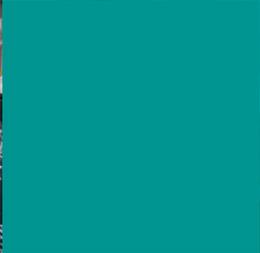


# Changing Attitudes

From awareness to advocacy in social inclusion

Stories from the Incentive Fund Phase III,  
2010-2014

*Prepared by Coffey International Development*

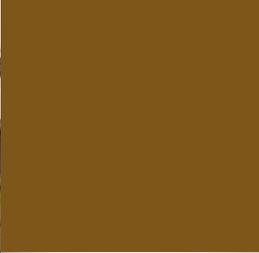


Australian Government

Department of Foreign Affairs and Trade



Department of National Planning and Monitoring



Enabling a better future

DEPARTMENT FOR  
COMMUNITY DEVELOPMENT

**INCENTIVE FUND**

Australia and Papua New Guinea working together,  
strengthening organisations, building stronger communities

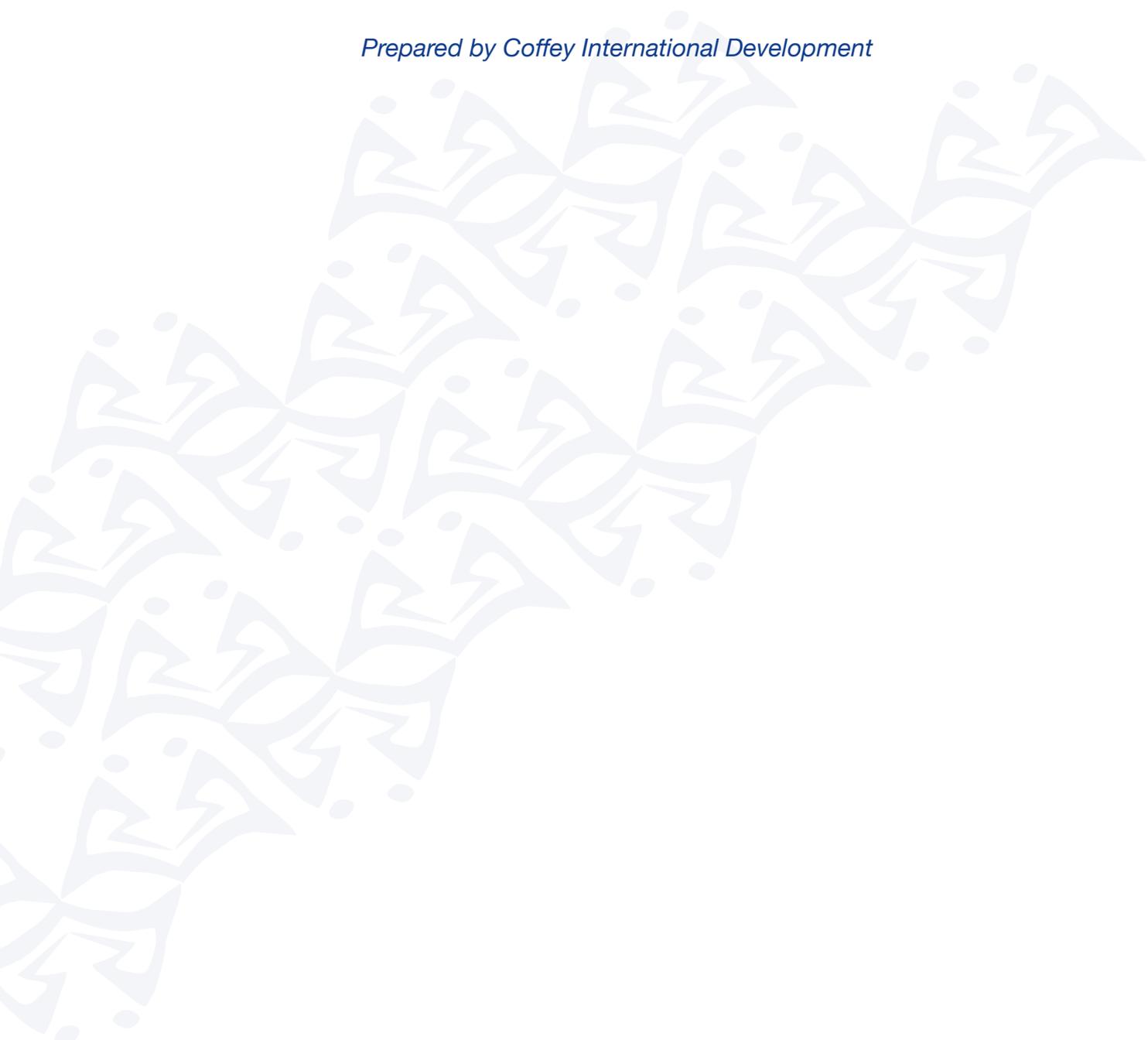


# Changing Attitudes

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The Incentive Fund is a partnership between the Governments of Australia and Papua New Guinea, funded through the Australian Government Aid Program.

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PNG/Solomon Islands Catholic Bishops Conference.

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Incentive Fund officers participating in the fundraising for Breast Cancer.

# Changing attitudes – from awareness to advocacy

## What was Incentive Fund hoping for?

'Mainstreaming' of gender equity has provoked much discussion over the past decade. In the Incentive Fund approach, we considered 'mainstreaming' for women, children, people with disabilities or HIV/AIDS. We wanted to lay the groundwork for increased understanding of the importance of equity of access for stakeholders and beneficiaries of our funded projects.

Our intention was to ensure that this goal was central to the activities of the funded organisations, in policy development, resource allocation, and planning, implementation and monitoring projects and services.

The Incentive Fund focused on policy and activities as the first steps towards longer term changes in attitudes and behaviour.

## Longer term results

How can short term changes lead to longer term results? And what kind of results count as outcomes? Outcomes mapping<sup>1</sup> recognises that development is essentially about people relating to each other and their environment, in this case, their organisation and its services. Outcomes mapping "*focuses on changes in behaviour, relationships, actions and activities in the people or groups the program directly works with.*" It argues that for every change there are "*correlated changes in behaviour*" and "*that many programs can better plan for and assess their contributions to development by focusing on behaviour.*"

We believed that written policies for each organisation was the essential platform from which an organisation could begin to understand the issues and change their attitudes and behaviour. After that, we encouraged a journey of discovery based on activities to enhance current practices in the delivery of service and an understanding of ways in which these could be improved or augmented.

There is no doubt that there have been good development outcomes as a result of organisations instituting policies, reflecting on and making changes in the way they do things, and on reaching out to other organisations and to their beneficiaries.

Learning at the organisational level may be the primary outcome of the Incentive Fund's social inclusion focus ..... that, and the number of service providers and stakeholders who have become involved in improving equity of access for all Papua New Guineans.

As you read the stories, you will identify many changes in the attitudes and behaviours of the funded organisations. Longer term outcomes will depend on the sustainability of this learning.



Incentive Fund participating in the walk "Violence against women and children."

<sup>1</sup> "Outcomes Mapping: building learning and reflection into development programs": Sarah Earl, Fred Carden and Terry Smutylo, International Development Research Centre, Ottawa, Canada.

## This booklet tells many stories

How, based on Australian Aid and Government of Papua New Guinea policies, the Incentive Fund Phase III accepted the challenge of heightening awareness and working for positive improvements for men, women and children, people with a disability or living with HIV/AIDS.

How twenty Papua New Guinean organisations funded by the Incentive Fund for infrastructure projects, embraced the need to improve their building design, policies, practices and services for their clients with extra needs.

Importantly, how a strong relationship with Papua New Guinea's 'custodian' of social inclusion policies – the Department for Community Development – has widened and strengthened the benefits of the Incentive Fund approach.

This booklet will tell you what the Incentive Fund did, how we did it and what we, and our funded organisations, achieved. These are inspiring stories of the first steps towards changed attitudes and behaviours that have resulted from what might have simply been an infrastructure program. The approach is replicable for many development projects and the achievements of the Incentive Fund, including the lessons learnt, can provide a benchmark for future programs.

Without the full support of the Incentive Fund Management Group, Department of Foreign Affairs and Trade, the Department for National Planning and monitoring, and the Department for Community Development and without the excitement and commitment of the funded organisations, the outcomes presented in these stories might not have been achieved.



Provincial Community Development Advisors workshop on Incentive Fund work on social inclusion.

# What is social inclusion?

A socially inclusive society is one where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity. Equity of access to, and quality of services, is assured as automatic rather than seen as a special or separate endeavour.

In many countries this requires affirmative action to change the attitudes or habits that have led to social exclusion, where many people cannot access the same services as others in the same society.

The term affirmative action was first used by President John F Kennedy in 1961, when he signed an executive order to promote actions that achieved non-discrimination. This was followed in 1965 by an order which required government employers to take affirmative action to *“hire without regard to race, religion and national origin.”* In 1967, gender was added to the anti-discrimination list.

It is now well recognised that sustainable development will not occur without gender equity, protection of children and the inclusion in society of people with a disability or living with HIV/AIDS.

**Based on the policies of the Governments of Australia and Papua New Guinea**, the Incentive Fund accepted the challenge of ensuring that funded organisations endorsed the concept of social inclusion, worked towards an increased understanding of the issues of equity among their stakeholders and undertook practical and sustainable activities to improve service delivery and outcomes for all.



Incentive Fund team celebrating World Aids Day.

# What is the Incentive Fund?

It is demand-driven and supports well-managed organisations to access funding for innovative projects that have a strong developmental impact for the people of Papua New Guinea. Phase I of the Fund was established in 2000 and Phase II followed in 2004. Phase III commenced in June 2010 for a period of four years.

**The Incentive Fund goal is to** *“deliver significant and immediately tangible economic and/or social development outcomes for men, women and children.”*

**The Incentive Fund purpose is to** *“strengthen and reward performing Papua New Guinean organisations capable of delivering and maintaining high impact development activities that benefit men, women and children.”*

Since 2000, funded organisations have redeveloped schools, health aid posts, clinics and hospitals, and constructed a market and a bridge. Churches, government, community-based organisations, non-government and private sector organisations have accessed funding. An important highlight has been the level of support and participation by local communities which accrued from the commitment of funded organisations to utilise local expertise and labour.

During Phase III of the Incentive Fund, policies and practices related to gender equality, child protection, disability inclusiveness and HIV/AIDS were no longer addressed as ‘special conditions’ in the Incentive Fund Agreement – a contract between a funded organisation and the Incentive Fund. Positive and constructive consideration of the attitudes of the organisations towards their services to social inclusion groups became an integral part of the Incentive Fund’s four-stage proposal assessment process. (See Annex 1.)

The Incentive Fund Phase III focused strongly on capacity building for funded organisations in monitoring and evaluation, tendering and procurement, project management, financial management and social inclusion.

This booklet highlights the achievements of the organisations in activities promoting social inclusion.



Incentive Fund joined the walk - Stop violence against women and children.

# Who are the funded organisations?

Organisations funded by the Incentive Fund all had strong development goals but social inclusion was not always widely considered. Simple things were missed – access to buildings or services for people with a disability, whether women and children were protected during construction periods, whether construction workers aware of their responsibilities on-site.

Fifteen out of the twenty projects were implemented by faith-based organisations. Twelve were completed by Catholic organisations, two by the Adventist Church and one by the Nazarene order.

Incentive Fund grants were targeted at two key development priority areas established by the Governments of Papua New Guinea and Australia. In the education sector, dormitories, classrooms, staff houses, laboratories and workshops were built. In the health sector hospitals were upgraded, accommodation for staff provided and health aid posts and clinics built.

A complete list of the projects is included in Annex 4. Nine provinces benefitted from the Fund.

The sixty million Australian dollar budget for Incentive Fund grants was used as below:

Sector	Total Kina	Total AUD
Education	82,922,941	37,825,084
Health	48,613,487	22,174,916
Totals	131,536,428	60,000,000



Marianville Secondary School gender and child protection discussions.

# Approaching social inclusion the “PNG way”

Face-to-face dialogue and consultation are the essence of the PNG way. To succeed you need to demonstrate your recognition of local customs and approaches by listening before everything else.

**Trust and mutual respect are required before any working collaboration can begin.**

## Establishing relationships

From the beginning the Incentive Fund focused on the broader social inclusion issues of child protection, HIV/AIDS and disability inclusiveness as well as gender equality. Our Papua New Guinean development specialist quickly introduced ‘the Papua New Guinea way’ of doing things.

The Incentive Fund recognised that the custodian agency of social inclusion in Papua New Guinea is **the National Department for Community Development (Department for Community Development)** and therefore the importance of policy alignment and working together as partners.

This meant a long period of relationship building between the Incentive Fund and the Department for Community Development. Trust and mutual respect were established before any working collaboration began. Discussions about the Incentive Fund’s intention to include social inclusion activities in their funded projects was a starting point to identifying ways in which mutual support could enhance each organisation’s role and activities.

Recognising the critical role of the Department for Community Development and the skills and knowledge of the Department and staff was the critical first step. Collectively we recognised the need for and the benefits of this partnership in increasing the profile of social inclusion issues and in providing advocacy and leadership.

## Building partnerships

Initial consultation with the Secretary of the Department for Community Development began in July 2010 and was followed by individual consultations over three months with sectional heads – Director Child Welfare, Director Office of Development for Women, First Assistant Secretary Gender, Assistant Secretary Disability, First Assistant Secretary Community Development-Community Environment, HIV/AIDS, and Social Impact.

The partnership between the Department for Community Development and the Incentive Fund was formalised through an Engagement Note. Following this, and with the involvement of other departments and organisations, a CCI Working Group was formed.

Based initially on Incentive Fund documentation, the Working Group developed and published a handbook on social inclusion which details the functions of the Working Group and respective roles and responsibilities, discusses the Incentive Fund approach and provides checklists for mainstreaming social inclusion. Funded organisations have used the checklists when writing proposals and to assist in implementing relevant activities in their projects.



Department for Community Development CCI Working Group.



Peter Simbakua, Chairman, DfCD CCI Working Group.

The Department for Community Development now uses the handbook to engage more widely with the Department of Foreign Affairs and Trade, other donors and PNG government agencies. It is also used as reference material for the Department for Community Development in a range of Departmental Divisions (e.g. Community Environment, Community Governance, Community Learning and Development, Policy and Planning, Child Protection, Disability, Gender and Human Rights).

Importantly, the CCI Working Group developed a Provincial Engagement Strategy which encouraged the Incentive Fund and the twenty funded projects to utilise Department for Community Development skills and knowledge to provide training programs and workshops for the funded organisations.

The Department for Community Development delivered two modules of gender training in health and education to approximately 500 men and women leaders and stakeholders associated with 18 of the 20 the funded organisations.

[The Department has also delivered child protection training to leaders and key stakeholders from 16 of the 20 funded organisations.](#)



Hon Loujaya Duna Minister for Community Development and Chairman for the CCI Working Group Mr Peter Simbakua preparing to launch the social inclusion resource manual, based on the manual developed by the Incentive Fund.

# Incentive Fund strategy for working with funded organisations

## The catalyst

The key impetus was the commitment of the Program's Managing Contractor, Coffey, to implementing Australian Aid policies and practices in social inclusion. At the same time, the Incentive Fund team recognised the benefits of women's participation in development. From there it was an easy step to deciding that part of any development project funded would include the promotion of positive social inclusion beliefs and practices. The Incentive Fund team's activities in this area are firmly supported by a social inclusion framework developed by the social inclusion development specialist.

## The strategy

The Incentive Fund strategy to advocate for social inclusion was based on a three dimensional approach to funded organisations, intended to **embed core policies** within management practices and ensure, wherever possible, improved access to services for all Papua New Guineans.

- Working at corporate level within the funded organisations through their plans, policies, procedures, management, culture and staff
- Working at project level, including on the design and practicality of buildings and improved awareness and knowledge on the part of the contractors, beneficiaries and other stakeholders
- Working at services level through 'Champions' to identify where the services provided could be enhanced

**The benefit we expected from this strategy in the first place was that inequalities for women and children, people living with a disability or with HIV/AIDS were made visible and addressed.** The issues were articulated at the highest level within each funded organisation. There would be an improved use of human resources policies and equal opportunities for all staff appointments. The needs and interests of women, men and children would be better understood and more appropriately addressed.

