



# STRENGTHENING **HIV/AIDS** services for **MARPS** in **PNG**

PERFORMANCE REPORT

October 1, 2012 to December 31, 2013



## ABBREVIATIONS

AIP	Annual implementation plan
APRO	Asia Pacific Regional Office
ART	Antiretroviral therapy
CoPCT	Continuum of Prevention to Care and Treatment
FBO	Faith- based organization
FY	Fiscal year
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
IA	Implementing agency
IPA	Investment Promotion Authority
MARP	Most-at risk population
M&E	Monitoring and evaluation
MOU	Memorandum of Understanding
NACS	National AIDS Council Secretariat
NCD	National Capital District
NDoH	National Department of Health
OI	Opportunistic infection
PHO	Provincial Health Office
PLHIV	People living with HIV
PLWHA	People Living With Higher Aims
PMP	Performance management plan
PNG	Papua New Guinea
PPTCT	Prevention of parent-to-child transmission
SBCC	Social and behavior change communication
STO	Senior Technical Officer
STI	Sexually transmitted infection
TA	Technical assistance
TWG	Technical working group
USAID	United States Agency for International Development

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## EXECUTIVE SUMMARY

The first quarter of Fiscal Year 2013 (FY13) marked the launch of the five-year “Strengthening Services for MARPs in Papua New Guinea” Project by FHI 360 Papua New Guinea (PNG). This \$20 million project funded by the United States Agency for International Development (USAID) Pacific Islands is based in PNG and managed by USAID/Philippines and will be carried out by a consortium of FHI 360 and seven local implementing agencies (IAs): the Salvation Army, Four Square Church, the Family & Sexual Violence Committee and Kapul Champions, based in the National Capital District (NCD); and People Living with Higher Aims (PLWHA), the Madang Provincial Health Office (PHO) and Modilon General Hospital, based in Madang Province. During the first quarter of FY13, the FHI 360 PNG program, finance, and technical teams conducted project startup activities with assistance from the FHI 360 Asia Pacific Regional Office (APRO) based in Bangkok, Thailand.

### KEY TASKS of the USAID/FHI 360 PROJECT DURING FY13 QUARTER 1

- FHI 360 staff completed Pre-Award Reviews for six of the seven IAs with whom FHI 360 will have sub-agreements under this project
- FHI 360 APRO staff provided technical assistance on project start-up to staff of the FHI 360 PNG country office
- FHI 360 staff conducted meetings and negotiations with five of seven IAs to develop FY13 scopes of work and budgets, and to orient and sensitize project management staff on conducting interventions targeting members of most-at-risk populations (MARPs)
- The FY13 Annual Implementation Plan (AIP) and the five-year Performance Management Plan (PMP) were completed and submitted to USAID

### START-UP: PROGRAM MANAGEMENT AND DEVELOPMENT

The major focus during FY13 Q1 was completion of key start-up activities to ensure smooth project implementation. This included Pre-Award Assessments conducted by the FHI 360 finance team with six IAs to determine the financial health of these new partners. The FHI 360 country office also filled all key project positions, including recruiting Ms. Delphine Nuia as HIV/AIDS Service Delivery Advisor.

The FHI 360 PNG team received a series of technical assistance (TA) visits during October and November from FHI 360 APRO staff. These included:

- **Strategic Planning and Award Overview** provided by Ms. Tara Sands and Ms. Cristina Garces (8<sup>th</sup> -12<sup>th</sup> October 2012). During this period, Mr. Prabesh Aryal from FHI 360 Nepal

also conducted **training on USAID rules and regulations** with a specific focus on financial and administrative systems.

- A **program review** (22<sup>nd</sup> to 26<sup>th</sup> October 2012) was carried out by Ms. Jackie McPherson (Deputy Director, APRO), Dr. Steve Mills (Technical Director, APRO), and Ms. Amonrut Ariyapongpisal (Shared Services Director, APRO) to assess the gaps and optimize the management, technical and financial systems of the PNG country office.
- Ms. Shanthi Noriega (Associate Director, Strategic Information, APRO) **assisted in developing the project's 5-year M&E plan based on the AIP.**

During this period, FHI 360 also hosted USAID visitors, including Agreement Officer Ms. Sallie McElrath, who met with staff to review the USAID requirements in relation to this new Cooperative Agreement; and Ms. Aneda Ward, Deputy Financial Controller, who met with FHI 360 finance staff.

Following this series of TA visits, and based on recommendations from the FHI 360 APRO, FHI 360 PNG revised some organizational and project structures to ensure optimal delivery of project outcomes. FHI 360 PNG also submitted to USAID the annual implementation plan (November 2012) and a first draft of the project's five-year M&E plan (December 2012).

### **Objective 1: To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families**

In preparation for launching intervention activities in FY13 Q2, the FHI 360 PNG team catalogued existing Social and Behavior Change Communication (SBCC) materials targeting MARPs, and reviewed lessons learned from projects in other concentrated epidemics. In light of this review, the existing FHI 360 PNG SBCC strategy will be updated with all local partners, including the faith-based organizations (FBOs) working in NCD, in order to incorporate the latest information on the epidemic and to accommodate the major components of the new MARPs project. Key goals of the updated SBCC strategy will be to improve uptake of HIV testing among female sex workers (FSWs) and men-who-have-sex-with-men (MSM) and to encourage access and adherence to early antiretroviral therapy (ART) among people living with HIV (PLHIV).

### **Objective 2: To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families**

During this quarter the FHI 360 team organized meetings with implementing agencies and key stakeholders, including the National Department of Health (NDoH), the National AIDS Council Secretariat (NACS), the NCD Department of Health, Modilon General Hospital, PLWHA and the Madang PHO, to orient them to the new USAID project and to generate understanding and consensus among all stakeholders on project aims, roles and responsibilities. Service delivery under the new project will begin in Q2.

