

Quarterly Project Report

GHARP II

April 2012 – June 2012

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number GHH-I-00-07-00058-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

Guyana HIV/AIDS Reduction and Prevention Project
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org

Quarterly REPORT
Guyana HIV/AIDS Reduction and Prevention Project (GHARP II)

Reporting Period: April to June, 2012

Contract No: GHH-I-00-07-00058-00

I. EXECUTIVE SUMMARY

By IR, activities from April to June, 2012 included:

IR 1.0 Strengthen HIV Public Health Care System

1.1: Human Resource Development/Health Systems Strengthening

- LDP Graduate Network Meeting conducted in Region 10 with 6 past participants of the program
- LDP training completed with 16 health workers from Region 2 and one GHARP II staff.
- Leadership and Management pre-service curriculum formally handed over to the Ministry of Health.
- M&E training conducted for 3 NGOs

1.3 Technical Assistance to the National PMTCT Program

- Planning for the PMTCT integration into Care and Support moves forward
- Four antenatal care clinics (ANC) sites and two labor and delivery (L & D) wards visited to assess quality of service.
- In-depth training on management of HIV+ women during pregnancy conducted with health staff from Regions 2 and 10.

1.4: Technical Assistance to the National HIV Testing and Counseling Program

- Technical assistance provided during Hope For All's VCT and prevention outreach in Region 1
- technical assistance Provided to NGOs to address recommendations/follow up steps of VCT QA Assessments
- NGOs' VCT Feedback Meeting held to share best practices to reach MARPS and build capacity of VCT staff.
- Guidelines/SOPs developed for the pilot activity of Home Based Counseling and Testing at NGOs

IR2.0 Improve Civil Society Sector Response to HIV/AIDS

2.1: Strengthening Community Based Services for Behavior Change and Condoms

- Supervisory visits made to NGOs during MARPS prevention outreach and support group sessions
- Client code piloted with commercial sex workers to track duplication of clients by NGOs
- Sessions held with visiting PEPFAR delegation on the MARPs program

- BCC materials disseminated to all PHD&P-implementing NGOs

2.2: Support for OVC Programs

- Technical Assistance provided to MoH/NAPS and MLHSSS to facilitate steering committee meeting and coordinate training to improve OVC care.
- Quarterly OVC feedback meeting for NGO C&S staff held to share best practices to reach OVC and to build capacity.
- 50 girls in Regions 5 and 6 targeted in piloting of initiative for reintegration into the school system.
- Youth-Friendly pilot set up in Region 6 to meet needs of gays, lesbians and bisexual OVC.
- Fifty two OVC from 7 NGOs selected to benefit from economic strengthening.

2.3: Support for Adult Care & Support Programs

- Technical support and supervision in C&S was provided to NGOs in Region 4, 6 and 10 to ensure quality of services and promote greater networking between NGOs and Care and Treatment sites.
- Four NGOs completed action plans after nine days of LDP training
- Collaboration with MLHSSS initiated to enlist more HIV positive single parents into the Women of Worth (WoW) loan plan to support small businesses.
- Seven NGOs completed client eligibility assessments and enrolled ten clients each for economic strengthening.
- Care and support services in Region 4, 7 and 10 exceeded 75% of overall FY 12 target; this is attributed to referral cards and follow-up.

2.4: Improved Environment for HIV and Human Rights and Policy

- Seven NGOs implemented revised Child Protection Policies.

2.5 Technical Assistance to private sector and GBCHA

- Condom survey conducted with several GBCHA members to determine how well current condom distribution system works

II. INDICATORS AS OF June, 2012

Explanatory Notes for Table: Table below shows the indicators, targets, monthly and cumulative year-to-date achievements for each indicator for USAID FY 2012. In interpreting the table, please be aware of the following:

- A. The cumulative year-to-date achievement for some indicators has been updated to include data from previous months that were either received late or not previously recorded. These are marked with an asterisk*.
- B. For those indicators that measure TA, the cumulative year-to-date achievement shows the number of unique organizations that were provided with TA up to that point. Repeat visits are noted in the achievement for the “current month.”
- C. For PMTCT service indicators (indicators 10, 12, 13 & 15) reports were received from 0 % of sites due to insufficient reports received for the reporting month of June, 2012.

- D. For VCT, 23% of the service data were received for the reporting month (June, 2012). The asterisk for VCT cumulative achievement column denotes an update for the USAID/GHARP II-supported sites for the fiscal year October 2011 to March, 2012.

Achievement against targets and indicators for Fiscal Year 2012, as of June, 2012

Indicators	Target FY12	Achievement June 2012	Cumulative Achievement FY12
IR 1.0: Strengthened HIV Public Health Care System			
IR 1.1: Human Resource Development/Health Systems Strengthening			
1. Number of health care workers who successfully completed an in-service training program	310	70	440
2. Number of changes in laws, policies, regulations, or guidelines related to access to and use of health services drafted with USG support	2	2	2
3. Number of local organizations that have identified priority challenges and developed action plans that address barriers to achieving results	10	14	25
4. Percent of NGOs receiving USG funds, in which other source of funding represents 25% or more of total program allocations	20%	N/A	-
5. Number of local organizations provided with technical assistance for strategic information activities	4	3	4 ³
6. Number of individuals trained in management, leadership, supervision; strategic and project planning and resource mobilization	60	14	127
IR 1.2: Implementation of an HIV Quality Improvement System			
7. Percent of GHARP supported clinical sites (PMTCT & VCT) with standards of HIV care available at the site	100%	N/A	N/A
8. Percent of health care professionals reporting accepting attitudes towards PLWHA	No Target Set	N/A	N/A
IR 1.3: Technical Assistance to the National PMTCT Program			
9. Number of service outlets that provide the minimum package of PMTCT services according to national or international standards	27	27 (ongoing)	27 (ongoing)
10. Number of HIV infected pregnant women who received antiretroviral to reduce risk of MTCT	130	0	48
11. Number of health care workers trained in the provision of PMTCT services according to national or international standards	65	0	79
12. Number of pregnant women who received HIV counseling & testing for PMTCT	4,479	0	1,715*
13. Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results as well as pregnant women already known to be HIV positive upon entry to the PMTCT program for the current pregnancy)	4,255	0	1,539*
14. Percentage of HIV positive pregnant women newly enrolled into HIV care	No target	-	-
15. Number of pregnant women found to be HIV positive	No target	0	96*
IR 1.4: Technical Assistance to the national HIV Counseling and Testing Program			