## Management Group support

The Incentive Fund Management Group has been an essential partner in the work of the Incentive Fund and the funded organisations. Without the Management Group's careful judgement and active support for social inclusion, organisations would have had few resources to implement their social inclusion activities.



CCI Working Group displaying the new Reference Book.



Incentive Fund Management Group meeting.

## Information for organisations considering applying for funds

Social inclusion was introduced to potential applicants for Incentive Fund grants from the start of the process.

A 60-page information book was produced for use as soon as the Incentive Fund Phase III doors opened. This book provided details of eligibility for funding and the way in which initial and detailed applications should be prepared. Templates for each application stage were provided, including an overview of the social inclusion issues to be covered in the documentation. Organisations were asked to state whether or not they had written policies on HIV/AIDS, gender, child protection, disability inclusiveness and environment, and if so to describe and attach these policies to their submission.

Organisations were also required to describe any consultations with people with a disability or HIV/AIDS, or women, during the development of their concept proposal. If invited to prepare a detailed project proposal this had to include expanded discussions on the social inclusion areas and issues and how these were addressed by the organisation. An annex provided examples of very practical suggestions for social inclusion activities which could be considered by an organisation and implemented if approved for funding.

A series of regional introductory workshops were held in five provinces to provide an opportunity for interested organisations to obtain the information book, ask questions and seek additional advice. The workshops addressed the need to consider social inclusion activities in projects and proposals.

## Working with funded organisations

The Incentive Fund began working on social inclusion with organisations even before they prepared their detailed proposal or were approved for funding. Twenty-six organisations lodged concept proposals which passed the first two stages of appraisal and Management Group consideration.

At that point the Incentive Fund visited each organisation for two or three days and undertook an extensive **organisational assessment**, spending considerable time discussing project management, social inclusion, current services and approaches and possibilities for improvements. These discussions helped form the basis of the organisation's detailed proposal. Feedback from participating organisations indicated that the discussions were extremely helpful.

Organisations' gender, disability, HIV/AIDS, and child protection policies must be in place and activities and capacity assessed at a critical pre-funding stage in an organisational assessment process.



Pacific Adventist University debate session on the issue of 22 reserved seats for women in parliament.



National Womens Day celebration at Pacific Adventist University.

Even so, the detailed proposals were assessed on the strength of the project links to GoPNG and GoA priorities, their value for money and their potential to achieve strong development outcomes. Descriptions of their approaches to social inclusion and any proposed new activities were noted: if an organisation was approved for funding this information was used as the basis for on-going discussions between the Incentive Fund and the organisation.

## Social inclusion and implementation workshops

Once approved for funding, organisations signed a contract known as an Incentive Fund Agreement. The Agreement covered all details of the project to be implemented, with roles and responsibilities, activity and cost schedules, details of outputs and outcomes and requirements for social inclusion.

As soon as the Incentive Fund Agreement was signed a collaborative implementation workshop was facilitated by the Incentive Fund and attended by organisation management and staff and key stakeholders. Electronic copies of GoPNG and Australian Aid policies and other relevant documents were provided by the Incentive Fund, as well as Incentive Fund and CCI Working Group frameworks and activity sheets. The Incentive Fund approach – equal access as an integral part of any organisation’s policies and practices – was explained as were the implications for organisations. The workshops were interactive and encouraged attendees to develop new and innovative approaches.

Organisations appointed a social inclusion Champion, normally a senior member of the organisation, and a social inclusion committee. Once these were in place organisations were required to provide a baseline measure by assessing or auditing their current policies, projects, activities and services provided to women, people with a disability or living with HIV/AIDS, or for child protection. An ‘audit sheet’ was provided by the Incentive Fund and support was given where necessary.

The baseline had several functions – as training in good monitoring and evaluation practice, as well as providing a ‘real time’ assessment of existing policies, services and practices.

The Champion and committee, with Incentive Fund support, identified ‘gaps’ or ‘entry points’ – areas where services and activities could be improved or introduced to ensure social equity and access, as well as improve attitudes and behaviours.

Based on the assessment, the committee selected extra activities that the organisation felt strongly about. An action plan including resource needs was developed and provided to the Incentive Fund. These were approved by the Management Group and extra funding (up to K50,000) was granted where necessary.

At the same time, the Champions and committees identify sources of training assistance, including establishing links with the Provincial Department for Community Development, Callan Services, the National Aids Council and other experts in social inclusion issues.



Mainohana Secondary School implementation workshop participants.

## What were the challenges?

There were a number of challenges in developing the Incentive Fund approach and implementing this with the funded organisations.

The biggest challenge was ensuring that organisations were able to resource any increase in activity or the introduction of new or improved services. For this we must thank the Incentive Fund Management Group for their understanding of the importance of social inclusion in development activities and making positive decisions to resource these activities.

Other challenges faced by the Incentive Fund included the task of sensitising management and staff of each organisation to how addressing social inclusion issues would enhance their services and the benefits to their stakeholders and clients.

**This meant addressing existing attitudes or opinions such as:**

- ▶ social inclusion issues were not an organisation's 'core business'
- ▶ it had little to do with an infrastructure project
- ▶ increasing activities would be a waste of resources and not directly related to development
- ▶ there was no budget to undertake social inclusion activities
- ▶ management beliefs that the issue should be addressed at the service rather than the organisational level

## How were these addressed?

Once again the 'PNG way' was important in achieving real results. Relationships were built, and trust was established before the Incentive Fund development specialist visited and worked closely with the organisations and staff interested in becoming involved. Information and support from the Incentive Fund was constantly offered.

The Incentive Fund's training workshop was the start of things. The organisations initially complied as a necessity but gradually enthusiasm grew as familiarisation increased. Organisations began to look outside of their day to day operations and identify other organisations that could help or provide training, or with whom there were reciprocal interests.

The process was a series of building blocks, based on the original 'carrot' – funding for infrastructure – and then being informed, enthused and supported to examine the possibilities and make their own choices about their policies and services, Champions and implementation partners.



Incentive Fund Management Group meeting at PNG Maritime College.



Incentive Fund consultation with Rosary Secondary School.

# What was achieved?

**All twenty funded organisations now have documented policies for gender equality, child protection, HIV/AIDS and disability inclusiveness firmly in place, and implemented.**

**They have also signed a statement of commitment to address social inclusion issues within their organisation and their services to beneficiaries.**

Eighteen of the twenty projects have successfully completed a range of activities in one or more social inclusion areas, to address and instill positive attitudes and behaviours towards women and children and people living with HIV/AIDS or a disability. (See map on page 24-25).

The results of the focus on increasing the understanding of organisations, stakeholders and beneficiaries about issues of equity and access for all people have been startling. Individuals have made remarkable changes to their lives: contractors have become aware of better ways of working.

**Hospital staff** have changed their approach to survivors of domestic violence, child protection and disability.

**Secondary schools** have identified extra ways to support and encourage leadership and community responsibility in their students.

**Health clinics** have focused on service to children and women and have recognised the needs of men in their support services.

**Champions of social inclusion** have appeared in all projects, but none more spectacularly than in the case of Sister Mary Claude, who first was project manager for the Madang Catholic Health Services project and then moved to manage the project at Rosary Secondary School, Kondiu.

**After a workshop with the Incentive Fund on child protection and the Lukautim Pikinini Act, Sister Mary Claude has changed the outlook and policy of the Catholic Church in Papua New Guinea and the Solomons. Her story appears later.**



Gender showcase organised by Department of Foreign Affairs and Trade in 2011.



Mr Paul Constable and Sister Mary Claude at Child Protection workshop with Incentive Fund staff.

# Will social inclusion be sustainable through these processes and activities?

Sustainability is a key factor for the many improved services, attitudes and behaviours which are related in the stories in this book.

The Incentive Fund considered seven areas to support the organisations in their efforts:

- ▶ the higher level partnership between the Department for Community Development and Australian Aid;
- ▶ the CCI Working Group, at policy level;
- ▶ the services available to organisations through extended links with Department for Community Development, Callan Services, the National Aids Council and others;
- ▶ updated or new organisational policies on gender equality, disability inclusion, child protection and HIV/AIDs firmly in place;
- ▶ high-level management support within organisations;
- ▶ social inclusion Champions and committees at the services level within organisations
- ▶ financial and human resources to maintain the importance of social inclusion beyond the life of the funded project.

The Incentive Fund approach has strengthened the organisation at several levels:

- The corporate level with improved or new written social inclusion policies in place and implemented
- The operational level to ensure equity and access for all
- The services level to ensure improved service attitudes, which address the needs of all people equitably.

Fifteen of the twenty funded organisations have committed resources to ongoing social inclusion activities and mainstreaming.

Ten full time positions for social inclusion officers have resulted. Twenty-nine people have been certified as child protection officers and deployed to every Catholic diocese in Papua New Guinea and the Solomon Islands.

Other resources such as offices, vehicles and extra services have been adopted as part of long term improvements to social inclusion outcomes.

Ongoing education and training programs have been funded. A provincial disability association has been established in Milne Bay Province. Six people with disabilities have gained employment.



Mr Kit Black - General Manager of Coffey International Development at the presentation of funds raised by Coffey staff for breast cancer after walking the Kokoda Track.

# Lessons learnt for the future

The Incentive Fund's strategies for working with funded organisations to strengthen service delivery in Papua New Guinea, have confirmed key aspects of success and the sustainability of improved attitudes and behaviour.

Infrastructure or similar projects **can** provide a catalyst for attitude and behaviour change in gender, child protection, disability inclusiveness and HIV/AIDS beliefs and approaches to services. Social inclusion sensitisation **can** act as a 'seed' for the future as organisations realise the possibilities to enhance the lives of the men, women and children who access their day to day services.

1. Social inclusion activities should be aligned with the Government of Papua New Guinea policies and links with relevant agencies are important
2. Social inclusion must be a key component of an organisation's corporate plans and goals and recognised as an integral part of day-to-day service delivery. Active support at the most senior levels of management must be elicited and sustained
3. The organisation should support the role of a social inclusion Champion and appoint a representative social inclusion committee to identify entry points and service opportunities
4. Social inclusion activities associated with a development project should be adequately resourced to undertake appropriate, practical and impactful activities that can be sustained over time
5. Training is most effective after positive relationships and mutual trust are established between the organisation, donor and partner agencies (eg; Department for Community Development)
6. Organisations applying for funding for a development project must demonstrate how social inclusion activities will be linked to their organisation, their project, and to their service delivery
7. Screening, appraisal and selection and funding processes for applying organisations must include social inclusion requirements at each stage of the selection process (see Annex 1, four-stage process)
8. Support must be given to funded organisations to develop clear, simple and measurable indicators which are based on the organisation's service delivery objectives
9. Committed program leadership and a dedicated social inclusion development specialist are essential to support program staff and funded organisations in understanding and implementing social equity.

The Chairman of the CCI Working Group said:

*"there are three things I monitored in the process which I believe have been the key to the success of this partnership. One is the 'mechanism', another is the 'content' and the other is 'the PNG way'."* (June 2013).



Department for Community Development staff being presented with the Incentive Fund map of funded project activities.



Peter Simbakua - Chairman, CCI Working Group.

# What the Independent Progress Report said

In October 2012 a report by an Independent Review Team, commissioned by Australian Aid to review the performance of the Incentive Fund, said of the social inclusion activities:

- ▶ In most institutions the appointment of a CCI Champion has encouraged management to formally adopt policies and procedures in support of their focal (selected) areas
- ▶ Engagement between the Incentive Fund team and the Department for Community Development has led to the Department taking leadership on promoting the integration of cross-cutting issues across its development portfolio. The Department for Community Development is also using the (Incentive Fund) handbook to engage more widely through its broader cooperation with Australian Aid, other donors and PNG government agencies
- ▶ Most of the service providers (funded organisations) have taken the out-reach approach whereby they undertake awareness in the communities within which they are located



Independent Project Review Team visiting Kudjip Hospital Project.



Fatima Health Centre staff and Incentive Fund Program Manager Paul Constable during the Independent Project Review team visit.



# Stories from the organisations



# Introduction

The Incentive Fund Management Group approved Incentive Fund grants for infrastructure projects to twenty organisations. The total value of the grants was AUD60 million.

In all cases, the organisations saw their projects as necessary to address their service delivery needs. But organisations learnt in the early stages of developing a project proposal that there was a lot more to an Incentive Fund grant than just building or renovating facilities. Information books and discussions outlined social inclusion as well as monitoring and evaluation, tendering and procurement and financial management requirements.

The map on the following page gives brief details of the funded organisations and the social inclusion activities.

The implementation of the Incentive Fund social inclusion framework with funded organisations has been a notable success. Projects have provided many stories of extended networking and staff and individual 'conversion' from a lack of awareness to a state of advocacy for social inclusion issues. The approach has been acknowledged by stakeholders as unique but transferable to any development project.

Social inclusion Champions are males and females of high ranking positions within the funded organisations and the social inclusion committees have become committees of the executive management. Social inclusion has been articulated at the highest level, organisations have developed internal, issue-specific policies in gender, child protection, disability inclusiveness and HIVAIDS and these are in use. Existing services or activities have been improved and/or a whole new way of looking at the services they provide to the beneficiaries has been adopted.

The stories in this book have been gathered from monthly and quarterly reports provided as part of the monitoring requirements for projects. Other stories have been gathered during site visits made by the Incentive Fund team.

Almost all organisations have recognised the passion and dedication of Josephine Gena, the Incentive Fund Development Specialist responsible for supporting organisations to implement and achieve their social inclusion objectives. The Papua New Guinean way of doing things – developing relationships and trust before seeking action – has resulted in some remarkable achievements.

Most organisations have gone well beyond merely developing and adopting written policies. In one instance, a fervent supporter of child protection has initiated activities that have impacted every Catholic diocese in Papua New Guinea and the Solomon Islands.

The Chairman of the CCI Working Group has said: *“Social inclusion adds a new human dimension to physical infrastructure and increases opportunities to meet human development goals...”*

Read on to find out how.



# INCENTIVE FU

Australia and Papua New Guinea working together, str

## Changing attitudes t

**Vanimo General Hospital**   
 Social inclusion now added to hospital policies. Specific gender and child protection training for staff; facilities appropriate for disability services installed; and Family Support Centre established.

**Kudjip Nazareen Hospital**   
 Social inclusion committee broadened to include Nazarene Teachers College, community representatives, preschool and primary schools. Hospital staff, teachers college staff and community leaders given child protection and childbirth registration training. Established partnership with NGO to address gender-based violence over time.

Manus

Lorengau

**Divine Word University**   
 Social inclusion embedded in programs. Gender studies in humanities courses, compulsory for all third year students. Inclusion Champions appointed to administration supported through a recurrent budget.

**PNG Maritime College**   
 College policies updated. Training in social inclusion. Improved level of engagement with key stakeholders. Equity in maritime industry, especially at master certification level.

**Madang Catholic Health Services**   
 10,000 vaccines for children supplied to Josephst... of mama waiting haus reduces 6 to 8 hour walks for health facilities. Bathub delivery facilities provide... reduce complications.

**Mt. Hagen Catholic Health Services**   
 Social advocacy work on gender-based violence commenced with more participation by men. Training integrated into health clinics in various communities and will continue beyond the project life. Partnership with NGO to address gender-based violence over time.

**Notre Dame Secondary School**   
 Clear roles and responsibilities in child protection understood through leadership training. Gender-relevant teaching materials developed for classroom and outreach activities. Childbirth registration provided students with birth certificates before graduating.

**Mt. Hagen Technical College**   
 HIV/AIDS policy development completed: 38 teachers trained to use HIV/AIDS teacher's manual to embed the training in core courses. Partnership established with Anglicare to provide VCCT to students and staff.

