



Submission No. 2

Review of Portfolio Annual Reports

Organisation: Australian Agency for International Development
(AusAID)

Address: GPO Box 887
CANBERRA ACT 2601

**JSCFADT HEARING
21 MAY 2002**

LAND MINE CLEARANCE IN CAMBODIA

Overview of the Landmine Situation in Cambodia

Australia has provided approximately \$33 million for mine action in Cambodia over the period January 1996 to June 2002. This comprises approximately \$18 million in core assistance to the Cambodian Mine Action Centre (CMAC), the indigenous demining organization, and the balance (approximately \$15 million) in NGO activity funding. NGO funding has included support for mine clearance, mine awareness, victim assistance (eg. physical rehabilitation and socio-economic reintegration) and integrated mine action linked to community development programs.

The full extent of the mine problem in Cambodia is still not clearly known. Current estimates identify 3,600 mined areas and 2,900 square kilometers of affected land. Based on these estimates, the Royal Government of Cambodia believes that mine action operations will need to continue at approximately the current level for at least the next 5-10(+) years. Beyond that time, it is probable that a reduced capability will be needed to deal with smaller or lower priority clearance tasks and numerous individual mine/UXO reports for possibly as long as a further 50 years.

1. HOW MUCH LAND HAS BEEN RECLAIMED WITH AUSAID FUNDING

It is estimated that approximately 170 square kilometres of mined land was cleared in Cambodia between 1993 and the end of 2000. Clearance figures are collected annually from each mine clearance organisation and published in the International Campaign to Ban Landmines' Landmine Monitor Report. The 2002 Report (showing figures for 2001) will not be available until September/October this year but it is expected that at least another 30 square kilometres would have been cleared based on figures in previous years. CMAC alone cleared over 9 square kilometres of land in 2001.

Up to 1999, the CMAC annual budget averaged approximately US\$11 million ; Australia contributed approximately A\$2 million per annum, approximately 10% of the total budget. In 2000 the budget dropped to about US\$5 million per annum due to funding difficulties. In 1998 CMAC cleared 11.5 square kilometres, 1999 – 8.63 square kilometres, 2000-7 square kilometres.

2. HOW MANY SQUARE KILOMETRES HAVE BEEN RECLAIMED IN THE LAST 12 MONTHS

Total clearance figures for 2001 will not be available until publication of the Landmine Monitor Report for 2002. However during 2001, CMAC cleared 9.63 square kilometres with a budget of US\$5 million and greater efficiencies in the field; Australia contributed approximately 20% of its operating budget. We could therefore impute, that Australian aid funds were used to clear just under 2 square kilometres.

11/6/02

In addition, Australian funding for NGO activities including Destroy a Minefield has enabled clearance of just over 2 square kilometres; this figure however, covers activities since 1996 . Current NGO projects do not all use “land cleared” as indicators; they now report on development actions such as well sinking, school building, agriculture initiatives of which mine clearance is a component. Therefore the clearance figures reported above for NGOs are likely to be understated.

3. HOW MANY SQUARE KILOMETRES ARE PLANNED FOR CLEARANCE IN THE NEXT 12 MONTHS

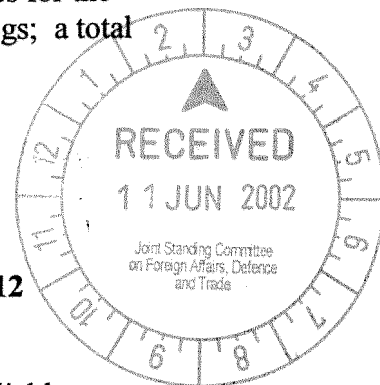
CMAC Integrated Work Plan for 2002 has targets of 8.1 square kilometres for the demining platoons and .928 square kilometres for the Mine Detection Dogs; a total of just over 9 square kilometres.

Australia plans to provide 20% of CMAC’s budget during 2002.