Indicators	Target FY12	Achievement June 2012	Cumulative Achievement FY12
16. Number of service outlets providing counseling and testing services according to national or international standards	13	13 (Ongoing)	13 (ongoing)
17. Number of individuals trained in counseling and testing according to national or international standards	30	0	17
18. Number of individuals who received counseling and testing for HIV and received their test results	15,670	533	7,994*
19. Number of individuals who were counseled and tested and found to be HIV positive	No Target Set	6	142*
IR 2.0: Improved Civil Sector Response to HIV/AIDS			
IR 2.1: Strengthened Community Based Services (Behavior Change and Condoms)			
20. Number of facilitators trained in HIV prevention	40	0	26
21. Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their HIV behavior change program	9	10 (0 New)	14 ¹
22. Number of targeted condom service outlets	400	404	404
IR 2.2: Support for OVC Programs			
23. Number of providers/caregivers trained in caring for orphans and vulnerable children	25	0	75
24. Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their OVC program	7	6 (0 New)	7 ²
IR 2.3: Support for Adult Care and Support Programs			
25. Number of individuals trained to provide HIV-related palliative care	25	0	75
26. Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their palliative care program	7	5 (0 New)	7 ²
IR 2.4: Improved Environment for Human Rights and HIV policy			
27. Number of local organizations provided with technical assistance for HIV-related policy development	5	0	6 ⁴
28. Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	-	
29. Number of individuals trained in HIV-related policy development	10	0	0
30. Number of individuals trained in institutional capacity building	N/A	-	
31. Number of individuals trained in HIV-related community mobilization for prevention, care and treatment	20	37	50
32. Number of individuals trained in HIV-related stigma and discrimination reduction	100	0	110*
33. Number of leaders trained	N/A	-	
34. Number of capacity building interventions conducted with GF CCM	N/A	-	
IR 2.5: Technical Assistance to the Private Sector & GBCHA			
35. Number of new members recruited to the GBCHA	2	0	1
36. Number of new public-private partnerships	3	0	0

Indicators	Target FY12	Achievement June 2012	Cumulative Achievement FY12
established ^b			
37. Total Value of cash and in-kind contributions by non-public partners to Public-Private Partnerships	No target	0	\$12,214.00
38. Number of enterprises (Workplaces) implementing an HIV/AIDS workplace program, providing at least one or more critical component	28	N/A	24
39. Number of facilitators trained in HIV prevention			
- New	20	0	16
- Refresher	20	0	12
40. Estimated number of people reached through workplace programs	No target	0	200

1. YCG, GBCHA, Comforting Hearts, AGAPE, Ministry of Education, FACT, Life Line Counseling Service, Hope Foundation, Hope For All, NAPS, AIDS, United Bricklayers, Linden Care Foundation, Guyana Faith Based Coalition
2. AGAPE Network, Life Line Services, Hope for All, FACT, Comforting Hearts, Linden Care Foundation and Hope foundation
3. Fact, Lifeline Counseling Services, Hope Foundation, AGAPE
4. NCTC, NAPS, Campbellville H.C., Fort Wellington Hosp, Madhia Hosp, Bartica Hosp.
5. The GBCHA developed other PPPs that did not fit into the Guyana Mission's recent decision that PPPs must be long term and tied to care and support.

III. DETAILED PROGRESS REPORT BY PROGRAM AREA AND OBJECTIVES

The activities outlined below represent major achievements, constraints and challenges within specific technical areas for the quarter from April to June, 2012

Health Systems Strengthening (OHSS)

Result 1: NGOs and key public sector partners have management and organizational skills that promote sustainability of high-quality programs by December 31, 2012

Four NGOs complete the Business for Health Program and presents their business plans to potential donors: The BPH culminated with four NGOs - Hope for All of Region 2, Agape Network of Region 4, FACT of Region 6, and Hope Foundation of Region 7 - presenting their business plans to private sector companies and international organizations. The organizations, over the course of 6 months, worked on a business plan that outlines a product or service that is in high demand within the communities and can be offered at a low cost to generate both financial returns for their organizations and social returns for their target populations. The successful implementation of the plans will contribute to the sustainability of the NGOs, especially as donor funding decreases. Each NGO received positive feedback on their business plans from the companies represented, and follow-up is being done to track successes.

Challenges and Constraints:

- Private sector support for the launching of the business plans was poor, despite invitations and follow-up.

Result 2: MoH has information needed to effectively utilize the knowledge and skills of the LDP graduates across the country

LDP training conducted with 16 health workers from Region 2 and one GHARP II staff: Health workers in Region 2 have been trained in the Leadership Development Program. The Lead Facilitator is the core group member in the Region, Medex Andrea Budburgh, who carries out the functions of the Senior Health Visitor and supervises more than 64 staff members. Participants comprised the most

senior person from 14 health centres across Region 2. Participants were fully engaged throughout the training, and displayed a solid grasp of leading and management tools and practices presented. The action plan was developed to increase the health awareness of communities through increased house-to-house visits and health awareness talks. Also, Medex Budburgh is now certified as a facilitator of the LDP.

Abstract on LDP success accepted for poster presentation at IAS: *“Leadership and Management training: increasing male access to ANC/PMTCT”* describes the successes of the LDP with health workers in Region 5. At the LDP workshop, the team developed an action plan to increase male involvement in their female partners’ ANC/PMTCT experience. They identified that the main obstacle was that men can't spend an entire day at a health facility; as such, the team devised a system of prioritizing mothers attending ANC with their spouses. Additionally, cards were designed to invite men to the clinic.

Challenges and Constraints:

- None identified

Result 3: LDP graduates adopt a plan for maintaining communication, exchanging experiences and significant lessons learnt among themselves.

LDP Graduate Network meeting conducted in Region 10: Although attendance was less than expected, the Region 10 Graduate Network meeting proved useful to those who attended. A total of 6 past participants were present. Participants benefitted from a technical review of the LDP, which focused on synergies among the tools and how they can prove useful in various scenarios. There were two action plans currently being implemented, and this was also an opportunity to share the status of these plans.

Challenges and Constraints:

- None of the five Core Group members from Region 10 attended the LDP Graduate Network meeting, despite prior confirmations from all of them and release permitted from their respective organizations.

Result 4: Materials and resources for Nurses Short Course in Leadership and Management transitioned to the Health Education unit of the MoH for integration into the pre-service nursing training program

Leadership and Management pre-service curriculum formally handed over to the Ministry of Health: The Leadership and Management curriculum adapted for pre-service health workers in Guyana was officially handed over to the Ministry of Health at a simple ceremony on June 19th, 2012. Printed and CD versions of the manuals were made available to the Ministry. The handing over was done to the Permanent Secretary, in the presence of the Director of Health Sciences Education and one nursing tutor from the Georgetown School of Nursing. Plans are now on stream to have nursing tutors at the 3 nursing schools trained and certified in the use of the curriculum by September 2012. GHARP II will work with the Ministry to integrate the pre-service leadership and management modules into the existing management courses within the nursing schools training curriculum.

Challenges and Constraints:

- The Nursing tutors from Charles Rosa School of Nursing have not confirmed training dates. Follow-up will be done through the Director of Health Education for the training to be organized.