During the project start-up period, FHI 360 team members contributed to national discussions and policy development through participation in technical working group (TWG) meetings organized by NDOH, NACS and NCD Health. Included among these:

- The FHI 360 Senior Technical Officers (STOs) for Care and Treatment and Monitoring and Evaluation (M&E) attended a three-day, NDoH National Health Conference in Kimbe, West New Britain Province.
- The Care and Treatment STO participated in a number of meetings of the TWG on prevention of parent-to-child transmission (PPTCT).
- The M&E STO was actively involved in the Strategic Information TWG.

### **Objective 3: To increase use of facility- and community-based gender and gender-based violence (GBV) interventions**

The FHI 360 PNG Country team promoted gender during World AIDS Day by displaying photos from the Powerful Voices exhibition created by FHI 360 and Sirus Naraq Foundation, to promote gender and empower women in two communities in NCD through photography. FHI 360 team also distributed a number of HIV/AIDS products for increasing awareness, including T-shirts, games (condom packaging and risk cards), condom promotion items, and community and home-based care hygiene kits. The FHI 360 team also participated in a march from the City Hall to Unagi Oval at the Five Mile suburb of Port Moresby.

### **Objective 4: To strengthen health systems for HIV/AIDS service delivery**

During this quarter, FHI 360 analyzed other health systems strengthening activities carried out by HIV/AIDS service delivery projects throughout Asia, in order to improve data collection and service delivery under the Continuum of Prevention to Care and Treatment (CoPCT) model. FHI 360 did not provide TA for M&E during this quarter because sub-agreements with local partners were not yet signed. Delivery of technical assistance will begin in Q2.

FHI 360 submitted approval for the procurement of clinical equipment and CD 4 machine to USAID. The CD 4 machine will supplement early start of treatment for PLHIV while the clinical equipment will be used for STI and opportunistic infection diagnosis and treatment.

## SUMMARY TABLE

The table below summarizes achievements by IR during the reporting period. Activities listed are based on those outlined in the approved FY13 workplan, a separate table is included listing start-up activities undertaken during this period:

Planned activities	Indicators <sup>1</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
<b>Objective 1 (IR 2.1): To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families</b>					
Activity 1.1.3 Adapt and develop new innovative and MARP-appropriate SBCC materials		N/A	On-going: a review of existing materials is being carried out to inform adaptation and development	\$139,754.39	\$79,307.48
Activity 1.1.4 Distribute the 1 Taim U: blotrupla man condom	Number of condoms distributed (non-PEPFAR)	276,906	Not initiated: In the first quarter, this activity was covered under RDMA TASC 3.		
Activity 1.2.1 Recruit a strong cadre of outreach team members		30 outreach workers recruited	On-going: IAs have posted positions in local papers and applications have been received.		
Activity 1.2.2 Work closely with implementing partners to develop an outreach retention plan		1 outreach retention plan developed	Not initiated: To be done in Q2 once sub-agreements and all relevant local staff are in place.		
Activity 1.4.2 Continue to participate actively		N/A	Not initiated: No gender TWG meeting was held in Q1.		

<sup>1</sup> Indicators listed in this column link to indicators presented in the project's performance management plan (PMP).

Planned activities	Indicators <sup>1</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
on national gender TWGs					
<b>Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families</b>					
Activity 2.1.1 Expand to new clinical sites		4 clinical sites	On-going: Services have not yet begun in any of the new sites but meetings in preparation for this were held.	\$132,202.02	\$55,403.20
Activity 2.2.1 Develop a training strategy and implementation plan with IA staff members		1 plan developed	On-going: Capacity building advisor position created. Initial 3 day training of 7 clinicians on COGs/sensitization to MARPs completed.		
Activity 2.2.3 Ensure regular meetings and communication		N/A	On-going: Achievement outlined under program management and development section.		
Activity 2.2.4 Provide TA to the GoPNG		N/A	On-going: Participated in PPTCT and SI TWG.		
Activity 2.5.1 Work closely with partners		N/A	On-going: Achievements outlined under program management and development above.		
<b>Objective 3 (IR 2.3): To increase use of facility- and community-based gender and GBV interventions</b>					
Activity 3.1.3 Expand the 16-day activism campaign leading up to World AIDS Day		N/A	Completed: WAD activities were carried out in NCD.	\$145,242.72	\$52,774.29
Activity 3.2.1		30 OWs	Refer activity 1.2.1		

Planned activities	Indicators <sup>1</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
Recruit a strong cadre of Outreach Workers (OWs)			above. OWs for GBV will be the same individuals doing outreach for HIV prevention.		
Activity 3.3.2 Continue active involvement in policy-making bodies		N/A	On-going: staff contributed during the National Health conference		
<b>Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery</b>					
Activity 4.1.1 Provide strategic and intensive on-the-job TA and M&E to partner staff and stakeholders on routine program monitoring, data management, analysis, and use	Number of health care workers who successfully completed an in-service training	N/A	Not initiated: TA on M&E will be carried out in Q2, once sub-agreements are signed and all relevant local staff recruited.	\$126,942.97	\$0
Activity 4.1.3 Introduce an electronic data entry, management, and reporting system	Number of people trained in data collection, reporting and use at provincial and national level	N/A	Not initiated: Q1 focused on developing the overall program M&E plan and indicators. Paper data collection forms were developed and will be introduced. These will serve as a foundation for developing the electronic database in Q2.		
<b>Total Indirect Cost</b>				<b>\$130,236.03</b>	<b>\$62,357.50</b>

The table below lists activities carried out during quarter one which focused on project start-up.

