



# STRENGTHENING HIV/AIDS services for MARPs in PNG

QUARTERLY REPORT

January 1, 2013 to March 31, 2013



## ABBREVIATIONS

AIP	Annual implementation plan
APRO	Asia Pacific Regional Office
ART	Antiretroviral therapy
CMT	Case management team
COGs	Clinical Operating Guidelines
CoPCT	Continuum of Prevention to Care and Treatment
CST	Care, support and treatment
FBO	Faith- based organization
FSO	Field Support Officer
FSVAC	Family and Sexual Violence Action Committee
FSVU	Family Sexual Violence Unit
FY	Fiscal year
GBV	Gender-based violence
HCT	HIV counseling and testing
HIV	Human Immunodeficiency Virus
IA	Implementing agency
MARP	Most-at risk population
M&E	Monitoring and evaluation
MOU	Memorandum of Understanding
MSM	Men who have sex with men
MTS	Men in transactional sex
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
RAC	Research Advisory Committee
SBC	Strategic behavior change
SBCC	Strategic behavior change communication
STO	Senior Technical Officer
STI	Sexually transmitted infection
TA	Technical assistance
TG	Transgender
TOCAT	Technical and Organizational Capacity Assessment Tool
TWG	Technical working group
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WTS	Women in transactional sex

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## EXECUTIVE SUMMARY

The five-year “Strengthening Services for MARPs in Papua New Guinea” Project (HIV MARPs Project) implemented by FHI 360 Papua New Guinea (PNG) and seven implementing agencies<sup>1</sup> (IAs), completed its second quarter of implementation. During this second quarter of FY13, the FHI 360 PNG program, finance, and technical teams, with assistance from FHI 360 Asia Pacific Regional Office (APRO) in Thailand, continued to plan and implement project activities and revised the work plan and budget to reflect reduction in overall funding levels from PEPFAR/USAID.

### KEY TASKS OF THE PEPFAR FUNDED USAID/FHI 360 PROJECT DURING FY13 QUARTER 2:

- FHI 360 staff conducted orientation and sensitization for senior management and project staff from seven IAs.
- The first draft of the Strategic Behavior Change Communication (SBCC) Strategy was developed with support from Matthew Avery, SBC Technical Advisor from FHI 360 APRO.
- FHI 360 staff developed the peer education training curriculum and conducted the peer education training in NCD and Madang.
- FHI 360 staff conducted training on Clinical Operating Guidelines (COGs) for clinical staff in Madang and NCD.
- FHI 360 staff conducted Monitoring and Evaluation (M&E) training for peer educators in Madang and peer educators and clinical staff in NCD.
- FHI 360 APRO staff provided technical assistance for the establishment of new clinics in NCD to ensure all requirements were met to secure accreditation.
- Further revision of the FY13 Annual Implementation Plan (AIP) and the five-year Performance Management Plan (PMP) were submitted and approved by USAID.
- The project team assisted USAID in the preparation of the USAID Country Operational Plan (COP).
- FHI 360 PNG hosted a high level visit from the Deputy Director for Asia Pacific and the USAID Philippines Mission Director on 28 February 2013. Mr. Reed Aeschliman, Deputy Mission Director, USAID Philippines Mission and Mr. Dennis Wendel, Director, Pacific Island Regional Office also visited Kila Kila Clinic of Four Square Church on 11 March 2013.

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<sup>1</sup> The Salvation Army, Four Square Church, the Family & Sexual Violence Action Committee (FSVAC) 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

## PROGRAM MANAGEMENT AND DEVELOPMENT

The FHI 360 M&E team developed a mentoring and technical assistance schedule for Quarter 3. With TA from FHI 360 APRO Associate Director for Strategic Information, Ms. Shanthi Noriega, the PNG country office M&E teams developed an overall M&E work plan that incorporates both TA and training anticipated for FY13. The country M&E team developed data collection and reporting tools to accompany this plan.

FHI 360 provided TA to Salvation Army and Four Square Church clinics to complete the process of accreditation and establishing systems for voluntary counseling and testing (VCT) sites at Ela Beach, Kaugere and Kila Kila clinics; NDoH is likely to visit these VCT sites in early April for accreditation. STI services have started at Kila Kila and Kaugere clinics and full services will be available once refurbishment and procurement of necessary medical equipment are complete.