Prevention - HVOP

Result 1: Seven NGOs implement risk reduction activities according to the MARPs standards and guidelines (minimum package) for sex workers, their clients and men who have sex with men by December 2012

Supervisory visits made to outreach and support group sessions: Technical officers participated in FSW, MSM and miners outreach activities in Regions 4, 6 and 8 to observe sessions and provide guidance and feedback to staff and peer educators. This involved assessing the quality of facilitation and the use of screening tools, reviewing the general field operation and gathering feedback from the beneficiaries of the program.



Prevention feedback meeting: social workers and prevention coordinators discussing a case study on risk assessment, risk reduction and referrals

Prevention Feedback meeting conducted: USAID/GHARP II hosted the quarterly prevention feedback meeting in June 2012 with all NGOs implementing prevention programs. The objective was to improve the coordination of activities and standardization of implementation amongst organizations, report on achievements, challenges, and recommendations, and provide technical program updates. Also, the new outcome indicators for tracking the successes of both the Positive Health Dignity and Prevention program and the Prevention Program targeting MARPs were shared. One item on the agenda was to do a SWOT analysis of the referral system. Technical officers proposed solutions for some of the challenges raised and will follow-up with TA to the respective NGOs. The next quarterly feedback meeting is planned for August in Bartica.

NGOs closer to achieving targets: Five of the NGOs have achieved their annual targets for FSW, MSM, miners and

loggers. Despite this, the NGOs will continue to visit locations and focus on reinforcing reduced risk behaviors. Special emphasis will be placed on the target population successfully demonstrating correct condom use. The NGOs that are still behind, especially for adjacent communities, were advised to request reallocation of unused funds for additional visits to MARPs hotspots.

Client code piloted with sex workers to avoid duplication of clients by NGOs: Youth Challenge Guyana and Hope Foundation have commenced piloting the client codes at outreach with sex workers in Regions 7 and 8. The use of the code is working well since it is consistent with the code used in VCT; and, as such, the organization is able to identify every person reached in the program. A corresponding log was designed by the organization to track any duplication of the clients reached by the program. YCG was advised to create an excel spreadsheet so that double entries can be easily detected. Through the database, the organization will be able to identify duplication of codes and reduce double counting. The design of the spread sheet will be reviewed before it is shared with other NGOs or with NAPS.

Alleged breach of confidentiality by NGO in Region 8 investigated: USAID/GHARP II carried out an informal investigation of an alleged breach of confidentiality of sex workers' HIV test results in Mahdia, Region 8. The investigation stemmed from an article which was carried in the Kaieteur Newspaper where it was alleged by the Guyana Sex Workers Coalition that some persons were hesitant when approached by the GSWC for HIV testing. According to the article, there was some breach of confidentiality where the test results of some persons were revealed by an NGO. Several residents and sex workers in Mahdia were asked about the allegation; however, from the feedback received, only one person spoke about the alleged incident. In general, residents spoke about confidentiality issues with the hospital, and echoed their preference for being tested by persons who

reside outside the area. USAID/GHARP II, while in Region 8, spoke with several persons about their experiences with YCG and found that there no problems reported. YCG has since conducted outreaches in the Region with no further issues.

Collaboration with the University of Guyana results in 135 male and female sex workers being screened for STIs: Students from the University of Guyana, Faculty of Natural Sciences, screened over one hundred and thirty five (135) commercial sex workers in Regions 4 and 6 for VDRL (syphilis) and gonorrhea. The screening was made possible as part of research by two final year medical technology students “to determine the prevalence of syphilis and gonorrhea in both male and female commercial sex workers.” Approximately 18% of the sex workers who were screened showed reactive results and were referred to New Amsterdam Hospital and Georgetown Public Hospital Corporation for treatment. GHARP II provided technical input into the study design, and helped link the students to two NGOs, United Bricklayers and Artistes in Direct Support, who recruited the male and female sex workers. Based on the success of this effort, USAID/GHARP II will continue to seek collaborative opportunities to link sex workers to STI screening and treatment, especially since the public system is apparently not providing screening unless there are symptoms. In addition, some Regions do not have reliable screening services available.

Sessions held with visiting PEPFAR delegation on the MARPs program: USAID/GHARP II worked with FACT and AIDS to prepare a presentation show-casing the USAID-funded MARPs prevention program. The presentation was made to a visiting PEPFAR delegation. Several members of the MSM and CSW population that received services through the MARPS program provided testimonials of the positive impact the program has had on their lives. In the evening the delegation had the opportunity to observe NGO outreach staff as they conducted outreach to CSW and MSM at street corners and brothels. The CSW and MSM that participated willingly interacted with and answered questions from delegates, providing the visitors with a clear picture of the MARPs program, how it works, and its effects.

Challenges and Constraints:

- None identified

Result 4: NGOs support the empowerment of MARPs to access relevant services by December 2012

Community mobilization trainer of trainers held with NGOs: Thirteen persons from seven USAID/GHARP II NGOs and the Guyana Faith and HIV Coalition were trained as trainers in community mobilization to equip them with skills to engage community leaders and stimulate community participation. Following the ToT, FACT has since conducted trainings with twenty nine community members in Region 6. Two other NGOs have planned similar activities in the coming months in Regions 2 and 4. Follow-up will be done with the other organizations to further guide them in utilizing the training.

Stigma and discrimination sessions completed at Kitty and Cambellville Health centres: A total of nine health care workers at Campbellville and Kitty Health Centres benefited from sensitization sessions on the effects of stigma and discrimination towards persons of the most at-risk populations (MARPs) and those living with HIV/AIDS. The sessions were facilitated by Artistes in Direct Support with support from GHARP II, with the aim of reducing barriers to the utilization of needed health services by MARPs. At the end of the workshop, wall plaques with the policy statement and a suggestion box were handed over to the facilities. These stigma and discrimination sessions were the last of a series of sessions held with health care workers in all of the Regions, with the exception of Regions 1 and 9. A total of one hundred and ten (110) health providers were sensitized through the joint effort of GHARP II and the NGOs in prevention. The NGOs will continue to monitor the

implementations of the policies at the facilities, and the use of the suggestion boxes.

Self-stigma sensitization addressed at all NGOs targeting MARPs: USAID/GHARP II facilitated sessions on identity and self stigma at FACT, Linden Care and United Brick Layers MSM support groups. These were geared at aiding participants to address self-stigmatizing attitudes or behaviors that would prevent them from accessing services at health facilities. The sessions revealed that because of some persons' perception that they will be met with stigma, they access services as heterosexual males instead of identifying as MSM. The importance of being open about their sexuality and sexual behaviors when seeking health services was emphasized in the sessions, so that relevant and accurate information can be given by the health care provider. Participants were sensitized on the national stigma and discrimination policy and on their role in providing feedback on the attitudes of health care providers through the suggestion boxes.