Planned activities	Yearly target	Achievement during reporting period
<b><i>Program Management and Development</i></b>		
Conduct pre-award assessments and issue sub agreements to implementing partners	7 pre-award assessments and sub agreements	On-going. 6 pre-award assessments have been carried out and 4 sub agreements issued.
Host partner meetings to 1) revisit existing tools and indicators, 2) align reporting with project activities including integration of gender sensitive indicators, 3) ensure systems contribute to management and reporting requirements at community and national levels, 4) review/train partner management and data collection staff, 5) develop standardized tools across partners and data collection staff, and 6) appoint M&E focal points for each partner	6 M&E-related partner meetings held	On-going: Although various other meetings were held with partners, the partner M&E related meetings will be held once all sub-agreements are signed and staff recruited.
Develop Year 1 calendar of mentoring and supervision visits to partners	1 calendar developed	Not initiated: Awaiting finalization of sub-agreements and recruiting process
Develop an M&E training schedule for partners	1 plan developed	Not initiated: Awaiting finalization of sub-agreements and recruiting process
Conduct gap analysis of clinical services offered by 4 clinics in NCD	4 clinics assessed	Completed: four clinics in NCD have been assessed and orders for required equipment made. Registration for one of the clinics has also been initiated.
Provide project management and financial management support to partners (set up effective systems for donor compliance and quality,	N/A	On-going: One 3-day meeting was held with IA finance and administrative staff to orient them on FHI 360 systems and USAID financial and reporting requirements.

Planned activities	Yearly target	Achievement during reporting period
develop annual work plan and budgets, etc.)		
Develop and sign MOUs with Madang Provincial Health Office and NCD Provincial Health Office	2 MOUs signed	On-going: Discussions are on-going, with USAID involvement, with NCD Health.
Conduct weekly meeting/teleconference with USAID AOR and Chief of Party	48 weeks (base on the total number of working weeks in the year)	On-going: teleconferences have been carried out with AOR and meetings held with USAID when in-country.
Develop and finalize Year 1 work plan and submit to USAID (within 30 days of start of agreement)	1 workplan	Completed: The workplan was submitted in November and subsequently approved by USAID.
Develop and finalize the performance management plan and submit to USAID	1 PMP/M&E plan	On-going: A first draft of the PMP/M&E plan was submitted to USAID in December; the country office is in the process of addressing comments and re-submitting
Submit quarterly progress reports to USAID	4 reports	On-going: this report is the first of four reports to be submitted to USAID in FY13.
Submit SF425 to USAID		On-going: To be submitted to USAID by FHI 360

## CORRELATION TO PMP

Below our table summarizes the PMP indicators and achievements towards FY13 targets in quarter 1 (Q1). Note that during this quarter services were not being implemented and activities focused on start up. In a few limited cases- condom distribution, ART and care and support- these activities were carried out under TASC Order 3 and have been reported to USAID/Thailand.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q1 Achievements	Monitoring approach: data source and periodicity	Justification
<b>Objective 1: To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families</b>					
<b>IR1.1 Improve knowledge attitudes and practices</b>					
1. PEPFAR output (P8.3.D)	Number of MARP members reached with individual or small group level preventive interventions that are based on evidence or meet the minimum standards required	5,000 individuals (1,000 WTS, 500 MSM, 1,500 HRF, 1,500 HRM, 200 LRM, 300 LRF)	N/A	PE and OV daily dairies: - Weekly from PEs and OVs to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	Outreach activities were not initiated in Q1.
2. Program Outcome (linked to PEPFAR P8.8.N)	Percentage of MARPs knowledgeable of HIV transmission methods	52% among MSM and WTS in NCD; 40% among MSM and WTS in Madang	N/A	Trends HIV Module implemented by IAs, Report from FHI 360:  - Twice per year from IA to FHI 360; - Annually from FHI 360 to USAID	This activity was not planned for Q1.
<b>IR 1.2 Improved health seeking behavior</b>					

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q1 Achievements	Monitoring approach: data source and periodicity	Justification
3. PEPFAR Output (P11.1.D)	Number of individuals who received counseling and testing services for HIV and received their test results	800 individuals (200 WTS, 50 MSM, 550 other)	N/A	Daily Client register - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	
4. PEPFAR Output (C2.1.D)	Number of individuals who received STI management services	1,000 individuals (300 WTS, 100 MSM, 600 other vulnerable populations)	N/A	Client Records/Client Registries: - Monthly from HCT counselors to IA - Monthly from IA to FHI 360; Quarterly from FHI 360 to USAID	
5. Program Output	Number of individuals sensitized on S&D	100 individuals (40 outreach workers, 20 clinicians, 20 project staff)	7	Training reports: Monthly from IA & FHI 360; Quarterly from FHI 360	Initial meetings were held with IA partners in Q1.
6. Program Output	Number of condoms distributed	276,906 condoms	N/A	Daily OV/PE Dairies: - Monthly from IA & FHI 360; Quarterly from FHI 360	In Q1, condoms were distributed and reported under TASC Order 3. Condom distribution for the MARPs project will begin in Q2.
<b>Objective 2. To increase supply of HIV/AIDS care, treatment and support services for MARPs</b>					
<b>IR 2.1 Quality of HIV/AIDS services improved</b>					