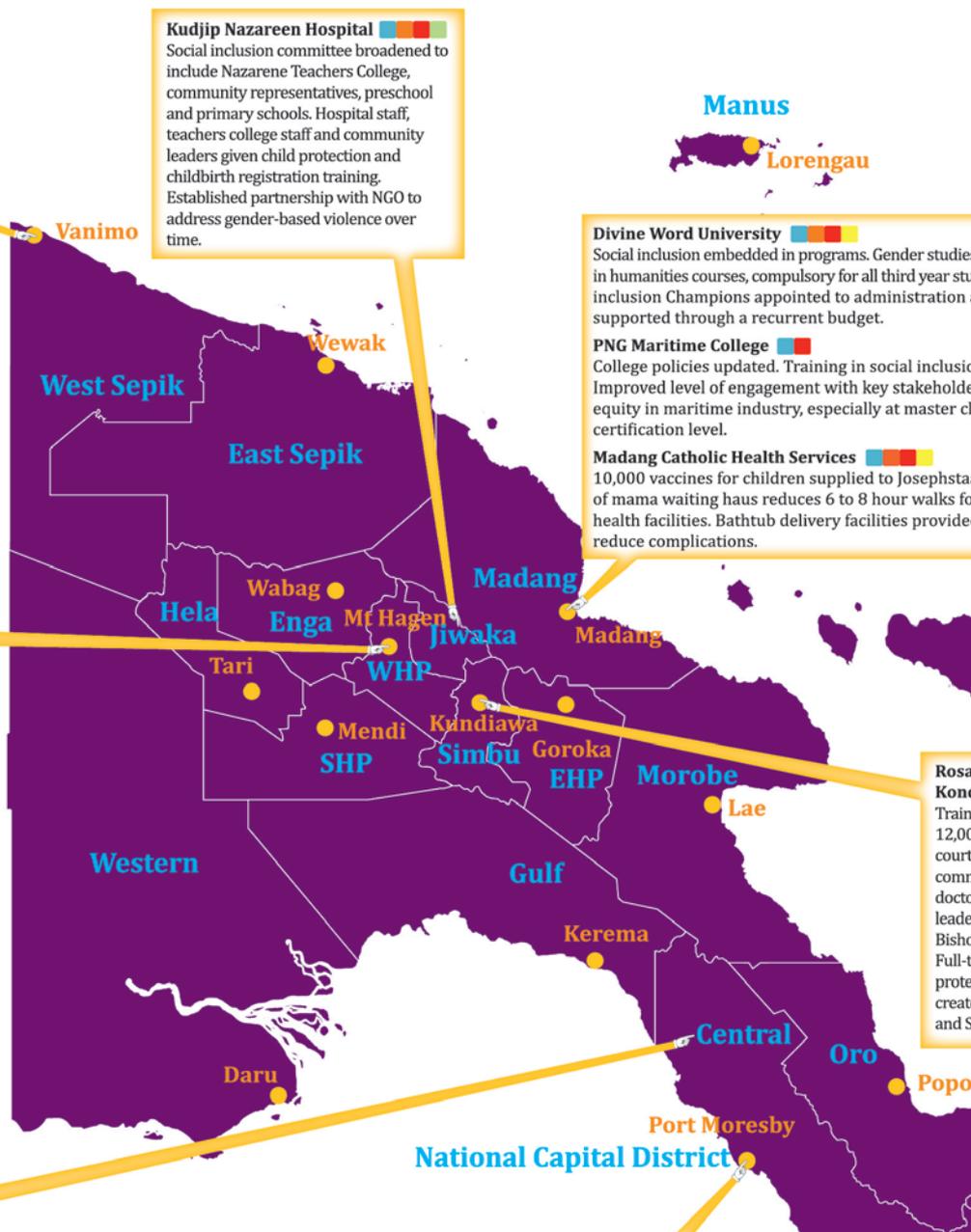
**Mainohana Secondary School**   
 Mainohana improved mitigation approaches in addressing violence and abuse. Teachers in 33 feeder schools in Bereina and Tapini trained in child protection and gender. Statement of commitment on gender and child protection endorsed by the Board of Governors and in use.

**Pacific Adventist University**   
 New social inclusion policies in gender, disability and environment approved by the University Council. Provision of resources to support students with disability: the new Dean for female students, appointed as Disability Champion, is wheel-chair bound.

**Marianville Secondary School**   
 The "breakfast club" initiated by the social inclusion committee ongoing: membership rose from 60 to 350 girls each day. Social inclusion Champion awarded Australian Aid scholarship for gender and development training at Flinders University. Peer educators program mainstreamed into school's 2013 activities and will continue beyond project life.

**Caritas Secondary School**   
 School established a social awareness club as subcommittee to the management. Teachers building networks to provide support for students with social problems. 660 students, 1000 parents trained in child protection. Child protection activities integrated into school calendar.

**Hohola Youth Development Center**   
 Empowered the Lasallian network in PNG on obligations in child protection. Social inclusion policies now embedded in HYDC teachers' manual. "Student helping student" program commenced to provide funding for breakfast club.



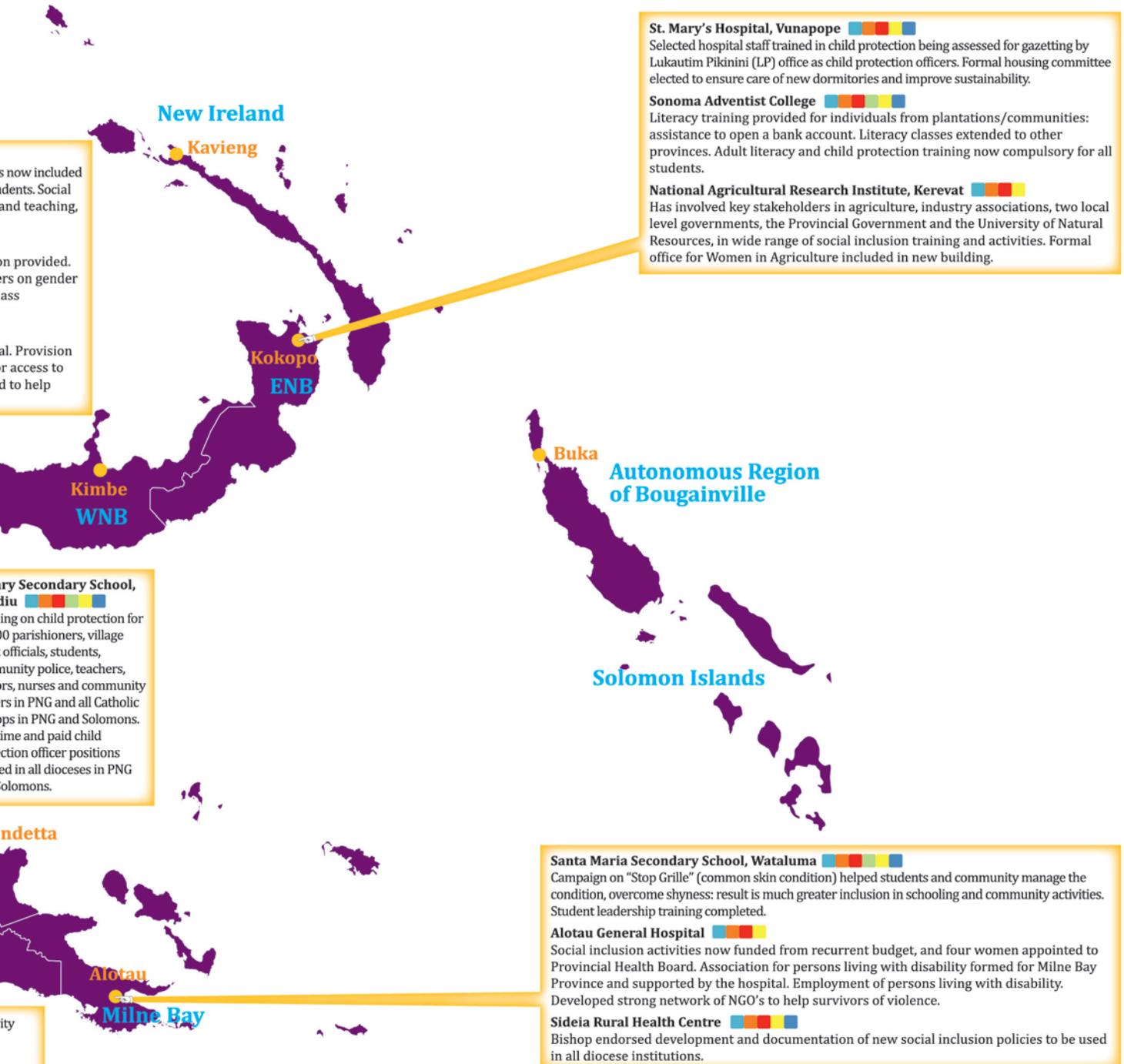
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# 2010 - 2014

Strengthening organisations, building stronger communities



## Through Social Inclusion



Legend	Sr. Mary Claude's Advocacy on Child Protection					
	Gender	Child Protection	HIV/AIDS	Environment	Disability	Policy Commitment

# Papua New Guinea Maritime College

## PNG Maritime College



A grant of 5,959,063 kina was provided to the College for the construction of a new library and female dormitory, a new electrical/electronic workshop and new survival training facilities within an existing building, designed specifically for Helicopter Underwater Escape Training (HUET). The existing navigator simulator and maritime distress safety systems were upgraded.

The improved facilities, opened in March 2013, will assist the College to maintain international standards of training and retain the 'White List' accreditation status from the International Maritime Organization.



Seafarers in the new library for the college.

## Social inclusion activities

Social inclusion activities at Maritime College were self-funded. After the audit of current policies and practices the College changed their policy on maritime practices. The commitment of College management to social inclusion is set out in the College's Equity and Equal Opportunity Policy. The organisation upholds the principle of equality and embraces:

- ▶ Social inclusion – providing equal opportunities for persons who may be disadvantaged in any way (within the limits of legislation) with regards to duty of care, safety and protection of environment and property.
- ▶ Gender equality – ensuring that equal opportunities are accorded to women and men without fear, favour or discrimination and in particular to women in industry in leadership roles and for a very exciting and challenging career at sea.

In March 2012 the College convened the first large conference of maritime industry stakeholders to familiarise the sector on gender issues and discuss ways of increasing the number of female employees and seafarers. At this forum, the Incentive Fund partnered with the National Maritime Safety Authority (NMSA), Department of Transport, Transport Sector Support Program, Department of Transport, PNG Women in Maritime Association and the Gender Section of Department for Community Development to conduct awareness on and promote gender equity in the industry.

The College endeavours to continue its good work in maritime education and training and to encourage women to participate in the industry in sea and shore occupations.

More female seafarers will further their studies towards master class certification, adding to the pool of skilled officers available to the maritime industry.

## Meet Davidiana Martin



Davidiana Martin at Maritime College, Madang.

Davidiana Martin aged 35 and the mother of two children aged 5 years and 2 years started a career in shipping after completing a course at the Fisheries College in Kavieng, New Ireland. She now works with Lutheran Shipping. The company only recently accepted female employees – Davidiana and one other. Davidiana says, *“This is because the shipping industry in Papua New Guinea has traditionally been male dominated.”*

Empowering women to participate in the economy, leadership and education because of the critical untapped role of women in development is one of the ten development objectives of the aid program.

A returning student at the Maritime Training College in Madang, she is undertaking a six months certificate course which will enable her to become a Mate 4.

Excited by the new equipment at the College, Davidiana said,

*“The navigation simulator gives a real feel of what the actual thing is like, in a safe environment. There was an incident in 2005 when students were training on a run-down old vessel in the harbour, and the vessel nearly tipped over – we could have drowned.”*

She added,

*“A big ship really swings and this (the navigation simulator software system) gives us an opportunity to feel how it really is in a bigger ship, how to navigate in heavy seas, in the dark, and approaching a harbour. Similarly the simulator in the survival training centre means we can train, confident that we are safe.”*

The project funded by the Incentive Fund included upgrading the library.

*“The old library was cramped and resources out of date. I am looking forward to using the new library with better access to resources on navigation, ship stability, and survival.”* Davidiana said.

Davidiana is keen to encourage other women to take up studies at the Maritime College and seek a career in the maritime industry.

*“The conditions here (at the College) are excellent. There is a lot of work available; the pay is okay; the conditions are good; there are opportunities for further study and promotion and more girls should get involved.”*

Davidiana works on local shipping routes between the New Guinea Islands but with her new skills and knowledge she said she is looking forward to working on international routes.



Social inclusion induction with Catholic Health Services Madang, Divine Word University and the PNG Maritime College.

# Divine Word University



Divine Word University received an Incentive Fund grant of 8,301,700 kina for the construction of three double-story dormitories for female students and two for male students: a total of 320 extra beds. The dormitory blocks have exterior laundry areas and Haus Win. Water tanks were included in the project. Social inclusion activities were funded by the University.

As a result of the Incentive Fund's focus on social inclusion, gender studies are now included in humanities courses. Formal positions have been made for social inclusion Champions in administration and teaching and the positions are supported through a recurrent budget.

For the first time, Divine Word University (DWU) ensured that their new dormitories are accessible for people with a disability with bedrooms, ablutions and laundry areas specially designed for wheelchairs. A room in each dormitory is set aside for a physically challenged student.

And the Incentive Fund social advocacy work on disability has resulted in the launching of the Papua New Guinea Physiotherapy Association at Divine Word University.



Disability toilet facility in student dormitory.



Stuart Schaefer, Minister, Development Cooperation admiring the wheelchair friendly environment.

The University's social inclusion Champion for the project completed a student survey, aimed at identifying the level of understanding among students of issues around gender, HIV/AIDS, disability, child protection and environment.

The survey revealed that students considered themselves familiar with DWU gender policies but uninformed about policies on disability or HIV/AIDS and unaware of support services offered by the University.

Following this survey, the 2012 Orientation Week for 520 new students included for the first time presentations and discussions on gender (the selected DWU entry point for social inclusion) and HIV/AIDS. Cultural perspectives and positive and negative gender practices in PNG were discussed. Students were asked to move around and introduce themselves to five people of the opposite gender.

A surgeon from Modilon Hospital discussed HIV transmission and methods of personal protection. These students will be surveyed again to identify any lasting changes in their attitudes towards gender and HIV.

Recently, the University has involved students in activities to celebrate International Women's Day and National Disability Day. More importantly, as reported by Father Jan Czuba, DWU President, the University is demonstrating the importance of social inclusion for their students by creating a paid position."

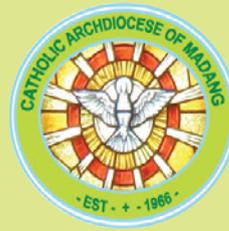
*"And the interesting thing is the social inclusion issues. We are not only trying to promote social inclusion in the project but have taken on board in DWU to integrate it in what we do and to do that we have employed a full time person who will be coordinating social inclusion at the university."*

The employment of a full-time coordinator ensures that social inclusion activities are fully supported by the organisation long after the completion of the Incentive Fund Project.



Project Management Team at Divine Word University.

# Madang Catholic Health Services



Madang Catholic Health Services received an Incentive Fund grant of 7,921,000 kina (including 45,000 kina for social inclusion activities) for a range of facilities.

Maintenance and upgrading was completed on 2 health centres, 5 staff houses, 2 hospital wards, an administration block, radio room, store and generator room. A 4WD and a 23 foot motor boat, 3 generators and 3 solar systems were purchased. Twenty-four new staff houses, 6 aid posts, 2 mama waiting houses, and one each community health centre, isolation ward, outpatients' clinic, ablution block and water supply system were constructed. The new buildings and services provide access to health services for remote communities, overcoming the need for day-long walks to the nearest health facility. They also have ramps to ensure disability access.

With the opening of the project's satellite health centres the walk to health services for sick people in the Middle Ramu will be reduced from 8 hours to 2 hours.

The Health Services chose **mother and child health** as the focus for their social inclusion activities, with a commitment to tackle the high rate of maternal mortality. With, for many, a walking distance of 7-8 hours to the nearest road, access to immunisation for children was very limited. Under their social inclusion budget the project management team purchased and delivered **10,000 vaccines** for children in Josephstaal and Annaberg. This was the first time vaccines for children have been supplied to Josephstaal, an important boost to child health in the areas.



Madang Catholic Health Services Kokopogosa mother and child clinic.



Tetanus awareness training at Asumbati.

**Maternal care services** have been upgraded with a mama waiting house in Josephstaal. This has two new baths for mothers (delivering in a bath of water is a new practice for PNG). This facility will enable **early detection of problems** and ensure safe delivery during labour. Fathers are encouraged to accompany their wives to the centres and while there, they are exposed to health education.