Challenges and Constraints:

- None identified

Abstracts on social networking, the condom program, combination prevention, and leadership and management were accepted as posters for the IAS conference: Three abstracts highlighting different aspects of GHARP II's prevention program were accepted for poster presentations at the upcoming IAS conference in Washington. The abstracts focus on innovative and promising prevention initiatives undertaken as part of the project. *"Using social networking and peer navigation to increase access to services and reach closeted men who have sex with men"* looks at the use of two different evidence-based approaches that achieved the same results. These approaches were used with MSM in Region 6 to increase program coverage and access to HIV related services. *"Combination prevention: the antidote for the spread of HIV amongst female sex workers in Guyana"* reviews some key behavioral, biomedical and structural interventions developed under GHARP I and II for sex workers and MSM, and suggests that combination prevention is an effective methodology for implementing behavior change and creating an enabling environment to sustain the changed behavior. *"Round-the-clock access to condoms: the efficacy of revolving funds"* describes GHARP's innovative, cost-effective approach to condom social marketing. A revolving fund was set up by HDI under GHARP I to procure condoms for sale to non-traditional retailers. This was done at no cost to the project, since proceeds from the sales were returned to the fund and used for repurchase of condoms. In GHARP II, the condom distribution companies provided credit for the continued operation of the revolving fund and its expansion.

Condom survey conducted among members of the GBCHA: GBCHA had requested assistance from GHARP II in implementing their plan to conduct an assessment among member companies to inquire whether they would stock and sell condoms for their employees. In response, GHARP II developed a tool for data collection to investigate whether the current free condom distribution system adequately met the need of employees, and also to ascertain employers' interest in procuring branded condoms for their employees. 5 companies were interviewed and the results and recommendations were shared with GBCHA.

Challenges and Constraints:

- None identified

PwP (PHDP)

Result 1: NGOs facilitate the adoption of risk reduction behaviors by 25% of the persons enrolled in the PHDP strategy by December 2012

Coaching and mentoring provided to NGOs staff to code and conduct data analysis for PHD & P: NGO staff received assistance to develop their efficacy in coding and entering data within Positive Health Dignity and Prevention. This involved onsite training in the use of the epi-info software, Microsoft excel, coding of questionnaires, and data entry. As a result, data entry for the baseline questionnaire is progressing at a much increased pace.

Behavior change communication materials disseminated for PHD&P providers: All NGOs implementing PHD&P have now received copies of the SOP, facilitators' and participants' manuals, flip charts to guide social workers in the one-on-one risk reduction discussions and the revised Navigator brochure which provides a healthy living guide for PLHIV. The theme for the strategy is "REACH": focus group discussions held previously with PLHIV revealed that the population wants to *reach* to be the best they can be, despite having to live with HIV. The program seeks to equip clients with the skills to do this with the aid of the new BCC materials.

Challenges and Constraints:

- Many of the NGOs implementing PHDP have newly recruited staff, resulting in challenges to implementation. One-on-one coaching and capacity building is ongoing with the new staff to orient them on the program.

Result 4: The PHDP pilot is assessed and the findings used to make evidence-informed decisions for strategy integration into national care and treatment programs by December 2012

Quality assessments conducted with seven NGO providing PHD & P services: This assessment examined the management support, staff competencies, the referral system, links with and to related care and support services and client's satisfaction. The seven NGOs were provided with verbal and written feedback followed by documented feedback forms based on the quality assessment findings. Most of the NGOs have taken the feedback very seriously and have been making the recommended changes. Some NGOs did not have an appropriate client counseling space to provide effective counseling. As a result of the QA and feedback, these NGOs have done some renovation to provide a space that is counseling friendly for clients. NGOs are now ensuring that they capture corrected and complete records and documentation for programs.

Challenges and Constraints

- The ability to divide time between technical areas continues to be a challenge for social workers- especially for those who are only part time.

Care and Support - OVC

Result 1: 7 NGOs implementing OVC programs receive TA and obtain at least an 80% QA rating for OVC services provided by December, 2012

Collaboration with MoH/NAPS and MLHSSS in OVC Care: USAID/GHARP II attended OVC Steering Committee led by MLHSSS to discuss challenges and issues faced in implementation, share updates and program achievements and to coordinate plans for the next quarter. Participants included representatives from MLHSSS, UNICEF, Child Link, Ministry of Education, and Ministry of Amerindian Affairs. USAID/GHARP II shared copies of the manual for Community Service Providers for comments /suggestions for family caregivers training .USAID/GHARP II also collaborated with MoH/ NAPS in training to increase the capacity of social workers to provide counseling to address issues of child abuse or neglect. Participants are better equipped now to provide quality counseling for abused children, compile well-written investigative reports, and make appropriate referrals of cases and to support the Child Care and Protection Agency (CCPA) in protecting the lives of OVC.

OVC feedback meeting conducted: USAID/GHARP II continues to facilitate quarterly feedback meetings with nurse supervisors, social workers and case navigators. NGOs attending the meeting include Agape, LLCS, CH, FACT, HFA, HF and LCF. The forum allowed for discussions on issues and challenges affecting OVC care, provision of technical updates, consensus on new approaches, lessons learnt and best practices for scaling up client intake to reach MARPs, PLHIV, OVC and families. NGOs provided feedback on collaborative meetings/trainings/home visits/support groups; after school sessions, parenting outreach, case navigation, referral system, capacity building and economic strengthening activities. USAID/GHARP II shared a simple tracking tool with NGOs to follow up on OVC referrals for psychosocial support, economic strengthening, after school classes and other referrals to address OVC core needs.

Technical Assistance provided to NGOs in Region 4, 6 and 10: USAID/GHARP II conducted supervisory site visits and provided technical assistance to LLCS, Agape, CH, FACT and LCF. Emphasis was placed on improving OVC care, providing follow up on QA assessment, planning for caregivers' assessments, providing guidance on referrals (MARPs, STI management) and implementation of revised child protection policies. USAID/GHARP II also attended OVC after school classes and parenting sessions to observe and assess the effectiveness of, and provide guidance on the conduct of the sessions as necessary.

Seven NGOs implemented revised child protection policies: USAID/GHARP II, in collaboration with MLHSS, conducted a parenting training in 2011 to raise awareness of the special needs and challenges facing adolescents living with HIV, and provided guidance on policy changes to protect OVC from abuse and stigma and discrimination. As a result, the national child protection policy was updated. NGOs in Regions 2, 4, 6, 7 and 10 have signaled their commitment and agreement to child protection by affixing signatures to the revised Child Protection Policy. USAID/GHARP II will continue to provide TA to ensure the successful implementation and compliance of Child Protection Policy in all 7 NGOs working with OVC.

Challenges and Constraints:

- NGOs continue to face human resources shortages and were unable to engage the full time services of nurse supervisors and social workers to meet the May 1, 2012 deadline. HF still has a part time social worker while HFA, LLCS and FACT are yet to employ full time nurse supervisors.