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q1 Achievements	Monitoring approach: data source and periodicity	Justification
7. PEPFAR Output (T1.2.D)	Number of adults and children with advanced HIV infection currently active on ART	165clients	N/A	Client Records/ART Registries: - Monthly from IA to FHI 360; Quarterly from FHI 360 to USAID	These services were covered under TASC Order 3 in Q1, the new MARPs project will begin ART services in Q2.
8. Program outcome	Percent of adults and children lost to follow-up during the reporting period	TBD	N/A	ART Registry: - Monthly from IA & FHI 360; Quarterly from FHI 360	ART services and loss to follow up were reported under TASC Order 3 in Q1.
9. PEPFAR Outcome(T1.3.D)	Percentage of adults and children known to be alive and on treatment 12 months after commencement of ART	78% overall rate	N/A	ART Registry: - Monthly from IA & FHI 360; Quarterly from FHI 360	ART services were reported under TASC Order 3 in Q1.
<b>IR 2.2 Coverage of HIV/AIDS services improved</b>					
10. PEPFAR Output (P7.1.D)	Number of PLHIV reached with a minimum package of prevention with PLHIV (PwP) interventions	70	N/A	Monthly from IA & FHI 360; Quarterly from FHI 360	
11. PEPFAR Output(C1.1.D)	Number of eligible adults and children provided with a minimum of one care service	500 clients	N/A	Client Records/ART Registries: - Monthly from IA & FHI 360; Quarterly from FHI 360	Care and support services were reported under TASC Order 3 in Q1.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q1 Achievements	Monitoring approach: data source and periodicity	Justification
12. PEPFAR Output(C2.1.D)	Number of eligible adults and children provided with a minimum of one clinical care service	200 clients	N/A	Client Records/ART Registries: - Monthly from IA & FHI 360; Quarterly from FHI 360	Care and support services were reported under TASC Order 3 in Q1.
13. PEPFAR Output (C2.2.D)	Number of HIV-positive persons receiving cotrimoxazole prophylaxis.	80	N/A	Client Records/ART Registries: - Monthly from IA & FHI 360; Quarterly from FHI 360	
14. PEPFAR Outcome(C 2.4.D)	TB/HIV: Percent of HIV positive persons who were screened for TB in HIV care and treatment settings	60%	N/A	Client Records/ART Registries: - Monthly from IA & FHI 360; Quarterly from FHI 360	Care and support services were reported under TASC Order 3 in Q1.
15. PEPFAR Output(T1.1.D)	Number of adults and children with advanced HIV infection newly initiated on ART	70 clients	N/A	ART Registry: Monthly from IA & FHI 360; Quarterly from FHI 360	ART services were reported under TASC Order 3 in Q1.
<b>IR 2.3 Local capacity of service delivery enhanced</b>					
16. Program Output	Number of trainings provided for building the organizational capacity of local organizations	trainings	N/A	Training Reports	No organizational capacity building training was carried out in Q1.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q1 Achievements	Monitoring approach: data source and periodicity	Justification
17. Program Output	Number of project staff trained in service delivery	150 individuals (60 volunteers, 40 clinical staff, 50 non-clinical staff)	N/A	Training Reports/Trip reports/Monthly updates	No service delivery training was carried out in Q1.
<b>Objective 3. To increase the use facility and community-based gender and gender-based violence interventions</b>					
18. PEPFAR Output (Gender)	Number of people reached by a USG-funded interventions providing GBV services	150	N/A	Clinical, outreach, helpline and shelter daily registers; IA monthly summary forms:  - Monthly from clinical, outreach, Helpline and shelter records to FHI 360 - Quarterly from FHI 360 to USAID	No GBV-related services were delivered in Q1.
19. Program Output	Number of referrals from HIV-related interventions to GBV services	50	N/A	Clinical, outreach, helpline and shelter daily registers; IA monthly summary forms:  - Monthly from clinical, outreach, Helpline and shelter records to FHI 360 - Quarterly from FHI 360 to USAID	

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q1 Achievements	Monitoring approach: data source and periodicity	Justification
20. PEPFAR Output (P6.1.D)	Number of persons provided with PEP	TBD	N/A	Clinical daily registers; IA monthly summary forms: - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	No GBV-related services were delivered in Q1.
21. Program Output	Number of clinical providers trained in GBV case management	15	N/A	Training reports: - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID	No GBV-related trainings were delivered in Q1.
22. Program Output	Number of PEs, OVs, and OWs trained in SBCC messaging for GBV	30	N/A	Training report: - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID	No GBV-related trainings were delivered in Q1
23. Program Outcome	Proportion of target population reporting increased agreement with the concept that males and females should have equal access to social, economic and political opportunities	TBD	N/A	Trends module on GBV applied by PEs, OVs, and OWs: - Bi-annual (twice per year)	Trends was not planned for Q1.
24. Program Outcome	Percentage of target population that reports knowing where to seek help if they suffer from physical or sexual abuse.	TBD	N/A	Trends module on GBV applied by PEs, OVs, and OWs: - Bi-annual (twice per year)	Trends was not planned for Q1.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q1 Achievements	Monitoring approach: data source and periodicity	Justification
<b>Objective 4. To strengthen health systems for HIV/AIDS service delivery</b>					
<b>IR 4.1 Monitoring and evaluation improved</b>					
25. PEPFAR Output (H2.3.D)	Number of health care workers who successfully completed an in-service training program	TBD	N/A	FHI 360 training log: Quarterly from program (FHI 360) records Quarterly from FHI 360 to USAID	This was not tracked in Q1.
26. PEPFAR Output(H1.1.D)	Number of people trained in data collection, reporting and use at provincial and national level Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	TBD	N/A	FHI 360 training log: Quarterly from program (FHI 360) records Quarterly from FHI 360 to USAID	Training on M&E is planned in Q2.
27. PEPFAR outcome( H1.2.D)	Percentage of testing facilities (laboratories) that are accredited according to national or international standards tests	TBD	N/A	Narrative reports: Program (FHI 360) records Quarterly from FHI 360 to USAID	Development of the project database will be initiated in Q2.
28. PEPFAR Outcome (H6.1.D)	Monitoring policy reform and development of PEPFAR supported activities	1	N/A	Narrative reports: Program (FHI 360) records Quarterly from FHI 360 to USAID	
<b>IR 4.2 Supply chain management improved</b>					

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q1 Achievements	Monitoring approach: data source and periodicity	Justification
29. Program Output	Number of facilities reporting no stock out of ART, OI and STI drugs in the last three months	5		Monthly program updates	No services in this quarter.
30. Program Output	Number of health care workers and service managers trained in medicines inventory management	10	N/A	FHI 360 training log: Quarterly from program (FHI 360) records Quarterly from FHI 360 to USAID	No training on inventory management was planned in Q1.
31. Program Output	Number of facilities using computerized reporting for drug supply management	TBD		FHI 360 drug supply management log: Program (FHI 360) records Quarterly from FHI 360 to USAID	Development of this computerized supply management system was not planned in Q1.