Counselling on **mother/child transmission** of HIV/AIDS is provided during the weekly antenatal clinic when the nurse in charge explains to as many as possible the seriousness of HIV/AIDS in general and how important it is that all unborn babies be given the chance to a healthy life free of HIV/AIDS. This will continue over time as most health centres have rural pathology laboratories and VCCT centres.

The Diocese has embedded social inclusion into its structure and processes by **establishing a social inclusion office**, employed an officer and allocated a vehicle to enable the social inclusion program to be extended to its parishes. The project manager is a female with many years of experience in health services in the outback of Madang province.

Child protection work has been extended to the priests, nuns, brothers, catechists of the Catholic network as well as to Madang Teachers College and Tusub Secondary School.

The opening of a well-resourced social inclusion office is a very positive sign that the Diocese will sustain the impetus gained through the Incentive Fund project, in raising awareness and changing behaviour in key services.

The health services conducted community awareness in social inclusion issues at each of the project sites. This has resulted in strong community support for the building and contractors as well as for associated activities. For instance, the communities gathered to carry drugs from the airstrip to one of the new health centres at Josephstaal. The communities re-built a landing strip for planes and helicopters bringing in building materials and medical supplies.



Community carrying drugs.



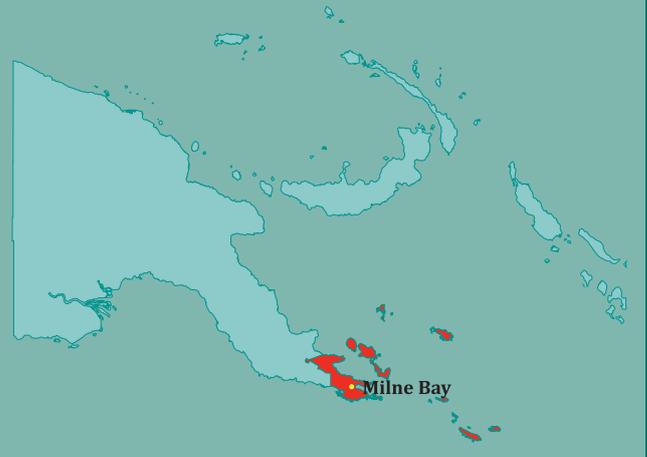
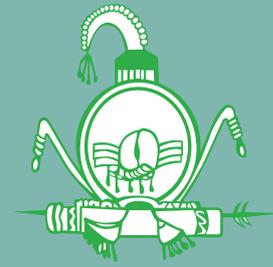
Re-building the landing strip.



First landing.

Many people from local communities assisted: there is obvious commitment to the new facilities which bodes well for sustainability of the resources. In this photo the communities helped unload building materials from the first flight to their new airstrip.

# Alotau General Hospital



Alotau General Hospital (AGH) received the maximum Incentive Fund grant of 10 million kina for the construction of a new administration building, medical and maternity wards, consultation clinic, eight 2-bedroomed nurses' units and upgrades to the existing power supply and pathology laboratory. Savings were identified in the project and an amount of 11,244 kina was re-allocated for social inclusion activities.

The Incentive Fund worked with the Hospital to raise awareness of the social inclusion requirements at a very early stage in the process of tendering and procurement for the project. This meant that the Hospital was one of the first Incentive Fund projects to give prominence to social inclusion: they chose disability and gender as the focus for their designated activities.

High level familiarisation on gender issues has been one of the foci and as a result, four women have now been appointed to the Provincial Health Board.



Mrs Gloria Warren - Member local business sector rep, Mrs Betina Ilaisa Member Religious Denominations, Mrs Lilly Israel - Member general community rep, Mrs Anna-Latu Dickson Member women in community chairman with AGH CEO at the back.

The CEO of the Hospital has said: *“Gender balance was a factor in the decision of appointment through our recommendation. We did it at the time when we were accepted on our proposal for the Incentive fund project. We were basically implementing our commitment in our proposal submission to Incentive Fund. Cross cutting issues were almost always discussed in our Board meetings as half of the Board were women. My opinion and observation is that the government can make a mandatory requirement that half of the Board members should be women in all government boards. Our experience shows it does help in the balance of opinion when women are involved.”*

In its preliminary **bidding documents for building contractors** the Hospital emphasised disability-inclusive planning, design and construction. Social inclusion issues were also included in the appraisal checklist used by the tender evaluation committee during the contractor selection process.

Subsequently, the Milne Bay Provincial Supply and Tenders Board have adopted the Hospital's approach and all tender bid documents for the Province now have social inclusion awareness, gender equity and disability access requirements.



People living with disability attending the disability workshop in Alotau.

As part of the project the hospital convened a workshop for provincial people living with disability. The January 2012 workshop was facilitated by the Hospital's physiotherapist & the Milne Bay Disability and Advisory Committee, supported by the Incentive Fund. The physiotherapist who organised the workshop said:

*"I would like to thank the Milne Bay Provincial Authority and most of all the Incentive Fund for the support to host this important workshop to address disability. It will go a long way in empowering people with disabilities."*

As a direct result of this workshop, the Milne Bay Association for Persons Living with Disability was formed for the Province with membership across all districts and support from the Hospital. The organisation has been officially registered with the Investment Promotion Authority. Activities have been extended to the islands of Milne Bay and have generated practical support from partners and the families of people living with a disability. Business houses have contributed greatly towards the new association and its program. The hospital has ordered twenty new wheelchairs and embedded home visits and outreach activities into the Hospital's main outreach program.



National Disability Day celebrations: 31st of March 2012. Theme: Empowering youths with disabilities.

In partnership with the hospital, the Milne Bay Association for Person's Living with Disability (MBAPLWD) focused its attention on promoting disabled sports in the province. This resulted in five people with a disability being selected for the PNG Games, where they did very well.

The hospital's social inclusion Champion has said:

*"It will be an ongoing attachment where we want to identify the best disabled athletes who can take the name of the province to participate in the disabled sports locally and internationally."*



Staff participants at Alotau General Hospital cross cutting issues workshop.

The Incentive Fund support and advice has helped the hospital to move social inclusion beyond service delivery to become an integrated part of hospital policy.

Overall, the hospital has gradually improved services in physiotherapy, paediatrics, maternal care, mother and child health and HIV/AIDs and are now committed to funding a full-time position and social inclusion activities from their recurrent budget.



Staff from Provincial Department of Community Development and Alotau General Hospital at the Incentive Fund Implementation Workshop.

# Mainohana Secondary School



Mainohana Secondary School was provided with a grant of 9,700,260 kina to build four 80-bed dormitories, two ablution and laundry blocks, a double storey block of six classrooms and four trade workshops. The grant included 29,600 kina for social inclusion activities.

The school chose gender and child protection as their focal points for social inclusion activities.

The school took strong ownership of the issues: a social inclusion committee was established and undertook a range of activities and measured the level of understanding of theories and concepts on social inclusion definitions through 'pre and post' training surveys.

Mainohana Secondary School's social inclusion committee planned and delivered awareness and training programs on child protection and gender to teachers and students in 23 Mainohana feeder schools in the Bereina and Tapini areas of Central Province as well as to teachers and students at Mainohana.



Mainohana teachers after social inclusion training.

At one feeder school 43 people were trained in gender and child protection, and health workers at Tapini have also attended awareness training. During the project period up to a total of 1250 people were trained in the importance of the enrolment of girls in school. With essential partnerships established (eg with the Department for Community Development) this training is expected to continue over the coming years.

Child protection mitigation at Mainohana has traditionally relied on spiritual counselling but as a consequence of the Incentive Fund training Mainohana has recognised that the mitigation approaches within the law may have better results in overcoming violence and abuse.

Mainohana Secondary School has carried out HIV/AIDS awareness including the rights of men and women. Students, teachers, construction workers and communities around the school attended a teacher in-service workshop on child protection, gender & HIV/AIDS, including staff from the feeder schools for Mainohana Secondary School.

An unexpected outcome from the community engagement with feeder schools and their involvement in social inclusion training from Mainohana has been the strong encouragement for more girls to enrol in feeder schools. Positive community perceptions on what girls can bring to family and community have been discussed to address the strong culture limiting enrolment in the past. The increasing enrolment is now pushing the provincial government to address long awaited extra funding for staff positions – an issue that the Parents Group has been working on for three years.



Opening Day of the Mainohana Secondary School new facilities. Seated from L-R: Tina Wamilat and Josephine Gena from Incentive Fund and Sr. Regina, Principal of Mainohana Secondary School.

# Vanimo General Hospital



Vanimo General Hospital received an Incentive Fund grant of 7,870,948 kina to build a new administration block including a conference centre, dental and radiology clinics, a 36-roomed dormitory for single nurses, twelve 2-bedroomed staff units and a social services building. A new payroll system and local area network were installed. Of the grant 45,984 kina was used for social inclusion activities.

An examination of Hospital policies was the first social inclusion activity. Consultations with all staff were entered into and the Hospital then focused on **embedding social inclusion into hospital policies and specific up-skilling for hospital staff on gender and child protection requirements**. The CEO has said: *“During the life of the project the agenda on social inclusion has taken prominence at the hospital. Now that a working committee has been appointed, we have made quite a few achievements. This has had an impact in the Province as well.”*

Institutional strengthening was followed by providing an appropriate facility for persons living with disability and establishing a Family Support Centre. The Centre provides medical assistance, counselling, paralegal assistance and immediate temporary accommodation for survivors of sexual and gender based violence. The hospital is now funding two more full-time positions for staff at the Family Support Centre.

The Centre is also able to provide services in ante-natal care, family planning, pap smear screening and a well-baby clinic due to the recent recruitment of a specialist doctor (Obstetrician & Gynaecologist). This was made possible by the new staff accommodation built as part of the Incentive Fund project.

The Hospital's new physiotherapy ward will become the focal point for the counselling and treatment of people living with disabilities.

Rural workshops focused on gender based violence resulted immediately in increased numbers of people coming to the Hospital's new family health services for support and advocacy (patient numbers rose from 255 prior to completion to 325 immediately afterwards, an increase of twenty-two percent). Ante-natal visits have risen from 625 in 2012 to 2,717 in 2013. HIV counselling has risen from 114 in 2012 to 553 in 2013.

The hospital will continue to monitor attendance at the health services.



Sr. Wangama talking to primary school students during education week in Vanimo, about the impact of HIV/AIDS on young people.



Opening of Vanimo General Hospital Family Support Centre.



Mr Francis Petos: Vanimo General Hospital Manager - Family Support Centre.



Mr Francis Petos, a member of the social inclusion committee at Vanimo General Hospital talking to BSP staff on HIV/AIDS and safe sex during the education week in Vanimo in October 2011.



Vanimo General Hospital social inclusion committee members in discussion.

# Pacific Adventist University



Pacific Adventist University received 10 million kina to construct two large wings for the School of Business. The University's social inclusion activities were self-funded.

The project's on-campus social inclusion team has gone from strength to strength with concurrent issue-specific activities.

Originally the University had harassment and HIV/AIDS policies: as a result of the Incentive Fund project it has developed and implemented gender, child protection, disability and environment policies which have been approved by the University Council.

The policies, *"Provide a guide for what behaviour is expected in child protection, environment and gender equity, HIV/AIDS and disability."*

In 2013, activities focused on gender and child protection and these have been integrated into plans and religious activities in academic schools, residential dorms and church programs at the University. Women's rights and issues have become a 'talking point' among many of the students and faculty and women's health and disability have been addressed in the University's activities.

Under the disability Food for Life program, the University supplied wheelchairs to Cheshire Homes<sup>4</sup>, regular sign language training was provided at Koiari Park English Church, and HIV questionnaires were distributed to staff and students as a baseline for measuring existing attitudes and behaviour towards people living with HIV/AIDS.

Ipul Powaseu, President of the PNG Assembly of Disabled People and the University's Dean for female students, addressed education students about children with special needs.

Powaseu said: *"Disability is not the physical impairment that they have but is the barrier that stops them from accessing services and being involved in activities as any other people."*

At this workshop several people living with disabilities demonstrated to the students the barriers - negative attitudes, invisibility in the school and community, cost, physical access, information access, poverty, gender discrimination and dependency - that they face.

Shelly and Alma who are members of the PNG Assembly of Disabled People said: *"Though we have faced a lot of problems in our educational journey we were able to make it through the formal education which has brought us to where we are today."*

<sup>4</sup> Cheshire Home of Papua New Guinea (founded 1965) is a non-governmental charity organization that provides a variety of services for people with various types of disabilities in and around Port Moresby. More than 21,000 disabled people in the UK, and a further 30,000 disabled people in 52 countries around the world are supported through local Cheshire Homes.

The university has instigated a radio program on social inclusion and for the first time the University has appointed a person to act as Champion for disability on campus. Places have been allocated for students with special needs and they are now being provided with extra assistance and resources for learning. A bus has been allocated for the use of people with a disability on the campus and for the surrounding communities.

The University has now appointed the current President for the Papua New Guinea Assembly of Persons living with Disability, as the Dean for female students at PAU.

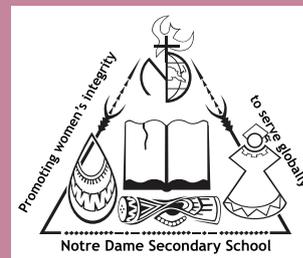


Pacific Adventist University signboard.



Pacific Adventist University Implementation Workshop facilitated by Jennifer Rush.

# Notre Dame Secondary School



Notre Dame Secondary School was approved for an Incentive Fund grant of 5,217,274 kina to build a staff duplex, a dormitory for 52 girls, two 2-story classroom blocks, a new kitchen and dining hall extension, a new 2-storey administration building and the existing water system was upgraded. From the grant 33,724 kina was approved for social inclusion activities.

After completing a baseline audit of Notre Dame's approach to **gender, child protection**, disability and HIV/AIDS, the school chose to focus on gender and child protection. A social inclusion Champion was appointed during the Incentive Fund's monitoring and evaluation and social inclusion training workshop which took place just after the Incentive Fund Agreement had been signed.

The school formed links with the Department for Community Development for the first time, and the Department presented two three-day workshops at the school. The social inclusion activities implemented by Notre Dame included:

- Gender and child protection in-service training for 38 teachers (provided by Department for Community Development). The training was extended to Notre Dame's feeder schools. Comments made included *"For all of us, nearly all the information we received was new and we will certainly apply this in our own situations as well as teaching it to our students."*
- Leadership skills training
- The development of social inclusion materials for use in the classroom and for outreach activities

An examination of the new buildings resulted in access ramps being built to the administration building, science laboratory and dining hall to ensure disability access.



Opening ceremony at the new administration building.

Surveys of staff and students, and of attendees at social inclusion training and activities, were completed by the school's project team. Teachers completing the survey said they **acquired new information about the Lukautim Pikinini Act** which would help protect children. Consequently the teachers felt they would be more conscious of the issues and make sure their students knew their rights. Most intended to pass on their knowledge within their communities and/or churches.

At the project completion review meeting the Incentive Fund approach was discussed.

*“It made us look at issues so it has to have changed us personally. I think we are looking for more ways to help young women to know their legal rights.”*

The appointment of more male teachers has increased the gender equity in teaching staff.

Teachers at Notre Dame developed posters and leaflets on gender and child protection to use during an in-service workshop shared with other secondary schools in Western Highlands Province to promote increased enrolment of girls.

As a result of the gender and child protection training partnership with the Department for Community Development the school was able to facilitate birth registration: for the first time all students have obtained birth certificates. This process normally takes over a year. The Provincial Civil Registry has widened its extension work to other feeder schools of Notre Dame.

The Incentive Fund encourages organisations and their building contractors to address **gender equity** in staffing. For building contractors this is difficult as there are few experienced female construction workers. However, the contractor for Notre Dame focused on this issue and employed a female carpenter for the project.

## A female carpenter on the construction team



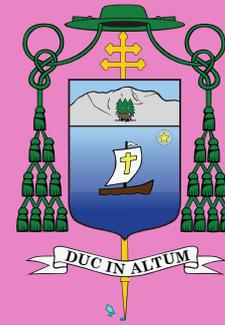
Ms. Penny Aldo – carpenter.

During an Incentive Fund visit, Ms Penny Aldo was busy working on the preparation for foundation works and profiles for the extension to the new kitchen and mess building, a significant component of the project.



Wheelchair friendly facilities allowing students in wheelchairs to study.