We do not have figures for other organizations target clearance areas.

4. WHAT IS THE EXTENT OF CASUALTIES OVER THE LAST 12 MONTHS

Given the uncertainty over the extent of landmine contamination, more reliable indicators of the problem are the casualty rates. Latest information indicates that mine casualties in Cambodia are decreasing, but people are still injured at a rate of more than two each day.



Mine/UXO Casualties in Cambodia			
Year	Recorded mine/ UXO casualties	Monthly average	Every Day
1996	3,046	254 people	8 people
1997	1,810	151 people	5 people
1998	1,929	161 people	5 people
1999	1,129	94 people	3 people
2000	843	70 people	2 people
2001	809	67 people	2 people

Most casualties occur in the north-western provinces, with the highest casualty rate in Battambang. In the 12 months to January 2002, data collected indicates that the causes of casualties were tampering (36%) and livelihood-related such as farming, fishing, collecting food or firewood (53%). Most casualties were men (64%), followed by children (28%). Over half the incidents involving children were caused by tampering.

Australian Assistance to Afghanistan Since September 2001

A total of \$41.3 million has now been committed for the provision of humanitarian assistance and reconstruction efforts in Afghanistan. \$23.3 million of this assistance to the Afghan people was announced in September and October 2001, and an additional \$17 million towards Afghanistan's reconstruction was announced at the Afghanistan Reconstruction Conference in Tokyo in January 2002. This was then supplemented with \$1 million in humanitarian assistance provided in response to the devastating earthquakes experienced in northern Afghanistan in late March. The phased allocation and disbursement of funds is a result of the evolving situation on the ground, and the need to remain flexible and respond to emerging priorities.

Assistance is being channelled primarily through agencies and Non-Government Organisations (NGOs) that are playing lead roles under the Immediate and Transitional Assistance Program for Afghanistan (ITAP), which reflects priorities as agreed by the Afghan Interim Authority (AIA).

The Australian approach is designed to reduce the burden on the interim administration, enhance Afghan ownership, and utilise on the ground infrastructure and experience. It also facilitates donor coordination, reduces duplication, and allows rapid disbursement of funds targeted towards urgent and emerging national priorities. It is consistent with the strategy being pursued and supported by the broader international donor community in Afghanistan, and allows us to provide a modest but well targeted contribution that effectively meets our national interests.

All the organisations through which we have chosen to work in Afghanistan have good reputations for targeting the most affected communities and for delivering high quality, accountable and transparent programs. We engage with these partners in many parts of the globe, and have selected them on the basis of an assessment of their previous performance, capabilities and procedural systems.

The attached table represents a breakdown of funding commitments to Afghanistan since September 2002.