Result 2: 10% more high-risk OVC linked to education, health and social protection through C&S programs at 7 NGOs in Regions 2, 4, 6, 7 and 10 by December, 2012

TA provided to NGOs in Region 6 for youth-friendly services and for girls reintegration in school system: USAID/GHARP II has initiated plans with FACT and Comforting Hearts in Region 6 to develop pilot initiatives for programs geared towards assisting OVC to access the services available, including youth-friendly services aimed at identifying and supporting gay, lesbian and bi sexual youths; as well as for re-integrating girls into the school system. Approximately 50 school drop outs in Region 5 and 6 are targeted by CH for reintegration into the school system and 12 youths for the youth-friendly services at FACT. Both NGOs were sensitized on the needs of both groups and plans initiated to create safe spaces for these adolescents. FACT has been linked with the Youth Friendly Services of GRPA to share best practices. TA was provided to FACT to revise and adopt guidance documents to include rules, pledge, and activities and for making a change room available for youths to be together and to present their feelings or ideas with ease.

Challenges and Constraints:

- Considerations for the relatively short time to complete the project year, FACT will start with youths and gays/lesbians/bisexual youths identified (if any) by the social worker. These youth will receive counseling and other support. This activity will be continued in FY 13 work plan.

Result 3: At least 70 older OVC selected, trained and prepared to start job or trade by December, 2012

7 NGOs complete eligibility assessments for economic strengthening: Four NGOs enrolled a total of fifty two OVC for economic strengthening using the Eligibility Assessment Tool. The screening procedures were undertaken onsite by nurse supervisors and/or social workers, resulting in HIV-positive adolescents being selected for loans, small business management, sewing/tailoring, home management, computers/information technology, cosmetology and trade skills such as carpentry, masonry, joinery, etc. (see table below). All clients enrolled in programs will be tracked to ensure skills completion and job placement.

ACTIVITIES	# of OVC
Small business management	13
Sewing/tailoring	5
Cosmetology	5
Trade skills	10
Catering and Hospitality	2
Home Management	1
Job Readiness Skills	4
IT	10
Loans	2

Challenges and Constraints:

- None identified

HBHC

Result 1: 7 NGOs implementing CHPC programs receive TA and obtain at least an 80% QA rating for CHPC services provided by December, 2012

Supervisory field visits conducted in Region 4, 6 and 10: Supervisory and mentoring visits to C&S sites were conducted in Regions 4, 6 and 10. These visits were geared towards improving CHPC care with emphasis on family centered care, address challenges identified by LDP team and to foster cooperation and coordination between NGOs and Care and Treatment sites. Collaborative visits were conducted in Region 4 with MoH/NAPS to systematically address current networking issues. TA was provided to C&S staff to improve their communication and documentation skills. Four clients who were enrolled in C&T are now able to enroll for C&S as a result of the collaborative visit.

Four NGOs completed the LDP training and developed action plans: Four NGOs completed the nine-day Leadership Development Program (LDP) training. The training was completed over a three months period commencing in January, with four out of six NGOs completing in April, 2012. The NGOs that completed are HFA, Agape, FACT and HF. A total of eleven persons including project coordinators, VCT coordinators, social workers and nurse supervisors completed the training. During the training, USAID/GHARP II LDP Core Group members assisted NGO teams to refine their Challenge Models and develop their Action Plans. Plans were directed to address problems in management, increasing uptake of clients for C&S services, and to accrue land and financial



resources for a business venture. NGOs also gained experience on sustainability planning during the training. Core Group members will continue to support the NGOs to ensure successful implementation of their Action Plans by September, 2012.

Forty two caregivers complete basic skills assessment: USAID/GHARP II in collaboration with NAPS assessed forty two caregivers in a comprehensive health care setting for a period of five days using the caregivers' assessment tool. The Palms Institution and the New Amsterdam Hospital were used for conducting the assessment. NAPS/GHARP II conducted debriefing sessions with the heads of the institutions and with each group of caregivers before and after the assessment. Caregivers gained a wealth of experience by performing basic nursing techniques (oral, hair, nail, skin care, etc.) to meet the needs of over one hundred clients (adults and children). Caregivers successfully completed three assignments, met performance standards and fulfilled certification requirements. The five parameters which comprise the assessment tool were used to guide the assessment: appearance, punctuality, interpersonal relations, communication, honesty and quality of work. Caregivers, project coordinators and nurse supervisors were apprised on the results of the assessment.



Plans initiated for ongoing training of family caregivers in Region 4: USAID/GHARP II and Agape Network Inc. have initiated plans for the training of family caregivers to bring comprehensive care closer to the PLHIV, OVC and family and to prevent burn out and build resilience among caregivers. Family members within the home will be identified by PLHIV/OVC for training. The Service Providers' Manual will be adapted and used as the resource document and the nurse supervisor will be trained in its use. A maximum of 16-24 family members (one per family) will be required to complete a minimum of ten half days sessions on providing care and support to family members who are ill. Training is scheduled for July, 2012. Once the training is completed the family caregivers will be in contact with NGO caregivers for support and ongoing feedback.

Challenges and Constraints:

- None identified

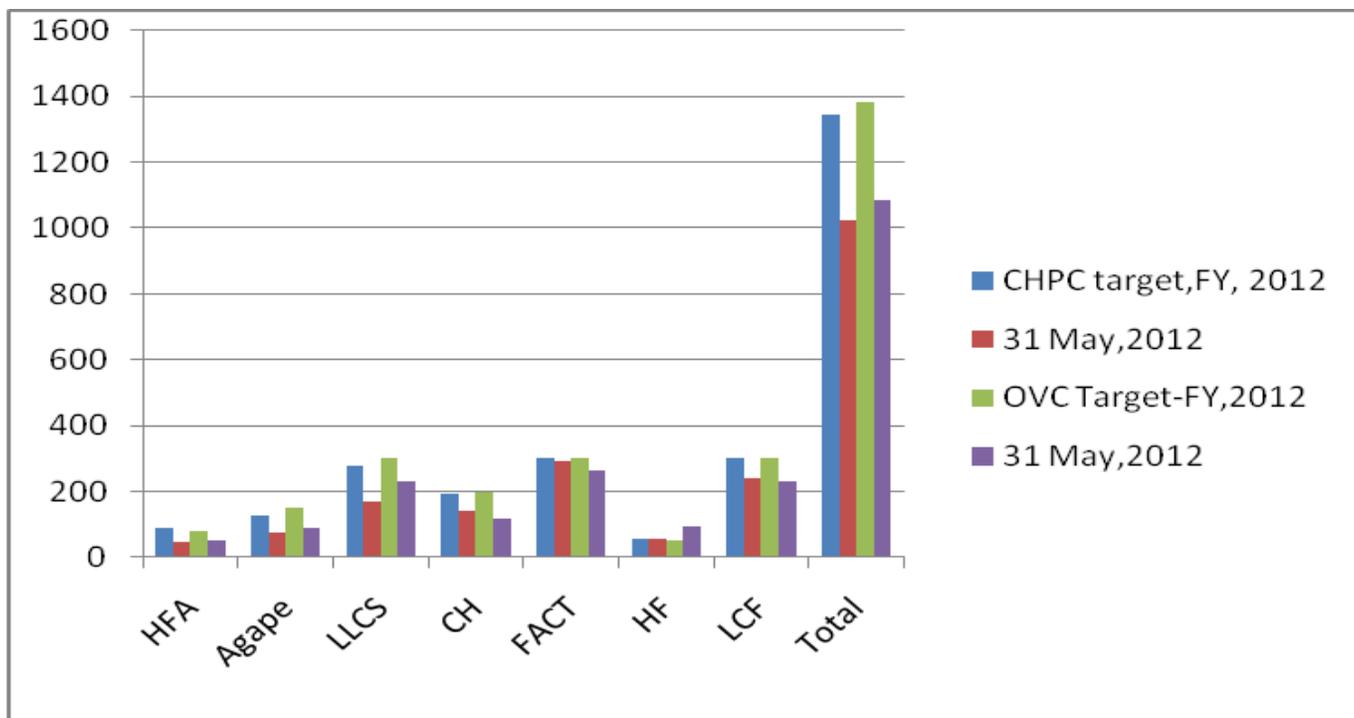
Result 2: At least 70 PLHIV who were selected, trained and prepared to work, started new business or trade by December, 2012