# St Mary's Hospital Vunapope



St Mary's Hospital built a new two-storey dormitory for 40 single nurses and reconstructed the existing dormitory to the same standard and quality, with an Incentive Fund grant of 2,262,743 kina. The Incentive Fund's Management Group also approved 43,533 kina for a range of focused social inclusion activities. The hospital contributed 510,000 kina to the total cost of the project of 2,772,743 kina.

The hospital has been assiduous in identifying and commencing activities in their nominated areas of gender-based violence and child protection. Immediately after the Incentive Fund Agreement was signed, the hospital appointed social inclusion Champions and a committee with external membership from the Department for Community Development, the Family Violence Action Committee and the District Health Office.

The team agreed that the entry point for their activities would be through their maternal care services which embraced mother, father and child health. Disability was also agreed as an area that needed special attention.

During a visit to the Hospital, the Incentive Fund team witnessed an awareness session on violence in the home being delivered to parents of patients in the paediatric ward by a staff member from the Provincial Division for Community Development (see picture). A second awareness session was due to be delivered the following day, at the ante-natal and maternity ward. Over 150 mothers heard the Department for Community Development officer talk about violence and child protection issues.



Staff of the Provincial Division of Community Development during an awareness session on gender-based violence and child protection at the hospital paediatric ward.

Maria, the social inclusion Champion, was enthusiastic about the unexpected benefits that had accrued from the involvement of the Incentive Fund in facilitating the hospital networks to include Department for Community Development and Callan Services expertise. She said: *"The project has opened things up for us. In the past we have been so isolated, so it's a very good thing. Over a long period of time the hospital has operated entirely on its own, with nothing in the way of communication especially with government, now we are one big community. We have been thinking if we are so closed, how can we grow, so we will keep supporting these links."*

In 2012 the hospital ran a 'showcase day' on social inclusion activities in the hospital, as part of the sensitisation program for the public and staff of the Diocese of Rabaul, and for patients.



Presentation during the social inclusion showcase.

The hospital has strengthened other links with relevant service providers such as the Department of Health, Provincial Aids Council, and private sector companies such as the Balsa Company which have assisted with donations.

After a round of stakeholder consultation undertaken as part of the project by the Hospital, the Department of Health has donated an ambulance specifically for mothers and children. The Balsa Company has offered to extend the play area around the paediatric ward and provide books and toys. Other donations as a result of the awareness activities have helped improve pathways for wheelchair users and incinerator facilities to ensure needles and other medical waste is properly disposed of.

Training on child protection and gender, facilitated by the Department for Community Development, was provided to 48 participants from rural health centres and NGO. Selected hospital staff, trained in child protection through the Incentive Fund project, are now being assessed by the Lukautim Pikinini (LP) office and will be gazetted as child protection officers.

In other collaborations, Mother and Child outreach health clinics are now conducted by a team of Callan Services, the Department for Community Development and St Mary's Hospital. Civil registry programs have commenced for the hospital and health centres. Services for children will be strengthened within the Hospital in Kokopo.

Social inclusion awareness was extended to include the building contractors. As a result the site supervisor, Wesley, was trained as the contractor's HIV/AIDS peer educator. He said, *"Social inclusion is very important to contractors. We feel we have not done enough in the construction industry to cater for social inclusion and sessions with the committee have broadened our mind. We can see its usefulness for our next engagement."*

All nursing staff received **personal viability training**. In addition, thirty-three participants attended the home management training facilitated by Kabaleo Teachers College and subsequently, through the project the hospital now has a formal housing committee which will look after the use and care of the new dormitories and the older existing staff quarters: this should assist sustainability of the facilities.

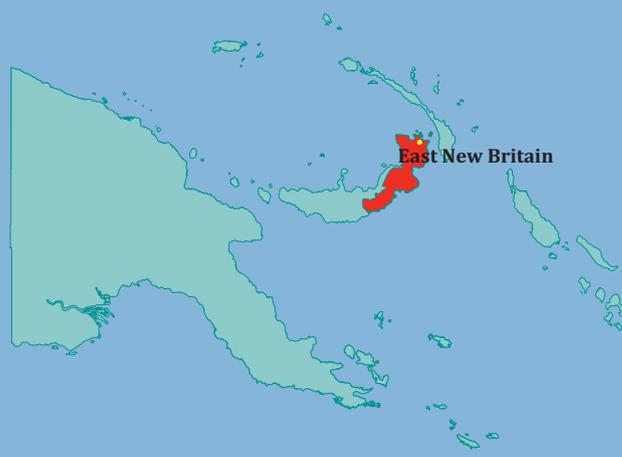


First housing committee established with Sister Eva Tenanga (second left) Chairperson in discussion on their terms of reference.

A first-ever patient satisfaction survey was conducted by the project team to provide a baseline against which the project objectives of improved nurse/patient ratio and better nursing could be managed. The survey was meticulously undertaken with samples drawn from different wards and over a seven day period. Analysis, undertaken at the Hospital, found that two out of three patients in maternity said the nursing care was good or very good. Similar data pointed to possible training needs and management drew a number of useful conclusions about service improvements.

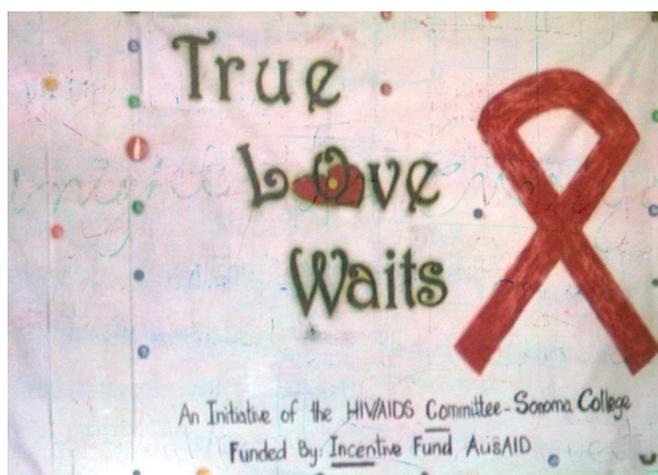
St Mary's Hospital has created a full-time paid position for a social inclusion Champion to ensure continuity of social inclusion activities at the hospital.

# Sonoma Adventist College



With an Incentive Fund grant of 2,246,136 kina (including 46,000 kina for social inclusion activities) Sonoma Adventist College built a new health clinic, nurses house and patient waiting house, a health sciences classroom block with three classrooms and a meeting room, a new dormitory for 98 young women students, and renovated four old dormitories. The college provided 304,000 kina as counterpart funding.

The college was provided with a video camera to record activities and outcomes from the project and made a video on HIV/AIDS which is used by all graduate teachers as they spread across PNG.



As a teacher training college, Sonoma was well aware of the issues of equity and social inclusion. Nevertheless, the project team conducted an audit of existing social inclusion services and activities. The selected focal points were child protection, gender and literacy although Champions and committees were also formed to undertake activities in HIV/AIDS and disability. Contractors were immediately given gender awareness and familiarisation training.

A social inclusion open day was celebrated in late 2012 with large numbers attending from the college and the surrounding plantation communities. Baseline surveys of understanding of the issues were instigated by the college social inclusion committees.

Training sessions on child protection and gender were attended by 45 lecturers, trainee students and primary school teachers. The potential for 'flow-on' of this training is high as graduating teachers move out into their new communities.

A total of 1,716 elementary teachers received the child protection **training and child protection is now embedded as a subject at the college.**

A team from Adventist Development Relief Agency (ADRA) worked with the college to offer trainee teachers an 8 week recognised course in adult literacy. The materials developed and used for teaching were funded through the project's social inclusion budget. The first class had 79 mature aged students from the plantations: the classes have now been extended to other provinces, facilitated by the college trainers and trainee teachers.

The health science classrooms have added considerably to the resources on improving community diets. The Principal developed and implemented an innovative baseline survey of family diets within surrounding communities. The college intends to use the data to direct the type of courses and training offered to local communities in the new classrooms. After an appropriate period the survey will be repeated to assess the impact of the new courses on family diets.



New health sciences classroom block at Sonoma almost ready for use.



Sonoma staff participating in Incentive Fund Implementation Workshop.

# Marianville Secondary School



Marianville Secondary School for girls received an Incentive Fund grant of 5,274,351 kina to build a two-storey classroom and dormitory block, a triplex accommodation unit for staff and a staff conference room. The administration block was refurbished, dining hall was extended, and sewerage works, stormwater drainage and hydraulic services were also upgraded. From the grant, the budget for social inclusion was 39,300 kina. This was the second Incentive Fund project for the school. The school benefitted from a high level of support and advice from the Incentive Fund throughout the implementation of their project after the resignation of their project manager.

A large project team including the social inclusion Champion and committee and students, attended the implementation workshop conducted by the Incentive Fund. During the workshop the requirements for an audit of current social inclusion activities were agreed. The project team chose **HIV/AIDS and gender** as key focal points for their activities.

Three key outcomes were achieved as a result: a peer educators program on HIV/AIDS and sexually transmitted infection; a 'Breakfast Club' initiative successfully launched; and the male social inclusion Champion was awarded an Australian Aid scholarship for gender and development training at Flinders University. The Champion, Mr Ikupu, knew little about social inclusion prior to the Incentive Fund project.



Attendees at the Incentive Fund Implementation workshop.

## Peer education

In collaboration with the University of Papua New Guinea (UPNG) the school hosted a five day training workshop on peer education. Forty-four Grade 9 and 11 girls became social inclusion activists as a way of empowering peers to abstain from behaviours that increased the risk of HIV infection. As a result of behavioural changes seen in students in 2012, the peer educators program was mainstreamed into the school's 2013 activity. The program will be ongoing after that.



Mrs Obara.

Mrs Obara, Deputy Principal stated that the school's primary aim was to advocate social inclusion through various activities. She added that *"the peer education training would focus on breaking the cultural barrier in discussing topics relating to sexual health, gender, human rights, life skills, drugs and alcohol."* Mrs Obara hoped the training would encourage and motivate students and their peers to achieve positive behavioural changes, develop their own language and measure each other's strengths and weaknesses. She said that this would prepare them to make better choices in life, be responsible citizens in the society, strengthen their foundation and make a difference in the community.

The second peer educators' training was delivered by UPNG trainers to Marianville's 2013 prefects, social inclusion Champions and committee members and other project team members as part of the **adolescent and reproductive health program** for the students and as a way of empowering peers to abstain from behaviours that would increase their risk of HIV infection.



Prefects and social Inclusion Champions after peer educators training.

## Breakfast club



Grade 11 students selected as specialists assisting with the preparation and setup of the Breakfast Club.

Mrs Elizabeth Ikupu, Counsellor for the school said that many day students attended classes without having breakfast. Behaviours exhibited by these students included: poor attendance, lateness to class, disorderly behaviour, lack of concentration and boredom. The social inclusion committee agreed with the management of the school that a way forward was to create an enabling environment for 'student-helping-student'.

This brought about the formation of the 'Breakfast Club' started in August 2012 with assistance from the project's social inclusion budget. The Breakfast Club provided breakfast for girls for a cost of 50 Toea, or, if necessary, without charge. Five Grade 11 students were selected as specialists to assist with the preparation of the breakfast each morning. Students established the 'Student Helping Student' annual fund-raising initiative to help students who cannot pay for their breakfasts. Attendance at the Club grew quickly from 60 students to approximately 400 a day.

Mrs Ikupu said: *“An immediate outcome of this social inclusion initiative was that students now come in early to school to avail of the breakfast and as a result it has decreased the number of latecomers to class.”*

The Club provided an opportunity for the girls to meet, socialise and share with other students from different grades. It is used as an information centre or a conversation circle to promote social inclusion awareness among the girls with day and boarding students interacting on a daily basis.

Community networking has proved effective as the Lae Biscuits Company has agreed to support the Breakfast Club by donating 40 cartons per month. The school management has donated a ‘big bus’ which has been converted into the Breakfast Club’s permanent home. Design input was provided by the Incentive Fund and the school met the cost of upgrading the bus to an acceptable standard for student use.



After gutting the bus in preparation for the Breakfast Club.

The concept is proving of interest to other schools in the Province: for example Hohola Youth Development Centre has started their own breakfast club.

## Gender scholarship

Mr Ikupu, the school’s social inclusion Champion, is now an awardee of an Australian Aid scholarship for gender and development training at Flinders University in South Australia. Mr Ikupu said at the time:

*“I had little knowledge of social inclusion issues but I was eager to learn all I could, knowing it was part of project management. I took up the role as a learning experience and the role has opened my mindset to really see the need in addressing the issues.”*

Training in gender and child protection from the Department for Community Development was described by Mr Ikupu as *“the first of its kind in Papua New Guinea.”*



The social inclusion committee: Mr Ikupu standing middle.

Mr Ikupu’s story of a changed attitude and focus as a result of the project continues: *“The experience of working in collaboration with the Incentive Fund and Department for Community Development has broadened my knowledge on social inclusion which are becoming part of my everyday conversations. My mind has opened up through this project where my understanding of developmental issues has increased, the importance of gender participation, awareness of child protection and networking with relevant organisations. The experience has prompted my interest to seek out opportunities that will enable me to be a full time participant in addressing social inclusion.*

*To conclude, I became part of the Marianville Secondary School project with very little knowledge about social inclusion. The project has introduced staff and students to realities of life that have been ignored. I believe the experience has given me new direction in viewing social issues and I now teach with a purpose, to contribute to students’ academic success as well as their understanding of the social inclusion.”*

The school has participated in the Walk Against Violence Against Women and the Walk Against Corruption; and has observed HIV/AIDS Day; International Women’s Day and Environment Day. Guest speakers from the YWCA, Juvenile Division and Community-based Corrections have become partners with staff and students in addressing social inclusion.



Marianville celebrated National Women's Day with a student quiz on gender and women in leadership and politics. Principal Sr. Angela and Incentive Fund Deputy Program Manager Justice Gua (front row) attended.

# Kudjip Nazarene Hospital



Kudjip Hospital received an Incentive Fund grant of 9,690,500 kina to build a new hydro-electric system including dam and waterway, penstock and canal gates and turbine: 50,000 kina of the budget was allocated to social inclusion activities. The Hospital selected the environment and child protection as their foci for these activities and contributed 300,000 kina as counterpart funding.

The Hospital has broadened their social inclusion committee to include Nazarene Teachers College, community representatives, preschool and primary schools. Hospital staff, teacher's college staff and community leaders have received child protection and childbirth registration training as part of the project's social inclusion activities.

Child registration is now provided by the Hospital with formal arrangements for civil registration from the National Department for Community Development. This has improved services for parents who find it difficult to obtain birth certificates for their children. Demand for the civil registration has grown rapidly and the service will be on-going.

The Hospital specifically sought and employed two people with disabilities to work at the Hospital and on the Incentive Fund grant project. One of these staff, Mr Alfred Talu who is in a wheelchair, says: *“For the first time in my life I can do something to earn a living. I'm concerned about my children's education.”*

As well, for the first time the Hospital has included people with a disability in management and service delivery decisions and activities.



People with disability employed by the hospital.

To comply with the Department of Environment and Conservation regulations, the large hydro project successfully obtained an environmental permit for the replacement of trees, structural integrity and safety.

The project's management team and the executives of the Hospital **planted 5,000 trees** around the new dam area and around other new works for the hydro-electric system. This activity has now been extended to working in partnership with the communities, church and schools in planting trees. So far they have **distributed 6,000 seedlings** to workers, members of the congregation, women and youth networks, patients and school students in Jiwaka Province.



Local school students reading poems on Environment Day.

Outreach with local students included an Environment Day organised by the Hospital, during which the students read poems and messages about the role of personal responsibility in environmental issues. Awareness-raising on littering and river pollution was a highlight of the environment celebration as it directly relates to the new hydro project which will be accessed by the Hospital, residents, markets and nearby communities.

Child protection and gender-based violence activities have been included in the social inclusion activities. One of the major shifts as a result of the project, is the partnership established between the Hospital and the NGO Voice for Change (VfC)<sup>5</sup>. Kudjip Hospital's social inclusion Champion is now on the VfC Board of Directors and VfC has a presence on the Hospital Board. VfC now supports the hospital in all its outreach programs on gender-based violence.



Workers on the hydro dam, attending gender-based violence training.

A number of communities, community leaders and local labourers have been trained to promote HIV/AIDS and child protection awareness.