## RESULT-BY-RESULT ANALYSIS

### Project start-up: program management and development

#### **Activity 1: Conduct pre-award assessment and issuing of Sub Agreements**

The FHI 360 finance team, Mr. Suhail Khowaja and Rakara Raula, worked with IAs during this quarter to complete the FHI 360 Pre-Award Questionnaire, a tool used to assess the administrative and financial health of local partners. Pre-award assessments were conducted with six of seven implementing agencies;<sup>2</sup> the grassroots MSM organization, Kapul Champion, is still in the process of registering under the Investment Promotion Authority (IPA) and a pre-award assessment will be conducted once this registration is complete.

The FHI 360 program team, particularly Program Manager Ms. Daisy Raburabu and HIV/AIDS Service Delivery Advisor Ms. Delphine Nuiia, worked with local IAs to develop project sub-agreements, which included detailed scopes of work and budgets. Staff oriented implementing agencies on the goals and strategies of the “Strengthening HIV/AIDS Services for MARPs in PNG” project, reviewed individual IAs’ planned contributions toward the four main project objectives, and revised scopes of work through a series of consultations with the senior staff of the IAs. This participatory approach strengthened mutual understanding and helped establish a professional relationship between all project partners. Finalizing project agreements with local partners required opening bank accounts for each IA, which was delayed by the time required to meet the stringent local banking requirements; however, as of the end of Q1, four sub-agreements have been signed. Finalization of a sub-agreement with Kapul Champions awaits completion of the organization’s registration with IPA. The remaining two IAs are government organizations – as such, pre-award review to ensure these organizations can comply with USAID/FHI 360 rules and regulations is a longer process – it is anticipated that sub-agreements with these organizations will be finalized within Q2.

#### **Activity 2: Host partner meetings**

A joint partner meeting was originally planned for Q1 but postponed because not all sub-agreements have been signed and individual issues remain to be worked out with the different agencies. The joint partner meeting will be held in Q2, at which time the FHI 360 team will review the project M&E system, revise M&E tools as needed integrating gender sensitive indicators, and train partner staff on data collection, management and reporting.

#### **Activity 3: Develop year 1 calendar of mentoring and supervision visits to partners**

Administrative priorities, including conducting obligatory pre-award assessments, developing and signing sub-agreements, and opening partners’ bank accounts, took precedence in this first quarter, meaning that some activities were not initiated as planned. The time required to assure assessments and sub-awards were sound and reflected partner inputs was greater than initially

<sup>2</sup> The Salvation Army (NCD), Four Square Church (NCD), Family & Sexual Violence Committee (NCD), People Living with Higher Aims (Madang), Provincial Health Office (Madang) and Modilon General Hospital (Madang).

envisioned, and the process was compounded by many partner staff absences during November and especially during the December holiday. It is anticipated that a one-year calendar will be developed once sub-agreements are finalized and the joint partner meeting carried out.

#### **Activity 4: Developing an M&E training schedule for the partners**

This activity was initiated during Q1 but is on-going. The FHI 360 PNG country office is working with FHI 360 APRO Associate Director for Strategic Information, Ms. Shanthi Noriega, to finalize data collection tools and an M&E training schedule. It is anticipated that this activity will be completed during a regional TA visit planned for the beginning of the second quarter.

#### **Activity 5: Conduct Gap Analysis of Services Offered by 4 clinics in NCD**

During this quarter, FHI 360 Senior Technical Officer, Dr. Anup Gurung, conducted a gap analysis of services offered at project clinics in NCD. As a result, FHI 360 has submitted to USAID a request to purchase necessary STI/OI/HIV diagnostic equipment.<sup>3</sup> This assessment also determined that the Salvation Army's Koki Clinic needs to be registered with the Medical Board and approved by NCD Health Services and NDoH prior to delivering services under this project. The HIV/AIDS Health Services Advisor has already facilitated meetings with the Health Secretary, NCD Health Director and the Salvation Army to initiate the registration process.

#### **Activity 6: Provide project management and financial management supports to partners (set up of office systems for donor compliance, develop annual work plans and budget)**

The FHI 360 finance team has met with the IAs' finance and administrative staff to orient them on FHI 360 compliance systems and USAID requirements. Mr. Prabesh Aryal from FHI 360 Nepal conducted a three-day training covering a range of issues related to donor requirements, including financial systems and reporting requirements, opening of bank accounts, and visits to clinical sites.

#### **Activity 7: Develop and sign MOUs with NCD Health Office**

FHI 360 has an active tri-partite agreement with the Madang Provincial Health Office and Modilon General Hospital. Under the new project, FHI 360 will also sign sub-agreements with each organization. While FHI 360 will not have a sub-agreement with NCD Health, discussions are ongoing to initiate a Memorandum of Understanding (MOU). USAID Advisor Ms. Pankaja Panda has been actively engaged in these discussions with NCD Health.

