all from the Community Based Association and KP clients have attended the 'Adult Literacy Training' facilitated by Ginigoada Foundation Inc. for those who are illiterate and semi-illiterates living in the community of 9 Mile Kerema block.
- There are 23 participants who have completed both 'Financial Literacy training' and 'Adult Literacy Training' are now going into the skills training course at Ginigoada Foundation Inc. This is because they have completed the pre-requisite programs, graduated and was certified to move into the next skills trainings.

## Conclusion

### **H: Any other comments, discussions or information**

This project is very impactful however; it doesn't have a consistent funding support. Its funding support from U.S Ambassador's Small Grant ended in March 2019. Sir Brian Bell Foundation CEO was very impressed with the work HOPE Worldwide has done under this project therefore, committed K50,000.00 on annually basis over three years 2019 to 2021. This K50, 000.00 has sustained the 2<sup>nd</sup> quarter of the third phase 2019 and for 3<sup>rd</sup> and 4<sup>th</sup> quarter, project doesn't have funds therefore, currently we looking for possibilities for funding support.

The focus for third phase is capacity building, in the meantime, we looking for alternate funding sources and also working around sustainability component of the project through advice and training provided by Human Development Institute (HDI). Also planning fundraising ideas to raise funds to support the program.

### **I: Success Stories (Project Coordinator, Josephine Kaola's Testimony)**

It is with great pleasure to share with you project teams experience on the impact of this project to our professional life when first joined in November 2016. The project is small in nature and the number of staff is just seven including x3 admin assistant staffs (Finance Officer, Driver & Admin support Person) and x3 Field Support Officers and Project Coordinator. All of us on board didn't have much work experience and we learnt while on job however, the outcome of our performance turns out very impressive and the impact of the service we delivered was really felt by the communities. The project team learnt a lot

from this project's work and the project funds enhances our capacity through trainings and build on our experiences to take on much more greater responsibilities. Also from this project's great work, our good partner organizations recognised our potentials and efforts.

*One highlight story is that; U.S Embassy Health Grant team nominated me for International Visitors Leadership Program in NGO Management in the U.S and I participate in this program which lasted from 13<sup>th</sup> April to 4<sup>th</sup> May 2019.*

## Way forward Suggestions and Recommendations

- Working in partnership with Community Based Organizations or Civil Societies is the best approach recommended however, the issue is that; they lack systems in place to manage funds, work and man power effectively at community level.
- More projects should concentrate on CBO/CSO capacity building and system strengthening not only in urban areas but also in rural areas too. This is way forward to let service reach and greatly impact people at community level.
- Through implementation of this project and careful HIV problem tree analysis in PNG context; it shows that HIV is not health issue alone. It's inclusive of social, education, law and order, economic problems etc. Therefore, recommending in addressing HIV issue, should take holistic and inclusive or participatory approach, not only with key population.
- From lesson learnt under this project; it is strongly recommended that; every project must have sustainability plans. The plans for raising funds to sustain the project.