Breakdown of Funding to Afghanistan Since Sept 2001

Recipient	Amount (AUD)	Composition
United Nations High Commissioner for Refugees (UNHCR)	\$14.3m	<p>Contribution of: A\$4 million to UNHCR for the provision of protection and humanitarian assistance to Afghan refugees across the South West Asia region, including the establishment of refugee camps in the border areas, and the provision of blankets, tents, plastic sheeting, stoves, Jerry cans, kitchen sets and other non-food items; \$300,000 for costs associated with the Afghan Forum in Geneva in October 2001; \$7 million to UNHCR to develop sustainable solutions, protection programs and integration activities for displaced Afghans in SW Asia; \$3 million for assistance to displaced Afghans.</p>
International Committee of the Red Cross (ICRC)	\$4.5m	<p>Contribution of \$4 million to the International Committee for the Red Cross to provide assistance to vulnerable Afghan people both within Afghanistan and in the border countries. ICRC priorities include-</p> <ul style="list-style-type: none"> - providing food to vulnerable populations, including orphanages in Kabul; - supplying essential non-food items such as medical supplies, shelter materials, stoves and fuel; - maintaining and repairing water and sanitation facilities for civilian populations affected by fighting; - supporting a number of surgical referral centres and hospitals as well as operating six orthopaedic centres; - carrying out ongoing mine awareness sessions for civilian populations and collecting mine related data for the UN mine action program; and - supporting the tracing networks established and operated by the National Societies to manage family reunification for Afghans displaced by conflict (\$500,000 for family reunification).
International Organisation for Migration (IOM)	\$1.5m	<p>Provision for \$500,000 to ICRC relief operations following earthquakes in northern Afghanistan on 25 and 26 March 2002. The funding is enabling the ICRC to provide shelter and medical items for the affected population.</p> <p>\$1 million to International Organisation for Migration (IOM) for programs within Afghanistan to assist the development and maintenance of infrastructure to support returning displaced persons, such as internal transportation networks and programs for reintegration assistance (including skills development and the provision of equipment). A further \$500,000 was directed towards IOM's Afghanistan Appeal. This supports IOM in delivering food, non-food supplies, shelter and other assistance to internally displaced Afghan people, particularly those in camps in Western and Northern Afghanistan. IOM is also providing cross-border support (primarily supplies) through the provision of transport.</p>
World Food Programme (WFP)/Food Aid	\$7.5m	<p>\$7 million for the purchase of 7,200 tonnes of Australian wheat flour and additional costs associated with the Australian wheat flour (eg transport).</p> <p>Contribution of \$500,000 to the World Food Programme (WFP) to assist in its relief operations following the earthquake in northern Afghanistan. Following an initial assessment by UN agencies, the provision of food along with shelter and water was identified as a priority item.</p>
UN Office for the Coordination of Humanitarian Affairs	\$500,000	<p>Contribution of \$500,000 to the UN Office for the Coordination of Humanitarian Affairs (OCHA), which is responsible for coordinating the efforts of UN agencies humanitarian agencies in the Afghanistan crisis, including the deployment of emergency technical personnel to coordinate activities in the countries bordering Afghanistan.</p>
UN Development Programme (UNDP) Regional Humanitarian Coordinator's Office	\$1m	<p>\$1 million to the United Nations Development Program (UNDP) Regional Coordinator's Office to support aid coordination and delivery efforts.</p>