#### **Activity 8: Conduct meetings/teleconferences with USAID AOR, Activity Manager and Chief of Party**

Chief of Party Mr. Shiv Nair had teleconferences with USAID Agreement Officer's Representative (AOR), Ms. Judy Chen, to update her on progress being made. FHI 360 PNG also held regular, in-country meetings with Dr. Pankaja Panda, who is based in the country approximately three weeks per month. These meetings helped ensure significant USAID participation in development of the annual implementation plan. A further monthly call between FHI 360 APRO, FHI 360 PNG and the USAID AOR is also organized to discuss strategic issues affecting the project.

#### **Activity 9: Develop and finalize Year 1 Work plan and submit to USAID (Within 30 days of Agreement)**

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<sup>3</sup> Awaiting AOR concurrence.

With a one-week extension granted by USAID, FHI 360 submitted the annual implementation plan in November. The plan was further refined based on feedback from USAID, and has now been approved.

### **Activity 10: Develop and submit the performance management plan and submit to USAID**

The FHI 360 M&E team, particularly Senior Technical Officer, Mr. William Yeka, and M&E Officer, Mr. Alex Karl, led development of the project's Performance Management Plan with assistance from the county office team and FHI 360 APRO Associate Director for Strategic Information, Ms. Shanthi Noriega. FHI 360 submitted the PMP to USAID on 31 December 2012. Comments were received in January and the country team is in the process of revising the PMP.

### **Activity 11: Submit quarterly progress reports to USAID/Philippines**

This report is the first of four quarterly reports that are to be submitted to USAID/Philippines in FY13.

### **Activity 12: Submit SF425 to USAID**

SF425 will be submitted directly from FHI 360 Head Quarter.

## **ADDITIONAL ACTIVITIES UNDERTAKEN UNDER PROJECT START-UP:**

### **Technical Assistance provided to FHI 360 staff on project start-up**

FHI 360 PNG program staff received 3 trainings from FHI 360 regional staff during this quarter:

- From the 8<sup>th</sup> -12<sup>th</sup> October 2012, Ms. Tara Sands, FHI 360 APRO Associate Director for Strategic Planning, and Ms. Cristina Garces, Chief of Party, USAID/RDMA project, conducted a training on strategic planning and gave staff an overview of the new USAID award.
- FHI 360 Nepal Associate Director Mr. Prabesh Aryal conducted training on USAID rules and regulations with a specific focus on reviewing the financial and administrative systems of the FHI 360 PNG office.
- The FHI 360 APRO office also conducted a thorough review of the FHI 360 PNG country office from 22<sup>nd</sup> to 26<sup>th</sup> October 2012 to assess gaps and optimize management, technical and financial systems.

During the first quarter, the FHI 360 PNG team also met with USAID/Philippines Agreement Officer Ms. Sallie McElrath to review the requirements of the new Cooperative Agreement. Ms. Aneda Ward, USAID/Philippines Deputy Financial Controller, also visited the FHI 360 office and met with finance staff. Both visits were extremely useful in clarifying USAID requirements and expectations during this start-up period.

## Recruitment of FHI 360 program staff and IA's key project staff

Most of the key staff members previously supported under the USAID/RDMA project were transitioned seamlessly to the new MARPs project. Previously supported staff who have transitioned to key roles under this project include:

- Mr. Shiv Nair, Chief of Party
- Mr. Daniel Tesfaye, Deputy Chief of Party
- Mr. William Yeka, Monitoring & Research Advisor (internally know as Senior Technical Officer – M&E)

FHI 360 PNG also recruited Ms. Delphine Nuaia as HIV/AIDS Service Delivery Advisor. Ms. Nuaia previously worked with FHI 360 under the RDMA project in Madang Province. Ms. Bolalava Vaia will continue as the Strategic Behavioral Communications Officer. FHI 360 administrative and finance staffs are part of the service center pool which shares costs among the different projects in the country office's portfolio.

The FHI 360 PNG country office revised its organizational and project structures based on technical assistance provided by the regional office. A new structure was developed to ensure optimum staffing to deliver project outcomes.

### **Coordination meeting between USAID and AusAID on MARPs interventions in NCD:**

JTAI/AusAID are funding Save the Children as well as FHI 360 on MARPs programs. Considering the recently funded MARPs program by USAID, AusAID along with JTAI wanted to assure that programs reduce duplication as much as possible to assure better service coverage for MARPs. Dr. Pankaja Panda, HIV/AIDS Technical Advisor from USAID, Dr. Steve Mills, Technical Director from FHI 360 APRO; Shiv Nair, COP, Daniel Tesfaye, DCOP and Delphine Nuaia, HIV/AIDS Service Delivery Advisor from FHI 360 participated in the meeting along with Dr Moale Kariko, Deputy Director, NACS and key staff from Save the Children. It was agreed that Save the Children and FHI 360 will work together to maximize the donor support in NCD.

Delphine Nuaia, HIV/AIDS Service Delivery Advisor reviewed the hotspot mapping exercise work done by FHI 360 in the past and also held meetings with implementing partners in NCD to map out hotspots adjoining the clinic sites supported under USAID programs. This will be further reviewed with partners and Save the Children to ensure a maximum numbers of MARPs are reached through friendly quality services in the area of HIV prevention, care and treatment.

## **Objective 1: To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families**

### **ACTIVITY 1.1.3: Adapt and develop new innovative and MARP-appropriate SBCC materials**

During this quarter, FHI 360 SBC Officer, Ms. Bolalava Vaia, led a review of existing SBCC materials targeting MARPs. This exercise included a review of the existing SBCC strategy, and peer education training curriculum, which were developed in collaboration with local partners under the previous HIV project funded by USAID Regional Development Mission Asia (RDMA). As a result of this review, two evidence-based SBCC materials (risk cards, community dialogue flipchart) which were being developed under previous projects will be revised with assistance from local IAs to fit the needs of the new MARPs project. Additionally, the SBCC strategy previously developed by FHI 360 will be revised based on updated epidemiologic information and to accommodate the new components of the MARPs project. One key lesson learned from the previous USAID project in PNG was the need for FHI 360 to conduct planning exercises in a more collaborative manner with local partners; therefore, revision of the SBCC strategy and tools will be carried out together with staff of the new IAs in Q2, after sub-agreements have been fully executed and IA staff have been recruited.