FHI 360's Director for Internal Audit, Esther Ko, provided support and mentoring to FHI 360 PNG country office finance and administration team on internal audit and compliance and conducted Internal Auditing and Compliance training with FHI 360 country staff and IAs in Madang and NCD.

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

FHI 360 PNG developed a draft Social and Behavior Change Communication (SBCC) strategy for MARPS with TA from Matt Avery (Communication Technical Advisor, APRO) and is currently working on an implementation plan for the strategy. FHI 360 PNG is in the process of finalizing SBCC materials for the HIV MARPS project which include "risk cards" that are used by women in transactional sex (WTS) and men who have sex with men (MSM) to conduct a self-assessment of their level of risk for HIV.

FHI 360 has continued to distribute condoms and lubricants to IAs that will distribute the unbranded condoms and lubricants directly to beneficiaries during individual and group outreach sessions as well as indirectly through outlets. FHI 360 and USAID conducted telephone conference calls with USAID Washington to discuss planning for future condoms and lubricant supplies.

FHI 360 distributed a total of 65,000 condoms (57,000 cola-scented male condoms and 8,000 female condoms) to IAs in NCD and Madang. A total of 26,000 lubricant packets were also distributed to IAs. FHI 360 also provided an additional 3,000 cola-scented male condoms and 5,000 lubricant packets to Save the Children's Poro Sapot Project.

Three IAs (Four Square Church, Salvation Army and PLWHA) distributed a total of 12,873 condoms including 11,830 unbranded male condoms and 1,043 female condoms to target populations. During this reporting period, these three IAs also distributed a total of 2,605 lubricant packets and 172 IEC materials. HIV/AIDS and STI pamphlets were obtained from Madang PAC.

Distribution of condoms through outreach interventions is expected to increase in quarter three. During this quarter the outreach interventions focused on the development of data collection and reporting tools and training for staff on these tools. PLWHA, Four Square Church and Salvation Army successfully recruited a combined total of 30 peer educators and five field support officers (FSOs) who are responsible for supervising the outreach teams.

- PLWHA recruited eight WTS, two MSM as peer educators and one FSO
- Four Square Church recruited 10 peer educators (two MSM, four WTS, three TGs and 1 female from the general population) and two FSOs (one TG and one female from the general population)
- Salvation Army recruited five WTS, five men as peer educators from the general population and 2 FSOs. FHI 360 PNG and the Salvation Army are currently working together to recruit five MSM/TG to replace the five males from the general population

FHI 360 conducted Basic Peer Educator Training for all the peer educators and FSOs recruited in Madang and NCD to equip them to generate service demand among MARPs. Matt Avery facilitated the first training for the two IAs in NCD. NCD-based Program Officers and the SBC Officer co-facilitated this training as part of their on-the-job training and orientation. The FHI 360 PNG team then conducted the training in Madang in partnership with PLWHA. A combined total of 37 people (14 males and 23 females) were trained including 26 (12 males and 14 females) in NCD and 11 (2 males and 9 females) in Madang.

The last day of the training was devoted to M&E during which participants were trained to use the decision tree to classify MARPs and the peer educator daily log which tracks the number of individuals reached.

The FHI 360 country team and IAs made preparations to conduct hotspot mapping that will identify locations where sex is negotiated and takes place. Guidelines and tools were developed and the mapping exercise is expected to start the second week of April 2013.

The Peer Educators reached a total of 171 MARPs (58 WTS, 23 men in transactional sex (MTS), 12 MSM/transgender (TG) men, 34 high risk women and 44 high risk men) through one-to-one contacts. The majority (158) were reached by the team from PLWHA who worked with MARPs in the previous USAID RDMA-funded HIV project. Four Square Church and the Salvation Army initiated activities following training from FHI 360; these IAs reached 13 MARPs in Q2. In addition PLWHA reached 122 MARPS through group sessions.