For the first time the Hospital team has **reached eight rural communities and tribes** to carry out HIV/AIDS awareness and conduct VCCT<sup>6</sup>. As well, the visits also covered child protection and gender based violence. The Hospital's social inclusion Champion said: *"Thank you Incentive Fund. Because of your help we can reach such remote places to bring HIV messages and testing to those who cannot reach the health facilities for VCCT."*



Opening day at the completed dam and hydro works.

<sup>5</sup> A locally-based NGO empowering rural women and families and building alliances to end violence against women/girls in Jiwaka province

<sup>6</sup> VCCT: Voluntary counselling and testing; HIV testing with pre- and post-testing counselling. This is voluntary, with fully informed consent and confidential. This is the same as the term voluntary and confidential counselling and testing (VCT). (WFP World Food Programme).

# Mt Hagen Technical College



An Incentive Fund grant of 9,712,568 kina was approved for Mt Hagen Technical College to build a large diesel heavy equipment fitting (DHEF) workshop, six 3-bedroom staff houses, two dormitories each for 48 students, and to re-route the existing water reticulation supply line. A budget of 50,000 kina for social inclusion activities was included in the grant. The college contributed 470,000 kina as counterpart funding.

Social inclusion implementation by the college took a different approach to other funded organisations. The college nominated HIV/AIDS as the only issue to be implemented on campus. It is a compulsory requirement for all tertiary educational institutions that are responsible for supplying the nation with skilled young men and women to include education in HIV/AIDS.

Before the project only two college teachers were trained to teach HIV/AIDS to students on campus. As a result of the Incentive Fund requirement, the college decided to increase the knowledge of teachers and students through the use of HIV/AIDS curriculum material.

An HIV/AIDS committee was formed and facilitated the development of an HIV/AIDS strategy, launched in May 2012. In the first of a number of new collaborations, the college partnered with Tininga Clinic and Anglicare to provide the college with voluntary counselling and testing and guest speakers to students and teachers. The Provincial Aids Council commenced the advocacy work on campus.

The training was extended to Holy Trinity Teachers College and community and church leaders in the surrounding communities. By the end of the project, 38 teachers had been trained to use the HIV/AIDS teacher's manual and the college has embedded the training into core courses.

The social inclusion committee undertook outreach on HIV/AIDS awareness during the school holiday period. Community engagement will be ongoing.

Over a thousand graduates now have certificates inscribed with HIV/AIDS as a core subject for which they were tested and assessed. Chairman of the Governing Council, Mr Pais Mark, MBE, says: *"This initiative will continue beyond the project life as new students will be taught about HIV/AIDS."*

While the Mt Hagen Technical College selected HIV/AIDS as its social inclusion focus, the college management is also committed to increasing the enrolment of women in trade courses more frequently attended by males. The college believes it can provide great opportunities for women as skilled workers to ensure employment or take on small business opportunities.

At the official opening ceremony in September 2013 the Minister for Development Cooperation, Stuart Schaefer said: *“The college has a proven track record in contributing to PNG’s development and a strong commitment to gender equality and equal rights for every student.”*

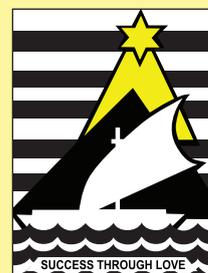


Four young women enrolled at Mt Hagen Technical College.



HIV/AIDS drama presented by students at the opening of the new buildings. The college’s CCI Champion (blue top) looks on.

# Santa Maria Secondary School



Santa Maria Secondary School was approved for funding of 4,432,320 kina to build five new staff houses and three staff duplexes, four classrooms and two ablution blocks. Extensions were made to the existing administration block, technical room, canteen, kitchen, store room, market and clinic: existing staff houses were upgraded and other existing buildings were repaired and repainted. A V-sat communication link and electronic education learning program (e-granary) were installed. A budget of 50,000 kina was allocated to social inclusion activities.

Santa Maria Secondary School is the heartbeat and pride of the island of Goodenough. The only way to reach the school from the main town of Alotau is by sea.

*“From Awayama which is about an hour away from Alotau by road and then by speedboat (dingy) it takes 3 hours to reach us. If you opt for the slow work boat it will take about 12 hours to reach the island. The school is located at the north east end of the island.”*

The school chose social inclusion activities that organisations in the urban centre would not think about or see as an issue. Programs such as ‘stopim/rausim’<sup>7</sup> Grille have been adopted and are the motivators in student leadership. Notably, the campaign on ‘Stop Grille’ (a common skin condition) has helped the students and community manage the condition with medication, overcome shyness and has resulted in a much greater inclusion in schooling and community activities. Thirty-two students were successfully treated.



Students who are affected by Grille are given grille tablets and lotion.

In a range of other activities, the school has:

- conducted a campaign against HIV/AIDS, with bookmarks printed and distributed to students, staff and to the communities at the market place.
- combined with water police to conduct awareness sessions on drug abuse.
- installed ramps for wheelchairs for each classroom and built new footpaths for easy access.
- identified and trained students to be peer educators and child protection champions for community engagement.
- provided social inclusion awareness training to building workers on the construction site.

<sup>7</sup> Stopim/rausim’ means ‘stop or get rid of’ the fungal skin condition Grille.



Social inclusion awareness training.

The school's social inclusion Champion said: *"If it has not been for the Incentive Fund, there would be no social inclusion. Doing, campaigning, and making awareness, constructing something, planting trees, digging drainages, issuing mosquito nets, and monitoring grille tablets have become an eye opener to a newcomer like me."*

There are now more young women than young men enrolled at Santa Maria Secondary School. In one of the highlights for the school in the first six months of 2013, students have opened and owned personal bank accounts for the first time. This is part of an initiative to encourage girls to save for school fees (some work at the school to pay these).

Child protection and gender training has been completed by 48 teachers, members of the Board of Governors and community, church and student leaders.



Students listening to UPNG Lecturer Mrs Isouve Taupora speaking on human rights and child protection.

Students are advocating for social inclusion issues through a number of activities including the Institution of Business Studies national secondary schools annual debating competition. Prior to the debate students took the opportunity to advocate change to their peers, teachers and parents from the Milne Bay secondary schools.

Students are taking the lead in talking to communities on social inclusion issues.

Two full-time positions have been created by Santa Maria Secondary School, to instigate and coordinate social inclusion activities.



Students helping to collect stones for construction of classrooms at Santa Maria Secondary School.

# Mt Hagen Catholic Health Services



Mt Hagen Catholic Health Services were granted 5,624,934 kina for an Incentive Fund project in four locations – Kuruk, Fatima, Mun and Rebiamul. Two sub-health centres, six staff houses, eight 2-bedroom staff units and a patient waiting area were built and an ambulance was purchased. The grant included 40,000 kina for social inclusion activities.

The officers in charge (OICs) of the health centres are members of the project's social inclusion committee and have become role models to support other health centres in social inclusion activities. The Health Services also invited members from ten health centres who were not part of the Incentive Fund project to become members of their social inclusion committee.

Family sexual violence was identified in the initial audit of social inclusion activities as an immediate challenge, with an increased number of women and children frequenting the health centres for assistance.

Maternal care issues in early pregnancy and HIV/AIDS were also hot issues in the health centres. As a result the Catholic Health Services nominated HIV/AIDS and gender-based violence as the focus for their social inclusion activities. Twenty-eight diocese workers and Health Services staff received child protection and gender training. The existing HIV/AIDS activities have been extended to provide training to parents on the prevention of transmission to children.

As a result of the project, four health centres have commenced social advocacy work for the first time. For instance, Mun sub-health centre provided gender-based violence awareness

through antenatal and postnatal clinics, with outreach counselling and voluntary testing programs recording 552 attendees in one month. Since the end of 2012 at least 3312 more people have attended.



Sister Rusela and her team travelled 5 hours to reach this Korop village for a clinic and social advocacy work.

One father said: *“Mi harim dispela ol toktok em mekim mi na mi kisim ol man wei mi pilim ol mas harim na stretim laif bilong ol. Planti yanpela man na meri ol i kam harim dispela nuipela kain toktok skul na mi pilim em gutpela tru<sup>8</sup>.”*

Fatima Health Centre broadened its targets, inviting men to join advocacy work on gender-based violence and added screening for hearing problems and treatment including hearing aids.

<sup>8</sup> In English: When I heard this talk it prompted me to bring more young men and women to come and learn these new ideas that will help to improve their livelihood. I felt really good about this.

Banz Health Centre ensured all ramps and pathways were accessible by people in wheelchairs, as did the other centres. Improved accessibility has meant the number of people seeking treatment and preventative health services has increased overall, with general approval from patients. An outpatient said: *“Ol bikpela sik nau mipela ken kisim marasin lon helt centa. Em halivim mipela lon savim moni, over-crowding in the vehicles, quick attention by health workers etc.”*<sup>9</sup>

Although the project’s social inclusion funding has been exhausted, the social advocacy work on gender-based violence has been integrated into the Mt Hagen Catholic Health Services clinics in various communities and will continue beyond the project life.

One of the more urgent issues - the low number of attended births in rural PNG - is being addressed through the new health facilities. In October 2013 there were twelve attended births with no complications. Nancy, (pictured) from Komblo clan, gave birth to her first baby. This was the first attended birth at Fatima Health Centre. The Sister in charge at Fatima said: *“We are very grateful for the new facilities, Now very many people will receive effective treatment. God bless the Incentive Fund management. Thank you.”*



Nancy from Komblo Clan: first attended birth at Fatima Health Centre.

Community engagement is very strong at Kuruk Health Centre. Men and women undertook drainage and excavating, collected stones and provided access to make the construction work easier for the contractor. The Officer in Charge at the Clinic took advantage of the engagement to conduct awareness sessions on gender-based violence, HIV/AIDS and early pregnancy. When a weekly communal meal strategy was introduced, attendance at the awareness sessions increased. After the official opening of the Centre the health staff and community leaders endorsed the continuation of this approach on social inclusion.

A small ‘conversion’ has taken place in the construction company. The Catholic Health Services has said: *“We are happy to note that W&D Building Construction has hired two female builders to work on its projects. They are Mrs Betty Peter who is married to a builder: they both worked on the Rebiambul staff houses. Ms Vero Grants worked on the Fatima staff houses. We give credit to the contractor, Mr Andrew Wal, for seeing the importance of supporting our young women who can equally participate in a male dominated profession.”*



Ms Betty Peter and her husband, Mr Wai.

The Catholic Health Services will continue to fund outreach support for cases of gender-based violence and will work to mitigate this violence through their Mother and Child Health services.

<sup>9</sup> In English: Now with serious illness we can get medication here at the health centre. This has helped us to save money, avoid overcrowding in vehicles when travelling to the main hospital and we are attended to quickly by the health workers, etc.

# Caritas Technical Secondary School



Caritas Technical Secondary School was one of the last projects to be approved for an Incentive Fund grant. The school received 4,998,670 kina to refurbish twelve studio units for teachers, build four new classrooms and a library and student dormitory. Social inclusion activities were funded by Caritas through their counterpart funding.

The school is one of Papua New Guinea's four all-girls secondary schools, with students from many provinces. The school offers both academic and technical courses.

When the project commenced, the social inclusion discussion raised a number of questions relating to teaching and issues that were normally handled by the school counsellor were recognised as organisational issues. As a result, the school's management endorsed the establishment of a social inclusion committee to be part of the school structure with the Principal to chair the committee. With the support of Incentive Fund, practical activities were discussed as these related to the school curriculum and also to an increased knowledge-base for the teachers.

The social inclusion committee members were trained in gender and child protection by trainers from the Department for Community Development. In response to the training the school committee developed policies in social inclusion which are now part of the teacher's handbook.

Consideration was given to student networks as a way of raising awareness on social inclusion. A social awareness club was established and the social inclusion committee and social awareness club are working together on campus activities. External links are also tapped for training and other activities.

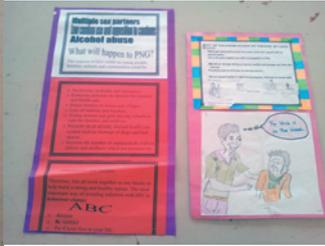


Social awareness club members in conversation with Mrs Mathida Pilacapio, a recipient of a 2013 USA Women of Courage Award for PNG, and an environmentalist.

The students took a term to research the issue of women in decision-making positions and displayed bulletin boards for the whole school. This was also displayed at the Caritas open day for guests, parents and guardians and the general public. This will continue into 2014 and beyond.



Child Protection



Bulletin Board displayed by the students' social awareness club.

The training provided by the Incentive Fund to the school's project team has created interest from the school's management. The social inclusion committee contacted Sister Mary Claude at Rosary Secondary School Kondiu (the champion of child protection). Sister Mary Claude visited Caritas to train 660 students, 1,000 or more parents and guardians and the parents and key stakeholders of Vadavada Community Learning Centre (an early childhood centre).

Child protection awareness to over one thousand parents and guardians of Caritas students.



Students trained in child protection by Sister Mary Claude.

The school initiated support for disadvantaged students by linking with Magisterial Services for the first time. Students are now aware and informed on the range of support available if they are confronted with social issues that are harmful to them. As a result of the project training the principal says: *"The students are more alert and outspoken on rights issues compared to students of the past years."*

More parents are responding to school requests with interest, the attendance of students has improved and parental attendance has also improved.

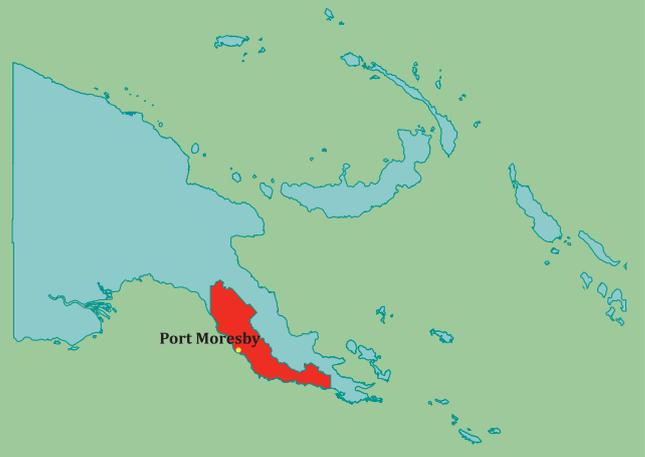


Students showcasing their skills.

# Hohola Youth Development Centre



La Salle-Hohola Youth Development Centre



Hohola Youth Development Centre was provided an Incentive Fund grant of 5,338,518 kina to build a large new student and sports hall and a three storey extension to the administration building for offices and classrooms. A new driveway, footpaths and fencing were included in the project and 40,000 kina was allocated for social inclusion activities. Hohola Youth Development Centre caters for 662 students in Grades 9 to 11 who range in age from 15 to 25. A fraction over half of the students are female.

As part of their capacity building in social inclusion and monitoring and evaluation, Hohola Youth Development Centre students and staff conducted a substantial baseline survey. This assessed attitudes to existing facilities and resources and gauged the level of understanding of social inclusion issues at that time. The centre decided to focus on gender and child protection for their social inclusion activities.

Throughout the first half of 2013 and as a result of the project, the centre has provided leadership training for students, gender training for teachers and social awareness training for Head Prefects.

Staff and student social inclusion Champions extended the training on the Centre's child protection policy to over 200 members of the Lasellian community in Papua New Guinea. At the same workshop, concepts and theories on gender equity, disability, child protection and HIV/AIDS were discussed.



HYDC student demonstrating a sewing pattern to the former Governor General of Australia, Quentin Bryce AC CVO.

After the Incentive Fund training, the centre's social inclusion committee created such interest among the academic staff that they asked to attend further training on social inclusion and monitoring requirements.

The three senior Brothers at the centre have now developed social inclusion policies and embedded these in their teachers' manual.

The centre has adopted the Marianville Breakfast Club initiative, starting a similar club for their students. Tourism and hospitality students provide early morning tea and encouragement and support for the students. The Breakfast Club will become a permanent feature to support students over the coming years.



Teachers trained in gender and child protection and facilitated by the Department for Community Development.



Social inclusion training attended by HYDC staff.