### **ACTIVITY 1.1.4: Distribution of the “1 Taim U: Blo trupla man” condoms**

Condom distribution during this quarter continued to be supported under the RDMA project, while start-up activities were completed to bring on-board implementing agencies under the new MARPs project. Implementation under the RDMA project concluded as of December 31, 2012 - in Q2, new IAs under the MARPs project will take over distribution of “1 Taim U: Blo trupla man” condoms and lubricant.

### **ACTIVITY 1.2.1: Recruit a strong cadre of outreach team members**

IAs posted advertisements for outreach team positions in local papers. To date many outreach workers from the previous RDMA project have applied for positions – these workers represent a significant capacity building investment which can be carried over to the new project. The recruitment process was, however, delayed by the holiday period in November and December. It is anticipated that outreach team recruitment will be finalized in FY13Q2.

### **ACTIVITY 1.2.2: Work closely with implementing partners to develop an outreach retention plan**

An outreach retention plan has not yet been developed as this will require significant input from implementing agency staff members, many of whom were still being recruited in Q1. It is anticipated that this plan will be completed, in collaboration with local partners, by the end of Q2.

### **ACTIVITY 1.4.2: Continue to participate actively on national gender TWGs**

FHI 360 remains committed to active participation in GBV work in PNG, including membership in the national GBV technical working group; however, no GBV TWG meetings were held during this reporting period.

## **Objective 2: To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families**

### **ACTIVITY 2.1.1: Expand to new clinical sites**

FHI 360 in partnership with Four Square Church and the Salvation Army (new IAs under the MARPs project) identified four new sites in NCD for provision of clinical services for MARPs. Four Square Church identified the Kaugere and Kilakila urban clinics, while Salvation Army chose the Papa and Koki clinics as service delivery sites under this project. Meetings have been held with NDoH, NACS and NCD Health to gain their approval. As discussed above, FHI 360 staff also conducted a gap analysis at these clinical sites and initiated procurement of necessary treatment and diagnostic equipment.

### **ACTIVITY 2.2.1: Develop a training strategy and implementation plan with the IAs**

In November 2012, FHI 360 staff reviewed the PNG Clinical Operating Guidelines and Standards (COGS) and conducted a three-day training for five healthcare providers from the Salvation Army and two from Four Square Church. The training, which was conducted by PNG STO for Care and Treatment Dr. Anup Gurung and Dr. Lisa Stevens, a technical advisor from FHI 360 Nepal, also included MARPs sensitization sessions.

During this quarter, FHI 360 staff also reviewed and updated standard operating procedures for care and treatment and job aids which prompt healthcare providers to remember key content during client interactions. Staff developed a document entitled "HAART for the Vulnerable in Papua New Guinea" which is currently under technical review.

Additionally, FHI 360 began recruiting a "Capacity Building Advisor" for the MARPs project. Once a suitable person is identified and recruited, this person will be responsible for developing a training strategy and implementation plan, beginning in FY13 Q2.

### **ACTIVITY 2.2.3: Ensure regular meetings and communication-**

The FHI 360 program team organized several meetings with implementing partners to orient existing staff to the new project. Regular meetings are important to ensure implementing agencies, and particularly FBOs, understand both the project's target populations and their own respective roles and responsibilities in providing services for members of these populations.

Separate meetings were held with each implementing agency to orient senior and management staff on areas such as financial systems and reporting requirements, opening of bank accounts, and visits to clinical sites. These meetings also helped IA staff to understand the overall USAID project structure and their own places within this structure.

FHI 360 envisions holding a "Joint Partner Meeting" for all project stakeholders; however, it was decided to postpone this meeting until individual start-up issues had been resolved with each of the implementing agencies. The joint meeting will now be held in Q2, and will aim to generate consensus on project goals and responsibilities, linkages between partners, donor requirements (including program and financial reporting), and project communications (including branding and marketing). The meeting will also focus on sensitive issues relating to service provision for MARPs. Meetings and regular communication with all partners will continue for the duration of the project and will be used for collaborative planning, reviewing progress and managing issues as they arise to ensure achievement of intended results.

**ACTIVITY 2.2.4: Provide TA to the government of PNG**

In Q1, FHI 360 staff members participated in a meeting of the national strategic information TWG and in a conference informing the National Health Strategy (see details below in section 3.3.2).

**ACTIVITY 2.5.1: Work closely with partners**

Due to the delays in signing of the sub-agreements, delivery of outreach and clinical services did not begin in Q1. During this time, FHI 360 has been actively working with implementing partners and key stakeholders to finalize sub-agreements and to ensure that project activities can begin with minimal delay once sub-agreements are executed.

**Objective 3: To increase use of facility- and community-based gender and GBV interventions****ACTIVITY 3.1.3: Expand 16-day activism leading up to World AIDS Day**

In previous years, FHI 360 has been involved in activities conducted in the run-up to World AIDS Day events; however, involvement during FY13 was curtailed by the need to simultaneously complete close-out of the USAID RDMA TASC 3 project and start-up of the new MARPs project. Nonetheless, the FHI 360 PNG country team took part in programs organized by the National AIDS Council Secretariat during World AIDS Day itself, including manning a stall and distributing educational materials to members of the public. FHI 360 received more than 300 people at their stall, despite competition from the Hiri Moale Festival and the Miss PNG Quest, which took place on the same day. Most of the people who visited the FHI 360 stall were HIV/AIDS advocates from other organizations who were interested in FHI 360's activities and products. A number of HIV/AIDS awareness-raising products were distributed, including T-shirts, condoms and CHBC hygiene kits. FHI 360 staff also organized educational games and displayed photos from the Powerful Voices project, which aims to build advocacy through photography and to empower women to speak up for positive change in their communities. In addition to the stall, the FHI 360 team also participated in a march from City Hall to Unagi Oval in the Five Mile suburb of Port Moresby.