UNDP Trust Fund for the Afghan Interim Authority	\$1m	\$1 million to the UNDP established and managed Afghan Interim Authority Fund. This Fund provides financial support for the Interim Authority for Afghanistan over the period to 30 June 2002. It covers administrative costs and essential rehabilitation of administrative facilities, and the implementation of special responsibilities outlined in the Bonn Agreement, payment of salaries, and provision of accommodation and vehicles.
UN Children's Fund (UNICEF)	\$500,000	<p>Contribution of \$500,000 to UNICEF for emergency and recovery efforts in Afghanistan. UNICEF priorities include assistance for women and children in the areas of-</p> <ul style="list-style-type: none"> - health and nutrition - UNICEF is collaborating with WHO and the Afghan Ministry of Health to carry out a nationwide measles immunisation campaign. UNICEF is also carrying out nutritional assessment and supporting supplementary feeding programmes in a number of areas; - water and sanitation - UNICEF is providing water tanks and is helping to repair and drill wells with other partners in Afghan displaced persons camps in Pakistan; - emergency education - UNICEF's Back to School campaign is assisting the return of 1.5 million children to school from March 2002. UNICEF is supplying teaching kits and learning materials, undertaking teacher training and carrying out minor rehabilitation work on school buildings.
UN Drug Control Programme (UNDCP)	\$500,000	Contribution of \$500,000 to the United Nations International Drug Control Programme (UNDCP) for quick impact activities to reduce the impact of the current opium crop.
Mine Action Programme for Afghanistan (MAPA)	\$1.5m	Contribution of \$1.5 million to the UN Mine Action Programme in Afghanistan (MAPA). MAPA operations focus on supporting mobility for humanitarian aid through clearance of routes, airports and facilities, clearance of high priority areas in proximity to the population and on reducing the risks for returning displaced persons. Increased mine action assistance is also planned to support reconstruction efforts, particularly due to the threat of new unexploded ordnance (UXO) in previously safe areas.
CARE Australia	\$1m	Provision of \$250,000 to CARE Australia for their South West Asia Emergency Relief Operations program. CARE is providing emergency relief assistance to the most vulnerable people of the Southwest Asia Crisis as needs become apparent and activities determined, and as requested by authorities in Iran, Afghanistan, Pakistan or Tajikistan.
Australian Red Cross	\$250,000	\$750,000 to work in partnership with local NGOs to meet the direct and immediate humanitarian needs of the Afghan people while strengthening the capacity of Afghan NGOs to actively contribute to Afghanistan's immediate needs and longer-term development through four primary focus areas - training and capacity building to strengthen organisational and project management capacities; direct support for the implementation of small scale projects to address the humanitarian needs of Afghan people; assistance and facilitation of opportunities for NGOs to plan for their organisation's future; and training for NGOs to build skills in advocacy (including policy analysis, negotiation, liaison etc). It will include a focus on NGOs dedicated to improving the status of women and girls in Afghanistan.
UNICEF Australia	\$250,000	Contribution of \$250,000 to UNICEF Australia's Afghanistan Appeal
Oxfam/Community Aid Abroad	\$250,000	Contribution of \$250,000 to Oxfam/Community Aid Abroad's Afghanistan Appeal
Australian Volunteers International	\$750,000	Provision of funds to assist extend the capacity of Afghan NGO's to design and deliver Quick Impact Projects (QIPs) focused on both immediate reconstruction needs and the strengthening of civil society more broadly, consistent with the UN's Immediate and Transitional Assistance Programme for the Afghan People (ITAP). The project will place at least 20 Australian Volunteers in capacity building support roles with local NGO's in Afghanistan and Pakistan. AVI will prioritise support to Afghan NGOs to implement programs that address women's practical and strategic gender interests.
Still to be allocated	\$6m	Will be allocated during 2002-2003 to meet key needs under the Immediate and Transitional Assistance Programme (ITAP)
Total	\$41.3m	

PNG NATIONAL HIV/AIDS SUPPORT PROJECT

Goal:	To minimise the impact of HIV/AIDS in PNG
Purpose:	To support the implementation of the multi-sectoral National HIV/AIDS Medium Term Plan of PNG
Time Frame:	Commenced in October 2000 for 5 years
Budget:	\$60 million
Location:	All 20 provinces in PNG

The National HIV/AIDS Support Project is a health, governance, education and community development project. It is designed to work in all sectors and at all levels of the community and will empower a number of groups (refer Attachment A) to undertake HIV/AIDS prevention and care activities. A sustainable response to the epidemic will be achieved by facilitating community-led responses and ensuring that PNG's political, legislative and policy environment is supportive of activities to prevent the spread of HIV/AIDS.

- Component 1 - Education, Information And Advocacy**
- Component 2 - Counselling, Community Care And Support**
- Component 3 - Policy, Legal And Ethical Issues**
- Component 4 - Monitoring, Surveillance, And Evaluation**
- Component 5 - Clinical Services And Laboratory Strengthening**
- Component 6 - Support To The National AIDS Council Secretariat**

The Project supports PNG's National AIDS Council (NAC) to implement the PNG National HIV/AIDS Medium Term Plan. AusAID is taking a flexible approach to the Project to facilitate the implementation of the Plan and for the Project to respond to changes in the PNG environment. A study on the Potential economic impact of an HIV/AIDS epidemic in PNG was completed in February 2002 .