# National Agricultural Research Institute (NARI)



NARI (Keravat Station) received an Incentive Fund grant of 5,010,000 kina to build a new administration block and scientific laboratory to replace one destroyed by fire in 2006, and a 7-unit guest house for visiting scientists. From this grant, 50,000 kina was approved for social inclusion activities and the Institute made a counterpart contribution of 212,400 kina.

The Institute's social inclusion activities at the Station have gone from strength to strength at the research station and beyond. The membership of the social inclusion committee has been widened to include members from the Cocoa Coconut Institute and Provincial and Local Level Government, Women in Agriculture and the contractor.



NARI committee trained on Incentive Fund social inclusion requirement, July 2012.

After initial training from the Incentive Fund, the project committee developed a social inclusion program that focused at the organisational, project and key stakeholder levels. At the organisational level, the activities were geared towards discipline, with 'community of practice' rules being established for staff, parents and children and a range of support activities developed to enhance current services.

As a result, the Keravat Station's medical clinic has been upgraded to incorporate a voluntary counselling and testing centre, a disciplinary committee is in place to consider any behaviours outside of the community of practice rules. A whole-of-station monthly meeting is held for staff and spouses to work for a safe and just community.

Importantly, the Station has become a role model for the Institute's three other regional centres where social inclusion activities are now undertaken.

The Institute's strategies have delivered disability access programs to community markets in a number of venues. In a 2013 activity, the social inclusion committee, the wider Keravat communities, and staff and families joined in two days of *Haus Krai* activities on the prevention of violence against women. During the activities a high number of people made pledges to help reduce gender-based violence.



Terry Lui, child protection trainer, with participants at the workshop.

A week-long child protection training provided by NARI included all staff and families, Keravat communities, key stakeholders from NGOs, farmers and other people associated in any way with the National Agricultural Research Institute. These networks have extended the catchment area and increased the level of participation in the child protection and gender training, far beyond the local communities.

Other training by the Institute during the first half of 2013 included gender, HIV/AIDS, disability and environmental issues.

A particularly pleasing outcome of the project's emphasis on social inclusion was that the contractor, G-Man, has become a member of the social inclusion committee. The contractor was actively involved in educating construction staff on social inclusion and conducted regular and practical awareness sessions for employees at the Institute and their other building sites.



G-Man Construction employed a female bricklayer. Donnalynne Maman was the only woman working as part of the building crew on the Institute's project.

Donnalynne is a 22-year old from Kokopo. She went to Kokopo Secondary then to Madang Technical College to study building and construction. As an only child, Donnalynne intends to build her parents a house.

Her future plans include doing a degree in architecture and draughting. Donnalynne also wants to encourage more women to take jobs which have traditionally been male jobs.

The Institute's management recognises the importance of social inclusion beyond the project life and have made a serious commitment to continue this focus. Positive changes have been noted at Keravat Station with increased levels of productivity. As a result the executive management of the Institute has allocated land and funds to build a social inclusion house for children, mothers, women and people living with a disability.



Land allocated for the social inclusion haus.



NARI opening day market with local women selling fish.



Women in agriculture members at NARI opening.

# Rosary Secondary School



Rosary Secondary School - Kondiu (RSSK) received an Incentive Fund grant of 6,732,082 kina. Of this grant 50,000 kina was provided for social inclusion activities. The school has built ten classrooms, three 2-storey dormitories of 96 beds, seven 3-bedroomed staff houses, a clinic which houses a boys counselling and guidance centre, a girls' guidance centre and an infirmary, one laundry block and two ablution blocks. Twenty-one staff houses have been renovated and the student mess hall has been extended. An existing clinic has been converted into a staff house.

The activities of the project manager, Sister Mary Claude, have been an astounding success.

As a result of the social inclusion requirement for the project, the school immediately developed written policies on child protection, gender, HIV/AIDS, environment and disability. The school chose to work on all five social inclusion issues because they quickly understood that these were *"like the heart and soul of the project; buildings are empty shells unless they have in them and around them people who are renewed in their thinking and attitudes towards issues that affect the well-being of so many in our society and in the world."* The response from students has been comprehensive.

Shortly after introducing social inclusion to the staff and identifying two staff mentors for each issue, the school held a general assembly with the whole student body, some 850 boys and girls, grades 9-12. A student said: *"With a powerpoint presentation, Sister Mary Claude taught us the importance of working on these issues at RSSK as well as in our own communities. At the end of the presentation we were told that if we felt passionate about an issue we could volunteer*

*to champion that particular cause within the school community. To our surprise many students volunteered immediately. We met with our social inclusion mentors and took group photos of all five teams. The photos were exhibited in the administration office for all to see. - Team Child Protection, Team Gender, Team HIV/AIDS, Team Environment, Team Disability."*



Child protection Champion Sr. Mary Claude talking with Incentive Fund staff on International Children's Day.

During the next few days action plans were written for each team with a clear goal and objective.

Sister Mary Claude became one of the country's most fervent child protection advocates. She tells her own story.

*"It was during my work in Madang and my association with Caritas Australia and the Incentive Fund projects that I first heard about CCIs – up to that time I had no clue as to what CCI was all about and why they might be important. In the beginning I struggled with the idea and it was only after the implementation workshop for the Incentive Fund that it all became clearer. I have learnt so much from the Incentive Fund team. The CHS has chosen to focus on child protection in their health centres and I was writing their child protection policy for them and was learning a lot."*

When writing the the School's proposal, Sister Mary Claude came across mention of the new law *Lukautim Pikinini Child Act 2009* (LPA). She was galvanised and since then has planned and implemented an impressive campaign, the goal of which is: *by the end of three years a multitude of significant community leaders, male and female in the Simbu Province and Catholic Church e.g. teachers, nurses, catechists, church leaders, church workers and parents, have received detailed instructions on the LPA, are committed to sharing this information with others and are ready to apply LPA when the need arises.*

Many significant leaders within the education and Catholic Church sectors took part in Sister Mary Claude's workshops and subsequently asked for materials to use in sessions with other stakeholders. Sister Mary Claude took her case to Caritas Australia and received funding to produce 12,000 quarterly newsletters (*Silent Cry*), 5,000 posters, 6,000 promotional wristbands, 2,000 copies of the Resource Book for parents, 200 CDs of broadcasting materials and 200 copies of a power-point presentation for use where there is no projector.

*Of Silent Cry, Sister Mary Claude says: "We want Silent Cry to be the voice that makes audible the silent cry of PNG children. Their trust is too often betrayed by adults – children in need of special protection, children whose rights are not acknowledged or guaranteed them by Lukautim Pikinini Act 2009."*

Sister Mary Claude has successfully structured a flow-on of awareness by training 20 couples in 20 parishes to repeat the child protection presentations in outstations as well as train other people to present the materials. Thousands of copies of the *Lukautim Pikinini Child Act* and the Catholic Agency Child Protection Policy have been distributed through her efforts.

Sister Mary Claude's work on child protection has moved far beyond the parameters of the project to other donors and the wider Catholic Church. She has conducted workshops on the LPA to over 12,000 people – teachers, pastoral workers, village communities, provincial inspectors, youth leaders, ministers, Catholic Health Services, hospital staff, Callan Services for people with disability, families, Diocesan personnel including priests, brothers, sisters, seminarians and laypeople and students from a large number of schools. Ninety-nine percent of those she has spoken to have found the information given to be an 'eye opener' for them. Sister Mary Claude says: *"In the vast majority of cases they want to hear more about the topic and too, they immediately invite me to give the same training to "their people back home." The same percentage of them had never heard of "Lukautim Pikinini Act 2009" on which I base my Child Protection Awareness Training."*

In Port Moresby, Sister Mary Claude addressed the Catholic Bishops Office and Conference, UNICEF, Australian Aid, the National Department for Community Development and others. She says: *"The Catholic Bishops Conference Papua New Guinea/Solomon Islands, through its Right Relations Commission, has not only endorsed the humble efforts to keep our children safe, but will take the program under its own umbrella and co-sponsor everything that I do to promote child protection. This has given much more public status and credibility to child protection since an organisation such as the Catholic Bishops Conference Papua New Guinea/Solomon Islands has believed in it and taken ownership of it."*

*These Bishops have now committed themselves to make child protection top priority in their Pastoral Plans and have trained a total of 45 child protection officers, two child protection officers from each PNG Diocese and family life development officers. Sister Mary Claude said: "This means our child protection program has gone from just me, to just us, to ALL of us and ALL of them."*

The trained child protection officers returned to their dioceses with Action Plans which included two mandates: (1) Give Awareness on the *Lukautim Pikinini Child Act* and *Children's Rights Everywhere Possible*; (2) Train Community Child Protection Volunteers for each parish in their diocese *"So that children everywhere can be protected."*

Participants said that the motto of the two weeks' training was: *"We have you covered! To the child: We are looking out for you. And to the perpetrator: watch out because we mean business!"*

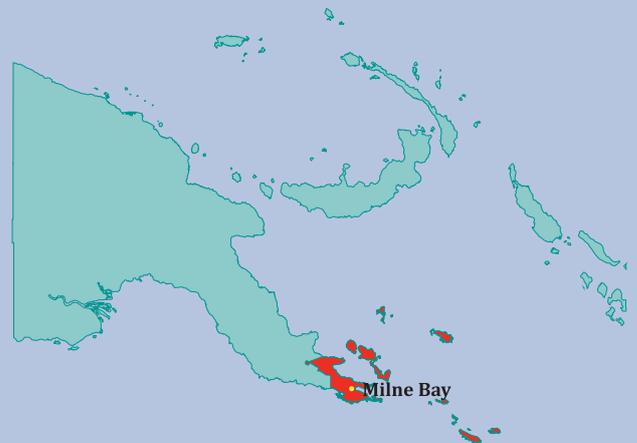


Child protection officers at the completion of their training.



Other issues – disability and gender have not been ignored at the school. Access for people with disability has been carefully considered in the project with wheelchair access to the upper floor of one of the double story classroom blocks. Ongoing funding has been allocated for social inclusion activities beyond the life of the Incentive Fund project.

# Sideia Health Centre



The Incentive Fund grant of 5,243,362 kina to Sideia Health Centre (through the Catholic Diocese of Alotau) has enabled the construction of a new health centre, a new maternal care building, five new staff houses and new ante and post natal waiting houses. Reconstruction and renovations have upgraded the mission jetty, 1.5 kilometres of driveway from the wharf, the reticulated water supply system. A tractor and trailer and solar power units for the health centre building have been purchased. Social inclusion activities were budgeted at 40,000 kina and the centre made a counterpart contribution of 30,700 kina.

A social inclusion committee was appointed at the centre to be responsible for the monitoring and reporting of physical progress and has been closely involved in the design of the health facilities to ensure a user and disability-friendly health environment. Since the project started and social inclusion has been taken seriously, the Diocese' interest has been provoked and there are **now two social inclusion committees, and two full-time social inclusion officers**, one at the Catholic Diocese of Alotau and one at Sideia Health Centre.

The Diocese gave their approval for policy development in child protection, disability and gender for the Catholic Church in Milne Bay Province. This is one of the biggest changes in policy affecting the health services in Milne Bay. The activity was successfully conducted with the help of Sister Mary Claude from Rosary Secondary School – Kondiu and the Incentive Fund team. Prominence has also been given to disability issues.



Catholic Diocese of Alotau members with the new policies.

The social inclusion committee has been closely involved in the design of the health facilities to ensure a disability-friendly environment and to plan and undertake more outreach activities on the atolls of Milne Bay.

The project team from the centre established links with other service providers to assist them achieve their social inclusion goals. For instance, Sideia Health Centre invited staff from the Alotau General Hospital to attend the training on gender and child protection they organised with the Department for Community Development.

A much closer relationship between the two health services now exists, supported by the installation of a V-sat telephone at Sideia. The quality of and response time for patient support and services provided by Alotau General Hospital to the Sideia Health Centre's referred patients have markedly improved.



Sideia Health Centre participants for the gender and child protection training.



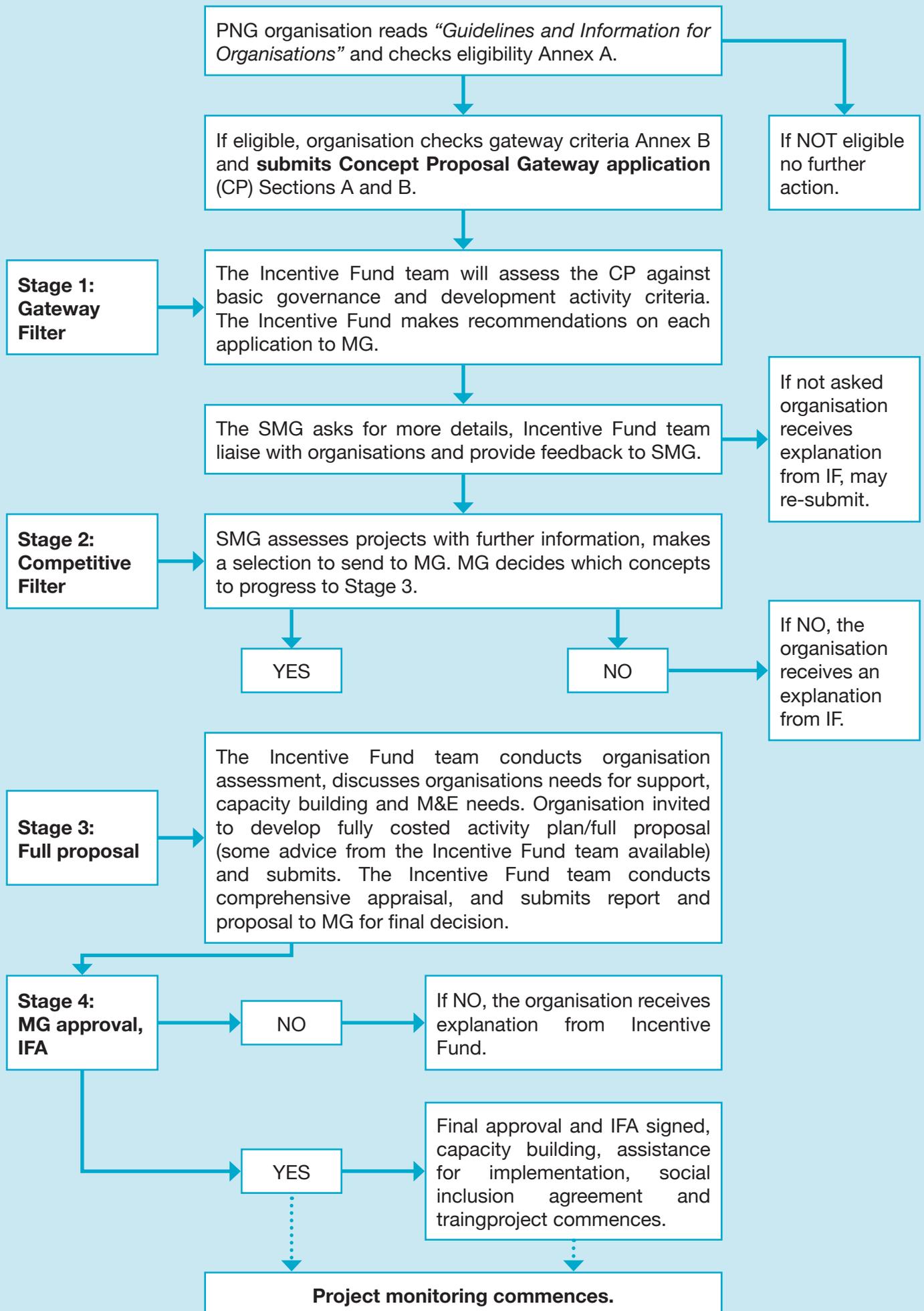
Social inclusion awareness session to communities on Sideia Island.



Students celebrating the opening of the Sideia Health Centre.

# Annex 1: Outline of Incentive Fund four-stage process





# Annex 2: Social inclusion framework

## Framework for integration of social inclusion in Incentive Fund Program

### What can we do to increase equality and support community empowerment to ensure Incentive Fund benefits all?

Within the Incentive Fund program structure and existing mechanisms the following areas will be used to guide and facilitate the process of integrating Cross Cutting Issues (CCI) - gender mainstreaming, HIVAIDs, disability, child protection and environment. CCI considerations must be integrated in the IF funded projects and interested organisation's structures as well as throughout the IF Program. Funded organisations need to ensure that operational systems are equitable and fair and they must create mechanisms that require CCI integration at all program stages; conception, proposal development, project design, implementation and monitoring and evaluation.