**ACTIVITY 3.2.1: Recruit a strong cadre of outreach workers (OWs)**

As described above, under activity 1.2.1, the same individuals recruited as peer educators and outreach workers for HIV prevention will also be engaged in outreach for gender and GBV,

**ACTIVITY 3.3.2: Continue active involvement in policy-making bodies**

Dr. Anup Gurung, the FHI 360 Senior Technical Officer for Care and Treatment, and Mr. William Yeka, Senior Technical Officer for M&E, attended the National Health Conference in Kimbe, West New Britain Province from 5<sup>th</sup> -7<sup>th</sup> November, 2012. This conference discussed the PNG National Health Plan.

Mr. Yeka also actively participated in the Strategic Information TWG co-hosted by NDoH and NACS. In the first quarter of FY13 this TWG held a series of meetings followed by a week-long lock down in December to extract information from databases and to develop a plan for the 2011 PNG Surveillance Report. Mr. Yeka helped the NDoH/NACS surveillance team clean and analyze HIV testing and case reporting data using a statistical software package. FHI 360 has also been asked to write the HIV testing and behavioral and biological research sections of the surveillance report, which will be completed in the second quarter of FY13.

#### Objective 4: To strengthen health systems for HIV/AIDS service delivery

##### ACTIVITY 4.1.1: Provide strategic and intensive on-the-job TA for partners M&E staff and stakeholders and routine program monitoring, data management, analysis and use

FHI 360 staff completed designing data collection and reporting forms for the MARPs project, but did not provide TA in M&E for partners during Q1 due to the delay in signing the sub-agreements. In early Q2, FHI 360 M&E staff will share these forms with local partners and will train partners' M&E staff on data collection and reporting.

##### ACTIVITY 4.1.3: Introduce an electronic data entry management, and reporting system

FHI 360 will implement this activity with implementing partners in the second quarter once delivery of outreach and clinical services is under way and local partners' M&E staff have been trained in basic FHI 360 and USAID data collection and reporting systems and requirements.

## CHALLENGES

Bringing new partners up to speed on the project's goals and objectives and ensuring that they understood their roles and responsibilities was a priority during Q1, and the time needed to bring all partners on board and to finalize sub-agreements meant that some planned activities were not able to be implemented. The situation was further complicated by the holiday season, as most staff from local implementing agencies, government partners and non-governmental agencies took annual leave and were unavailable for extended periods.

## FINANCIAL SUMMARY

Period Budget 10/1/2012- 12/31/2012	Period Actuals 10/1/2012- 12/31/2012	Remaining Balance	Explanation
<b>Objective 1 (IR 2.1): To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families</b>			
\$139,754.39	\$79,307.48	\$60,446.90	Activity 1.1.4 is covered by RDMA Project Activity 1.2.2 will be held in Q2 Activity 1.4.2 will be held in the later quarter
<b>Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families</b>			
\$132,202.02	\$55,403.20	\$76,798.82	All activities are implemented as planned and will continue through the later period
<b>Objective 3 (IR 2.3): To increase use of facility- and community-based gender and GBV interventions</b>			
\$145,242.72	\$52,774.29	\$92,468.43	All activities are implemented as planned
<b>Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery</b>			
\$126,942.97	\$0	\$126,942.97	Planned activities under this IR for Q1 will be carried out in Q2
<b>Total Indirect Cost</b>	<b>\$130,236.03</b>	<b>\$62,357.50</b>	<b>\$67,878.53</b>



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## SNAPSHOT

# Transitioning of HBYP project completely to Hope Worldwide and NCD Health Services

### FHI 360 helps to prevent interruption in ART services



FHI 360 has worked in partnership with Hope Worldwide for the last five years to deliver outreach and clinical services for members of most-at-risk populations through the *HelvimBilongYumi* (Our Help) Project (HBYP), funded under the USAID RDMA TASC 3 cooperative agreement. HBYP conducted HIV prevention outreach for key risk populations and provided care and treatment for people living with HIV through two clinics at Lawes Road and 9 Mile, in the National Capital District (NCD).

When it became clear that the HBYP would not continue beyond the end of the RDMA project, FHI 360 worked with Hope Worldwide to ensure that clients would not be affected – particularly those patients receiving antiretroviral therapy. Following the official notification of project closeout in July 2012, FHI 360 initiated a number of consultative meetings engaging all the relevant partners and stakeholders including the NCD Provincial Health Office (PHO), the National Department of Health, HOPE Worldwide and the National AIDS Council Secretariat (NACS), to facilitate transition of clinical services to local sources of financial support.

When project management realized that transition to local funding would require time to arrange, FHI 360 sought additional funding from USAID to ensure that essential services would not be affected. USAID provided bridge funding for three months (Sept-Dec) to retain core health staff and maintain clinical service delivery during this time. This additional support gave FHI 360 and Hope Worldwide time to work with local partners NACS and NCD PHO on finding a long-term solution.

From November to December, a team from FHI 360, USAID and Hope Worldwide continued to negotiate with the NCDPHO and NACS for sustaining services built under the USAID project. NCD PHO allocated funding for staff salaries for Nov/Dec 2012 and January 2013. The National Aids Council allocated funding of K148,000.00 (US \$70,705) for operation and staff salary costs in January 2013 for a period of 6 months and pledged to continue seeking funding from other sources to support the full range of services offered by HBYP.

#### Telling Our Story

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