Education, Information and Advocacy

The Project, through the National AIDS Council Secretariat (NACS), will work with government agencies NGOs, churches and the private sector at the national, provincial and local level to develop and implement training programs in the delivery of HIV/AIDS awareness, education and advocacy programs. The Project also provides technical assistance to develop workplace HIV/AIDS and STI awareness and prevention programs as well as strategies for HIV/AIDS and STI prevention and care. Grants will be provided though the Project to implement such programs. The Provincial AIDS Committees and their Secretariats will play a fundamental role in supporting the implementation of the grants, by both approving these grants and monitoring their conduct.

Given the cultural importance of group identity and affiliation, peer education programs are an effective means for achieving behaviour change. Peer education programs will be implemented under the project with a focus on groups that may engage in high risk behaviour, including mining

and forestry workers, police, defence personnel, students at tertiary institutions, inmates of correctional services, parolees and commercial sex workers.

A condom social marketing campaign is being undertaken and condom distribution networks strengthened to ensure people are able to act on safe sex awareness and education programs.

Counselling Community Care and Support

As the level of awareness of HIV/AIDS increases, there will be an increased demand for voluntary HIV testing and counselling services. Pre and post test counselling will be important for addressing issues associated with living with HIV/AIDS as well as providing a confidential information source on HIV/AIDS and safe sex. The Project, through the NACS is establishing a national network of counselling, community care and support. Counsellors will play an essential role in contact tracing and partner notification and in helping to establish and reinforce community care and support networks. Home-based care programs will also be established, allowing recognition of the role and responsibility of traditional kinship systems as well as reducing the demand for hospital admission.

Policy, legal and ethical environment

The Project has supported an overall review of legislation to provide a supportive legal framework for prevention programs as well as enabling non-discriminatory environments to be created for People Living With HIV/AIDS (PLWHAs) or people who have been affected by HIV/AIDS. Legislative review areas still to be addressed include:

- Public Health Act;
- Uniform legislation in the context of the New Organic Law;
- Child Welfare Act to make provisions for the protection and care of orphans;
- Juvenile Sentencing Guidelines
- HIV testing of prisoners
- Decriminalisation of commercial sex work;
- Anti-discrimination legislation;
- Workplace legislation; and
- Censorship laws to enable sexual health promotion.

The Project will also support government departments to adapt the PNG National HIV/AIDS Medium Term Plan into strategies specific to their departmental needs and to develop sexual health policies. These policies and strategies will then be adapted for use at the provincial and local level. The Project will also work with the Department of Personnel Management to develop a Public Service workplace policy that can be adapted for application by the private sector.

Policy and program development is being strengthened by facilitating the involvement of PLWHA groups in local and national decision-making structures. Strategies will also be based on information gathered through improved public health surveillance of HIV/AIDS and Sexually Transmitted Disease (STI) prevalence as well as related behaviour patterns.

Monitoring, Surveillance and Evaluation

Surveillance and monitoring of HIV/AIDS prevalence provides essential data to understand the trends of infection. This is a crucial basis for developing national program and policy responses to enable targeted interventions and the effective delivery of treatment and care. STI surveillance is also a critical component of improving understanding of the likely spread of HIV/AIDS.

The Project works with the National Department of Health and the PNG National Reference Laboratory to improve data collection systems for the reporting of HIV/AIDS and STDs, establish HIV/AIDS and STI surveillance sites and improve feedback mechanisms for HIV/AIDS and STI surveillance data.

Clinical Services and Laboratory Strengthening

One of the main interventions for decreasing transmission of HIV is the prevention and early management of other STIs. The project works with the National Department of Health and the Central Public Health Laboratory to improve management and administration of STI and HIV/AIDS health service policies at the national and provincial level; upgrade physical facilities for STD services and laboratories in the provinces and districts; provide training for health staff to improve the quality of STD and HIV services and clinical care; and ensure health services receive regular supplies of drugs and condoms. A major upgrade of clinical facilities across the country will commence in 2002. The Project also focuses on PNG's international border areas with West Papua, Solomon Islands and Australia as these are potential areas for increased transmission of STIs and HIV.