Collaboration with MLHSSS to enlist more PLHIV for social and other supportive services: USAID/GHARP II continues to collaborate with MLHSSS to scale up access to social and other supportive services. At a meeting held with the Micro Credit Department of MLHSSS plans were initiated to enroll HIV positive single parents in Regions 2, 4, 6, 7 and 10 into the Women of Worth program to access small loans from GBTI for small businesses. PLHIV and families between the ages 17 to 30 years will also be referred to no-cost building and welding trades and nontraditional skills trainings. NGOs also stand to benefit from job placement with related organizations through the Board of Industrial Training. LLCS has referred 3 single parents and 11 OVC for the WoW and skills training, respectively, in May. USAID/GHARP II will work closely with MLHSSS to track the participating PLHIV/OVCs' progress into internships, jobs and businesses.

Seven NGOs enroll clients for economic strengthening activities: Four NGOs screened, selected and enrolled 75 PLHIV for economic strengthening using the Economic Strengthening Eligibility assessment tool. NGOs include HFA, HF, FACT and Agape. The screening procedures were undertaken by the nurse supervisor and/or social worker and HIV positive clients were selected for small business management, sewing/tailoring, gardening, cosmetology, and for acquisition of loans etc. (see table below). All clients enrolled in programs will be tracked to ensure that they complete the training, and are able to successfully gain employment or start their own small business. Thirty seven out of the 75 PLHIV have since been employed.

ACTIVITIES	# of PLHIV	# of job placements by June, 2012
Small business management	23	11
Sewing/tailoring	13	12
Cosmetology	7	-
Trade skill	5	1
Small kitchen garden	5	3
Catering and Hospitality	2	2
Home management	2	-
IT	12	1
Loans	6	6
Other		1-clerk
Total	75	37

Referral pocket cards yield positive results: USAID/GHARP II, with the assistance of NGOs, designed and disseminated over 500 laminated referral pocket cards aimed to improve awareness and greater access to care and support services. Over five hundred cards were disseminated to MOH and other service providers (schools, police station, MOLHSS) in the respective regions. Increases in uptake at FACT, HF, LLCS and LCF have been directly linked to the referral cards and follow up. See NGOs FY 12 target achievement at the end of May, 2012 in graph below. Four NGOs have surpassed the 75 percent mark in CHPC and four in OVC. USAID/GHARP II will continue to provide TA to all NGOs for success in this regard.



Challenges and Constraints:

- There is evidence of poor care coordination between NGOs and Care and Treatment sites in Region 2 and 4. There were two reported instances of refusal of case navigators at the Suddie and BV Care and Treatment sites. In response to this, USAID/GHARP II in collaboration with MoH/NAPS held discussions, signed MOU and conducted joint home visits with the parties involved to foster networking and collaboration between NGOs and C & T sites. In Region 4, TA was also provided to the Project Coordinator of HFA to resolve situation through dialogue.
- Rather than the required fulltime staff, three part time nurse supervisors and one part time social worker still work in USAID funded NGOs Regions 2, 6 and 7.
- NGOs have been slow in submitting their forms for the WOW program.

Prevention of Mother to Child Transmission (PMTCT)

Result 1: 100% of GHARP II-supported sites have trained staff who are equipped with appropriate resources to provide PMTCT services according to national standards by December 2012

Orientation of Peace Corps Volunteer: Mrs. Carolyn Kulb, Peace Corps Response Volunteer (PCRV) whose assignment took effect May 28, 2012, continued orientation on the work of the project. This included review of PCRV activities and work plan, PMTCT documents, and introduction to PMTCT MOH Staff. She has been actively involved in PMTCT work plan activities, most notably the PMTCT Integration into Care and Support Programme.

In-depth training on management of HIV+ women during pregnancy conducted in Regions 2 and 10: Two PMTCT trainings provided an orientation to health care providers on managing HIV+ pregnant women in Regions 2 and 10 on May 15 and 22, 2012 respectively. The objectives of the trainings were to ensure that doctors, midwives, nurses, and other staff in L&D wards and ANCs were adequately trained in implementing the updated national PMTCT guidelines and in the clinical management of HIV

in pregnancy. Thirty three persons were trained at each workshop. These trainings were approved for 4 Continuing Medical Education (CME) credits. Representatives of NGOs' care and support program also attended the training as part of the Integration of PMTCT into the Care and Support program of NGOs.

Challenges and Constraints:

- Some participants were unable to attend the PMTCT training in Region 10 due to a misunderstanding of the trainings dates by the RHO department.

Result 2: 100 % GHARP II supported sites have quality assessments conducted by December 2012

Four ANC sites and two L&D wards visited to assess quality of service: ANC and L & D sites were visited in Region 2 to assess whether services were being provided according to national guidelines. These sites visited included Windsor Castle, Suddie, Huist' Dieren health center, Enmore Poly Clinic and Charity and Suddie L & D wards. The assessment focused on drug availability, HIV testing availability, knowledge of PMTCT guidelines, availability of IEC resources, training of staff, and family planning access. Pocket cards with the updated guidelines were distributed to staff that had not been previously trained. A PMTCT M&E support assessment was done verbally to determine gaps in M&E that require strengthening. Challenges included the Suddie Hospital Laboratory experiencing delays in completing some lab tests such as VDRL and Syphilis and providing feedback to PMTCT sites in a timely manner. There was also the issue of some expired drugs on L & D wards although there was a noted improvement compared to prior visits. It was recommended that supervisors of these facilities closely monitor the expiration on ARVs at the PMTCT sites, ANC sites be adequately staffed and trained in updated PMTCT Guidelines. At Enmore Poly Clinic there was only one permanent staff attached to the ANC Clinic (the midwife) and five rotating nursing assistants who were on training. These findings are being shared with the MOH's PMTCT division.