### 1. Strategy for implementation of the CCI Integration strategy in the Incentive Fund at Program level

This strategy for CCI implementation is aimed at a higher level sensitisation process.

- Work within the umbrella of cross cutting issues<sup>1</sup> (CCI) for the Incentive Fund (IF) and create links with GoPNG & AusAID policies and programs
- Increase advocacy through the Incentive Fund (IF) team, Management Group (MG) and Civil Society Organisations (CSO), development partners, funded organisations to enhance CCI sensitivity and the Incentive Fund's commitment towards implementation the CCI Sensitisation Strategy with funded organisations as appropriate
- Work with organisations to understand the importance and sensitivity of addressing cross cutting issues.
- Support initiatives to develop the Incentive Fund's client knowledge and ability to promote cross cutting issues.
- Work through the organisations to build capacity, identify the CCI issues and to promote actions addressing the specific CCIs that the organisations relate to.
- Work with CCI Lead Agency – DFCD and related line agencies of government to link and promote CCI work in the Incentive Fund

### 2. CCI Lead Agency level - DFCD

The Department for Community Development (DFCD) is now partnering with the Incentive Fund (IF) to implement Policies of GoPNG related to Cross Cutting Issues (CCI). Both DFCD and IF recognize the need to have this partnership and value it as such accordingly. We collectively recognize the importance of increasing the profile of CCI and improve advocacy on mainstreaming CCI into Civil Society Organization.

DFCD as the custodian of CCI and IF as our key partner are excited in undertaking this approach. The approach will be such that constitutes integration of checklist on specific CCIs into the IF Grant Approval Process. The primary aim of this engagement is to facilitate institutional mainstreaming of CCI in the country between DFDC as Government Agency and IF as our Development Partner. This process will positively benefit our civil society to be more sensitive and proactively engage on CCIs.

- Supporting IF with minimum standards requirement on CCIs through Checklist on CCIs
- Provide adequate technical capacity to IF on CCIs where necessary
- Regular engagement throughout IF Process and specific to approved Projects in the Project Cycles like in M&E exercises
- Direct participation in the CCI working group between DFCD & IF
- Facilitate access to Policy Document on CCIs and make available whenever required technical assistance to interested organizations in this process
- Facilitate access of IF information to Community Development Divisions and District Focal Points for CLDCs
- Facilitate access, involvement and participation by District Focal Points for CLDCs to IF Funded Projects and for implementation of CCIs through CLDC Networks and Strategies
- Implementation of CCIs Programs/Activities will embrace Integrated Community Development Approach
- Work with DFCD – CCI Working Group to facilitate consultation process and open dialogue with IF CCI Team to jointly promote the importance of CCI engagement at different levels of organisational initiatives that pass through Stage three (3) of the IF process.

<sup>1</sup> More latterly called 'social inclusion'

- Enhance capacity of DFCD staff on the value of the brokering role to be performed by CCI working group
- Work with CCI working group to collaborate more closely with provincial engagement roll out by the DFCD to take more strategic view of the organisations that IF engages with (via the IF 4 stage process)

DFCD also recognize the role of participating organizations in the IF Process in advancing CCIs beyond the Project life. The grant arrangement should serve as stimuli for institutional acceptance and adoption of CCI agendas. This partnership with IF will be a guide to future ones.

In all, the engagement practice note between DFCD and IF on CCIs will be implemented in manner as intended with co-operation and regard to one other and true to profound engagement and mutual partnership.

### 3. Corporate planning and coordination level

This strategy is aimed at partners and personnel with the Incentive Fund, Coffey International Development, funded organisations and related agencies level to promote CCI integration

- Consultation and collaboration with CCI advisors with Coffey International Development, relevant external advisors and ongoing consultation with IF Team
- Identify with each of the Policy and Planning sections of the funded organisations as one of the possible entry points for CCI consultation processes.
- Conduct in house briefing with related agencies, relevant sections heads on CCI issues.
- Support the Incentive Fund to develop/design CCI responsive checklists for project driven and strategic approach to screening Concept Proposals.
- Organisations to present activity plans on CCI for assessment by (and presentation to IF team and MG as required)

### 4. Civil Society Organisations level

This CCI implementation strategy is aimed at broader level awareness through Incentive Fund communication and awareness sessions through regions and provinces with different target groups, as suggested by the MG.

- Create CCI awareness and provide a sensitisation program among leaders and managers of the funded organisations
- Work with organisations to increase leadership focus on how CCI issues can be mainstreamed,

using a people –centred development approach and identifying entry areas where it can be tested.

- Work with the Incentive Fund to increase dialogue between organisations and related government or partner agencies at provincial and regional levels - social sectors.
- Support organisations to examine policies and practices that encourage and promote CCI advocacy within the organisation
- Work with organisations planning policy and/or activities on CCIs
- Provide quarterly briefs and six monthly report for presentation to the Incentive Fund

### 5. Incentive Fund roles

This strategy outlined roles within the Incentive Fund to provide technical input to partners and interested organisations on the Program’s requirement for CCI integration at all project stages; conception, proposal development, program design, implementation and monitoring and evaluation.

- Facilitate technical assistance and expertise to meet organisation needs and project-related requirements
- Work through organisation’s project managers to provide focused assistance on CCIs.
- Support organisations to report on progress on the level of CCI integration work within organisations.
- Work with M&E development specialist and individual organisations to develop M&E tools to assess the effectiveness of organisational work on cross cutting issues integration.

### 6. Possible CCI Partners

These are list of possible partners that the Incentive Fund would work with or seek support from to promote CCI integration.

- CCI Lead Agency -DFCD, NACs, DCE
- Provincial Governments
- Civil Society Organisations
- Incentive Fund Development Specialists, Coffey International Development Advisors, , Coffey Support Office team) and short term advisors
- Other donor programs, PNG Government Programs and programs or projects committed to CCI development principles
- Line Government agencies
- Other development partners

# Annex 3: Social Inclusion checklists

## Social Inclusion checklist for organisations and projects

The Governments of Papua New Guinea and Australia require a strong focus on the 'mainstreaming' of cross cutting issues such as equity of opportunity and rights for all men and women. This means that the Incentive Fund must promote and support funded organisations to address gender, HIV/AIDS, child protection and disability issues and to promote positive change in these areas in line with MTDP priorities.

Organisations approved for funding will need to integrate specific activities and measurement into their organisation and into their IF project. Practical support and advice will be available from the IF team to help in this. The organisation's day to day operational systems must be equitable and fair and project planning must be consultative and inclusive.

### Practical suggestions for organisations and project social inclusion activities

Following are some suggestions to help organisations select activities which best suit the organisation and the funded project. Most suggestions apply to each of the four 'social inclusion' areas, for instance if you appoint an advocate or champion for gender, that person may be able to assume the role of champion for another Social Inclusion issue.

#### Child protection activities

- Obtain AusAID and GoPNG Child Protection (Lukautim Pikinini (Child) Act 2009) policies (and parent organisation's policies) and develop brief written policy on child protection for your organisation, including activities to support the policy. Your policy should be consistent with Lukautim Pikinini (Child) Act 2009
- Ensure all staff are aware of and are implementing your organisation's policy and proposed activities and measure level of understanding of staff via a brief questionnaire or staff interviews/consultation
- Ensure staff are aware of individual roles and responsibilities for appropriate positive/affirmative action on child protection for example in reporting and referral procedures
- Appoint a 'champion' or mentor for child protection issues to act as staff counselor or to refer issues to local authorities as necessary
- Ensure that regular monitoring of organisation/project responses to child protection issues

- Discuss the organisation's/projects approaches to child protection policy with Provincial/local level government agencies or relevant peak bodies to see where mutual support for activities is possible

#### Gender

- Obtain AusAID and GoPNG gender policies and if your organisation does not have a gender policy as yet, develop brief written policy for your organisation using what is relevant from these documents and/or parent organisation
- Make sure the policy includes equal opportunity for employment, or an affirmative action plan
- Ensure all staff are aware of and are implementing your organisation's policy and proposed activities and measure level of understanding of staff via a brief questionnaire or staff interviews/consultation
- Make sure local, community or Provincial women's groups or peak bodies, are consulted about or included in the planning of your project and to see where mutual support for activities is possible
- Ensure organisation and project staff include women in management and other roles
- Appoint a gender 'champion' or mentor for gender issues
- As appropriate to the type of project make sure that the outputs and outcomes will benefit women as well as men i.e. make sure that the project will enhance women's participation in the community and help reduce gender disparities
- Ensure that monitoring and evaluation data is collected in a way which ensures that outcomes can be measured by gender

#### Disability

- Obtain AusAID and GoPNG policies on disability
- If your organisation does not have a disability policy as yet, develop brief written policy for your organisation using what is relevant from these documents and/or parent organisation
- Make sure the policy includes equal access, opportunity for employment, or an affirmative action plan which considers ways of employing people with a disability and mitigates discrimination

- Ensure all staff are aware of and are implementing your organisation's policy and any proposed activities and measure level of understanding of the disability policy on access and discrimination via a brief questionnaire or staff interviews/consultation
- Appoint a disability 'champion' or mentor for CCI issues
- Make sure local, community or Provincial disability groups or peak bodies, are consulted about or included in the planning of your project to see where mutual support for activities to ensure equity of access for people with a disability is possible
- As appropriate to the type of project make sure that the outputs and outcomes will benefit and/or provide access for people with a disability as well as men eg ramps and/or wider doorways in infrastructure projects
- Make sure that the project will enhance access and participation in the community and help reduce disparities for people with a disability
- Ensure that monitoring and evaluation data is collected in a way which ensures that any disability-specific outcomes can be identified and/or measured.

## HIV/AIDS

- Obtain AusAID and GoPNG policies on HIV/AIDS
  - If your organisation does not have an HIV/AIDS policy as yet, develop brief written policy for your organisation using what is relevant from these documents and/or documents from parent organisation
- Make sure the policy includes equal access, opportunity for employment, or an affirmative action plan which considers ways of employing people with HIV/AIDS and mitigates discrimination
  - Ensure all staff are aware of and are implementing your organization's policy and any proposed activities and measure level of understanding of the HIV/AIDS policy on access and discrimination via a brief questionnaire or staff interviews/consultation
  - Appoint an HIV/AIDS 'champion' or mentor
  - Provide up to date information on HIV/AIDS prevention and emphasis individual staff responsibilities to increases awareness of discrimination and methods of prevention
  - Undertake other appropriate anti HIV/AIDS activities (eg distribution of condoms) as appropriate to your organisation and project
  - Make sure local, community or Provincial HIV/AIDS groups or peak bodies, are consulted about or included in the planning of your project to see where mutual support for activities to ensure equity of access , address discrimination and act against transmission is possible
  - As appropriate to the type of project make sure that the outputs and outcomes will benefit people living with HIV/AIDS as well as other members of the community
  - Ensure that monitoring and evaluation data is collected in a way which ensures that any HIV/AIDS specific outcomes can be identified and/or measured

# Annex 4: List of all projects

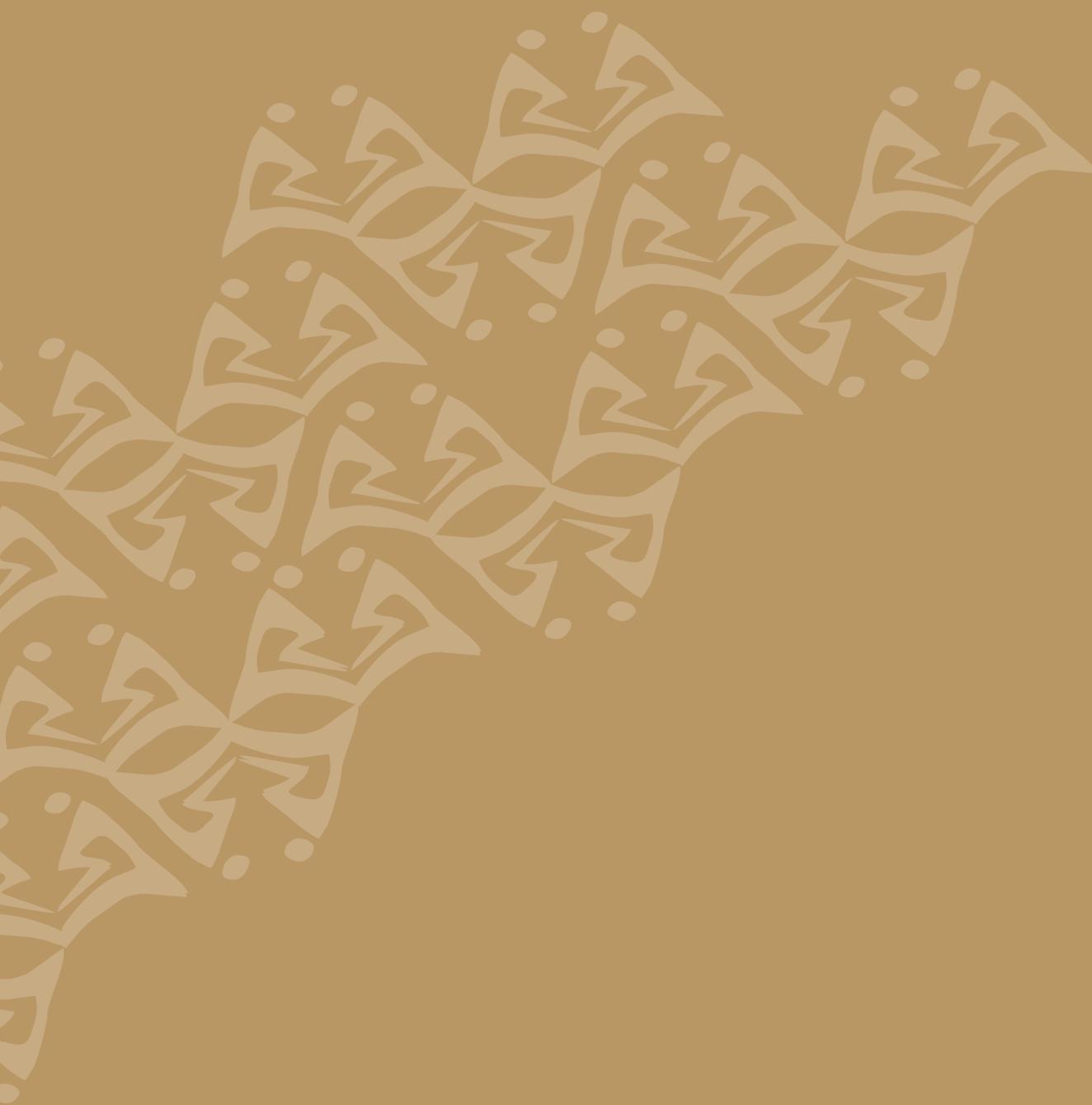


Table 1: Details of funded organisations, Incentive Fund Phase III

ORGANISATION	VALUE	PROVINCE
PNG Maritime College	5,959,063.00	Madang
Divine Word University	8,301,700.00	Madang
Alotau General Hospital	10,000,000.00	Milne Bay
Archdiocese of Madang, Catholic Health Services	7,921,000.00	Madang
Catholic Diocese of Bereina	9,729,860.00	Central
Vanimu General Hospital	8,140,310.00	Sandaun
Pacific Adventist University	10,000,000.00	NCD
Notre Dame Secondary School	5,217,274.00	Western Highlands
St. Mary's Hospital Vunapope	2,249,230.75	East New Britain
Sonoma Adventist College	2,200,136.00	East New Britain
Marianville Secondary School	5,313,650.78	NCD
Nazarene Health Ministries	9,690,500.00	Jiwaka
Mt Hagen Technical College	9,712,568.00	Western Highlands
Santa Maria High School	4,432,320.00	Milne Bay
Mt.Hagen Catholic Health Services	5,624,934.00	Western Highlands
National Agriculture Research Institute	5,010,000.00	East New Britain
Rosary Secondary School Catholic Diocese of Kundiawa	6,406,021.00	Simbu
Hohola Youth Development Centre	5,338,518.00	NCD
Caritas Technical Secondary School	4,998,670.00	NCD
Catholic Diocese of Alotau	5,243,362.00	Milne Bay
<b>Total funding</b>	<b>131,489,117.53</b>	

# Notes