Management support to the National AIDS Council Secretariat

The Project supports the National AIDS Council to strengthen its capacity to coordinate the multi-sectoral response to HIV/AIDS in PNG. Activities include establishing a nation-wide HIV response structure and strengthening coordination amongst community groups, NGOs and government.

Research on HIV/AIDS and STIs

Each component of the Project is supported by practical and action-oriented research in each of the areas outlined above. This research informs program responses to the epidemic. The Project will continue to emphasise the transfer of skills in research methods to people in PNG's research institutes, government departments and NGOs.

Supported by AusAID's Development Assistance Program to PNG

The Project is supported by broader activities undertaken through the Australia - PNG Development Cooperation Program. In particular, initiatives to alleviate socio-economic disparities, a focus on gender, domestic violence and improved education, literacy and law and order assists in addressing the conditions that contribute to the spread of HIV/AIDS.

Attachment A

<p>National</p>	<ul style="list-style-type: none"> • National AIDS Council (NAC) - a statutory authority comprising representation from each government department, the National Council of Women, the Council of Churches, the Chamber of Commerce and the non-government sector. • The NAC Secretariat (NACS) - supports the NAC by coordinating the national HIV/AIDS response, developing national policies, implementing national programs, developing guidelines and administering funding for HIV/AIDS activities. • National Centre for Sexual Health at Port Moresby General Hospital - will be established under the project to provide a specialised training, research and reference centre for STD and HIV clinical management. • National Reference Laboratory - the central reference laboratory for monitoring HIV/AIDS surveillance. • Central Public Health Laboratory - the central referral laboratory for HIV/AIDS and STD testing and diagnosis and implementing other Public Health legislation. • The Media - a tool for changing public opinion through raising awareness and generating debate on issues such as legalising prostitution, attitudes to women and sexual violence and acceptance of people living with HIV/AIDS (PLWHA).
<p>Provincial</p>	<ul style="list-style-type: none"> • Provincial AIDS Committees - subcommittees of the NACS and endorsed by Provincial Executive Council. Plan and coordinate provincial program implementation, monitoring and evaluation. Include representatives from government departments, churches, non-government organisations (NGOs) and the private sector. Committees may also undertake some implementation, such as World AIDS Day programs. • PACs Secretariats (PACS) - will comprise of a HIV Response Coordinator and a Counselling and Community Care Coordinator. HIV Response Coordinators will facilitate and coordinate activities at the provincial and district level on behalf of the PACs. Counselling Coordinators will serve as the focal point for the provincial counselling network, will support service providers at the district level and assist referrals between community and hospital. • STI clinical and laboratory services - to provide care for PLWHAs as well as a point for people to go to for testing.

<p>Local</p>	<ul style="list-style-type: none"> • District AIDS Committees (in some provinces) - act as a community focus and reference point for HIV/AIDS activities and may implement some awareness and counselling activities. Usually comprise of district officers, Local-level Government leaders and ward councillors. • NGOs and Community-Based Organisations (CBOs) - to provide awareness raising programs, outreach, peer education, counselling and care services. Provide peer education programs as an effective means for reaching high-risk groups such as out-of-school youth, mining, transport, defence force and commercial sex workers. • Community home-based care teams - to provide care for PLWHA as well as being an information source for the wider community. • Peer groups for PLWHAs - supportive networks to encourage PLWHAs to become involved in prevention and care programs. Involvement increases the visibility of those living with the disease within the community and results in a greater level of acceptance and support along with increase response to prevention activities. • Churches - recognised as an effective network for targeting out-of-school youth as well as providing care services. • Private Sector - to target workplace specific needs to prevent the spread of HIV/AIDS as well as caring for and supporting those affected. • Teachers, welfare officers, community health workers and community leaders - will be supported to undertake HIV/AIDS, STD and sexual health promotion programs.
---------------------	--