Survey developed to assess M&E needs at PMTCT Sites: A survey to assess M&E needs at the Ministry PMTCT sites was developed and included questions about indicators being collected, monitoring activities, experience with M&E, sites' interest in evaluation activities, and priorities for the PMTCT sites. This survey was piloted at 2 PMTCT sites and will be revised based on the feedback received. Primarily, site workers are not trained in M&E outside of data collection and reporting; as such, they do not understand why they are currently collecting data or what that data is used for. Results of the M&E survey will be used for guidance on addressing sites' M&E needs and specific areas for future technical assistance.

Challenges and Constraints:

- Staff had not been trained in updated PMTCT guidelines during time of site visits, thus, on-site training on the guidelines was provided
- Staff had a poor understanding of M & E, and thus it was difficult to articulate what M&E aspects they would be most interested in having more knowledge on.
- Site visits revealed that rapid testing for HIV was not available on L&D wards. As such, it is recommended that Nurses and midwives on L & D ward be trained to conduct the testing. .

Result 3: NGOs will have necessary tools and resources to integrate PMTCT into Care and Support Programs

PMTCT Integration into care and support tools developed: It was recommended at the PMTCT Steering Committee meeting in March that USAID/GHARP II meet with the PMTCT Department's Medex to ensure there was no duplication with the case tracking system. A comparison document and flow chart which outlined similarities and uniqueness of these initiatives was prepared and reviewed.

This document was shared with the Director of the Maternal and Child Health Department and approval to go ahead was received.

Implementation plan developed for the PMTCT Integration into the care and support program of NGOs: As part of the implementation plan for the PMTCT integration into Care and Support, an MOU has been drafted between 7 NGOs and PMTCT Department, Ministry of Health. The draft MOU will be modified at the Regional level once approved by key PMTCT and NAPS Programme Managers. Further, a draft of the PMTCT Integration implementation plan has been completed and is currently being revised. Specific goals have been outlined, and activities that were previously discussed at the Stakeholders' Meeting in January 2012 have been matched to the corresponding goals of the PMTCT Integration effort, along with specific inputs for each activity. A PMTCT Integration meeting and training is scheduled for July, 2012 to review the Integration Plan with the NGOs and seek their feedback on feasibility, roles and responsibilities, and action plans for each of the NGOs. There is a compilation of PMTCT M&E indicators from Ministry sites and NGOs to assess what is already being collected, by whom, and with what frequency. This will assist the overall M&E strategy for the PMTCT Integration Plan. Indicators, data collection tools, and reporting procedures will be finalized at the aforementioned NGO PMTCT Integration meeting.

Challenges and Constraints:

- Delays in response from NAPS and PMTCT program head to select representatives for this integration into Care and Support is affecting an integrated approach to the program

Counseling and Testing (HVCT)

Result 1: All GHARP II-supported VCT sites will rate 85% on VCT Qual/VCT Service Provision Assessment tool by December 2012

TA Provided during VCT and Prevention Outreach to Hope for All: A field visit was conducted with HFA on mobile VCT and prevention outreaches in Moruca, Region 1. HFA focused on providing testing to MARPS, adjacent populations and loggers during this outreach. Notable strengths included the fact that HFA was well-networked and competent in the locations they worked during mobile activities; demonstrated excellent technical knowledge during VCT and prevention sessions, and demonstrated great teamwork. Challenges included that community members were hesitant to access VCT services for various reasons; poor communication between some key partners who were instrumental in mobilizing various communities for HFA, CSWs not willing to identify with this occupation, and a significant amount of persons refusing HIV testing after sensitization. It was recommended that staff re-strategize their communication with key partners in the Region to improve collaboration, and that a larger banner be used to create better visibility of HFA in community. Through the outreach activity, 124 persons were counseled and tested for HIV. Technical assistance was also provided to VCT staff at HFA office to address findings from the QA assessment.

Technical assistance provided to revise National VCT Referral Register: The VCT National Referral register was revised to include a specific comments and feedback column. This was then discussed at the NAPS VCT Feedback Meeting. The revision was important as there the referral system had been experiencing several challenges especially when clients are referred to locations outside their geographical locations. There were also discussions to include a column to account for referral of clients who are encountering cross cutting issues. Counselor/Testers were advised to make the adjustments to their registers.

Capacity building provided for staff of Linden Care Foundation on the development of surveys: The findings of VCT Service Provision Assessment (QA tool) revealed that there was a need to build staff capacity to develop surveys to address certain sections of QA tool such as VCT Services meet

clients' needs. Training was provided for staff of Linden Care Foundation on needs assessment and development of surveys. The training was extended to prevention, M&E, and Care and Support staff in addition to VCT staff. The presentations were centered around overview of needs assessment and designing of effective survey questions. The needs assessment will be used to determine whether the needs of the client are being met and if the strategies used are addressing challenges that exist. This data can be used to validate present work plan and strategy as well as re-strategize for the upcoming year and plan activities to meet the needs of clients. These surveys will be piloted after which they would be used to collect data from target populations.



Challenges and Constraints:

- NGOs had not significantly addressed follow steps and recommendation from the QA assessments. Most NGOs only commenced addressing follow-up steps during TA visit.

Result 2: NGOs have skills and tools to effectively reach members of most-at-risk populations with VCT by September, 2012

USAID/GHARP II VCT Feedback Meeting held to share best practices to meet MARPS and capacity building of VCT staff: USAID/GHARP II held its third VCT feedback meeting for NGOs with 12 participants from 6 NGOs. Representatives shared their achievements, challenges, gaps, best practices, and strategies to reach the MARPS population in this new project year. The NGOs will utilize social networking and use of gatekeepers to reach MARPS with counseling and testing services. There was also a presentation on 'Home Based Counseling and Testing' to ensure NGOs had a clear understanding of this initiative.



Capacity building provided for C&Ts at NAPS VCT Feedback Meeting: On June 1, 2012 capacity building on psychosocial issues/mental health was provided for C&Ts at their quarterly VCT Feedback meeting. The session was informative as it elicited many questions. The counselors expressed gratitude for this information since many realized they were not very competent in addressing the cross cutting issues presented. There will be a follow up session of mental illness/ psychosocial issues.

CT Cross Cutting Issues Training for counselor testers and staff of LCF: VCT Cross Cutting Issues Training was conducted with nine V C & T and Prevention staff at Linden Care Foundation since they were unable to attend the training held in March 2012. The goal of this training was to supplement the capacity of C & Ts with sufficient knowledge to manage clients' issues that arise in HIV counseling environment regarding gender based domestic violence (GBDV), substance abuse and mental illness. The training was interactive and well received by participants since this was the first such training. Due to time constraints only sessions on substance abuse and psychosocial/ mental health were done. There will be a follow up session to complete the training.

Guidelines/SOPs developed for the pilot activity of Home Based Counseling and Testing at NGOs: Guidelines were developed for the pilot activities of the Home Based Counseling and Testing at NGOs that have a care and support program. These guidelines outlined rationale; guideline principles; guiding principles; protocols for testing in children and adults; roles and responsibilities and monitoring and evaluation plan. A meeting / training is scheduled for July 6, 2012 to orient staff on this pilot activity and steps and protocol for implementation.

Challenges and Constraints:

- There is a need to train other VCT staff on cross cutting Issues who were not involved in the three day VCT training on Cross Cutting Issues.

STRATEGIC INFORMATION (OHSS)

Result 1: Data and strategic information is available to the GHARP II staff to support evidence-based decision making

PMP tool revised: The Performance Management Plan (PMP) is a tool which serves to document GHARPII's approach to measuring and managing the performance of the Project. In the revised version of the PMP, a list of new outcome indicators for tracking program results was added. The outcome oriented indicators will provide relevant information to help assess the impact or results of the programs implemented, and determine the effectiveness of our efforts towards reaching our project objectives and goals. The document has been finalized.

Quality Assurance Data collected and compiled: The first phase of the Quality Assurance assessments has been completed, and a database was developed to record and track the results of these assessments. The main objective of the QA is to assess the quality of services provided by organizations and design NGO-specific technical assistance, where needed, to address any deficiencies. During the reporting period, an orientation session was held for all technical staff on how to use the quality assurance database to enter summary level data from the assessments, and technical officers have begun to use this database to enter the results of their assessments.

Challenges and Constraints:

- Some technical programs are experiencing difficulties when entering data into the QA database. Efforts are being made to engage the technical officer to provide further guidance on the use of the database.

Result 2: Increased accuracy of data collection, analysis and reporting among NGOs supported by USAID

M&E training conducted with 3 NGOs: USAID/GHARP II, in collaboration with CSDS, conducted M&E training for three NGOs - AGAPE, Lifeline Counseling Service and Hope Foundation - in an effort to narrow the M&E gaps that were observed during the previous DQA exercise, overcome the frequent turnover of staff, and ultimately to strengthen the M&E systems of these organizations. It was recognized that a more personalized approach would be effective to really identify and correct the

factors which affected quality reporting. The attendees were mainly M&E officers, social workers and nurse supervisors.

Challenges and Constraints:

- None identified

Result 3: NAPS/MOH has tools and information to improve their collection and use of high quality data

Insight provided into the NSP 2012 – 2020: The Monitoring and Evaluation Reference Group (MERG) held its first meeting for the quarter on May 14th, 2012. The National AIDS Program Secretariat was in the process of drafting the National HIV/AIDS Strategic Plan (NSP). The focus of the meeting was to review the Strategic Information priority area, related objectives and strategic areas to ensure that the new National Strategic Plan adequately captures the SI needs of the prevention program..

Feedback on the National Referral System collected: The national referral system was developed to track referrals made by NGOs for services provided by the Ministry of Health or NAPS. Strength Weakness Opportunity Threat (SWOT) analysis template was sent to the NGOs to secure their perspective on the referral system. Currently, the data yielded from the SWOT analysis conducted by the NGOs is being compiled with recommendations into a report to be sent to MOH/NAPS.

Challenges and Constraints:

- None identified.

IV. PRIORITIES AND ACTIVITIES PLANNED FOR THE NEXT REPORTING PERIOD

<i>Planned Activities</i>	<i>Status: New (N)/ Continuing (C)</i>
<i>HSS</i>	
Conduct LDP follow-up visits with Regions 3 & 10	C
Meet with acting Director of Regional Health Services	C
Update LDP database	C
Begin planning for Policy Development training	N
Begin preparations for NGO work-planning	N
Attend and present poster at IAS	N
<i>Prevention Other</i>	
PHD&P data entry and analysis	C
EPI info workshop	N
Present conference/poster presentations for GHARP II at IAS	N
Prevention Quality Assurance assessment (2 nd round)	C
Handing over of anti stigma and discrimination plaques and suggestion box Kitty and Dorothy Bailey Health Centres	C
Complete prevention transition plan	C
Support Hope for All community mobilization training	C
Finalize eligibility assessment tool for sex workers	N
Conduct on-site mentoring and coaching of NGOs on guidelines and standards	C
Follow up on client code pilot at NGO outreach activities	C
Prepare course content and conduct career development and job readiness training	N
<i>Care & Support</i>	
Conduct mentoring and coaching supervisory visits to NGOs	C
Conduct feedback (OVC/ CHPC) meetings with NGOs and Care and Treatment sites to share best practices and lessons learnt to address the specific needs of PLHIV and families	N
Work with NAPS to conduct caregivers' skills assessments and family caregivers training.	C
Conduct on-site visits to NGOs to observe the application of skills taught in job readiness training; strengthen their capacity through coaching and mentoring	C

Provide ongoing mentoring and coaching to NGOs' community outreach parenting sessions as a way to strengthen the family unit to care for children in need of support.	C
Monitor NGOs' after school educational programs for improved OVC services.	C
Provide TA to FACT to reach gays, lesbians and bisexual adolescent OVC	C
Support CH to identify and support the reintegration of OVC who have dropped out of school into the school system.	C
Assist NGOs in their efforts to link with MLHSS for training of older OVC and/or family members in vocational skills trainings	C
Conduct semi-annual program assessments to identify challenges; provide necessary TA and support to the NGOs	N
Provide ongoing mentoring and coaching to NGOs to integrate HIV positive pregnant women in economic strengthening programs	N
Provide ongoing mentoring and coaching to NGOs to integrate HIV positive pregnant women in parenting programs	N
<i>VCT/PMTCT</i>	
PMTCT Integration into Care and Support Programs at NGOs	C
Follow-up site visits are planned for PMTCT sites (with use of L&D /ANC Site Assessment and PMTCT QA tools)	C
PMTCT trainings for doctors, midwives, nurses and pharmacists	C
Workshop for HBCT for staff of NGOs	N
Review VCT Qual Indicators, finalize VCT Qual and begin implementation	C
Finalize Case Navigation Plan	C
Continue to provide TA to NGOs to address follow-up steps of QA assessment	C
<i>SI</i>	
To develop SOW for STTA	N
Update condom outlet list	N

V. Appendices

1. MARPs article for MSH online magazine
2. Press Release for Leadership and Management pre-service health care worker training manuals
3. GBCHA member condom assessment report