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

The FHI 360 program and technical team provided mentoring and technical support to IA staff in both NCD and Madang on a number of areas including MARPs sensitization, clinical operating guidelines

(COGs), M&E, clinic accreditation, procurement of medical equipment and drugs, and clinical set up. The House of Hope at Ela Beach has established VCT services.

During the second quarter of FY13, a total of 478 individuals (142 males and 336 females) were tested for HIV and received their results in two project clinics that were already providing HCT prior to the commencement of the MARPs project. Of the total tested in the second quarter, 205 individuals (96 males and 109 males) including 4 children (1 male and 3 females) under the age of 15 were from Id Inad Clinic in Madang while the other 273 individuals (46 males and 227 females) all aged 15 and above were from Kaugere Clinic operated by Four Square Church in NCD. Of the 478 individuals tested in the two project clinics, 13 individuals were confirmed positive (2.7% of all persons tested). All positive cases came from Kaugere Clinic in NCD indicating a detection rate of 4.8% among all clients provided with testing services at that site.

FHI 360 and USAID conducted one meeting with NCD health services to update them on the progress made to date and to discuss the role of NCD Health Services in the CoPCT coordination meetings. The meeting was attended by Dr. Pankaja Panda from USAID, Daniel Tesfaye and Delphine Nuia from FHI 360 and Dr. Gary Ou and Dr. Tulumbe from NCD Health Services. NCD Health Services reiterated its commitment to the project through assuring medical stocks and participation of project staff in relevant, government-sponsored trainings (such as the upcoming IMAI trainings). FHI 360 shared a list of personnel and assets from Kaugere, Kila kila and Kaugere clinics. NCD Health Services accepted the request by FHI 360 to facilitate CoPCT coordination meetings of the different services in NCD.

FHI 360 conducted two specific trainings focused on reducing stigma and discrimination. These included a MARPs sensitization training in NCD attended by 26 IA staff members (8 males and 18 females) and a COGs training (which also covered sensitization) in Madang, which was attended by 37 participants (25 males and 12 females) from 10 health facilities in Madang (refer to activity 2.1.2 for more details).

The FHI 360 team continued to hold meetings with the senior management and staff of IAs in both NCD and Madang during the second quarter; these largely focused on recruitment and training of project staff, development of SoW, and initiation of services. On January 30, 2013 a joint partner meeting was held at Hodava Hotel in Port Moresby with the purpose of ensuring that senior management and staff from all the 7 IAs were sensitized on MARPs issues and orientated on the MARPs project. The FHI 360 MARPs team was introduced and the communication channels to the IAs were established during this meeting. A total of 31 people (16 males and 15 females) participated in the meeting including fourteen (8 females and 6 males) FHI 360 country office staff.

Between 8-12 February the FHI 360 M&E team and Shanthi Noriega, Associate Director for Strategic Information from APRO, visited and met with the M&E focal points and management staff from five IAs (Four Square Church, the Salvation Army, Modilon General Hospital, PLWHA, and Madang PHO). The meetings focused on introducing IA M&E focal points to the MARPs IA M&E plan and discussing with IAs their current M&E processes and information needs. These discussions assisted the FHI 360 country team to better understand how a program specific database could be used to better manage and report

data; these meetings also assisted in providing clarity on the terms of reference for a database developer.

In Q2, FHI 360 staff members participated in National Strategic Information and Care and Treatment Technical Working Groups (TWGs) and Research Advisory Committee (RAC) meetings.

PLWHA is providing home based care under this project and has now recruited and deployed case management team (CMT) members. PLWHA recruited 6 PLHIV volunteers (4 females and 2 males) who will serve as members of the CMT at Id Inad Clinic. Four Square Church and the Salvation Army will recruit and deploy CMTs following the accreditation of VCT services. At the moment, ART services in NCD have not been initiated as the team is prioritizing the establishment of VCT services; once this is done accreditation for ART provision will be sought. In total, it is planned that ART services will be available in two of the three NCD-based clinics; due to the reduction in scope, ART will not be provided at Kila Kila Clinic.

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

Clinical and outreach interventions for GBV have been delayed and are expected to be implemented in Q3 following the initiation of HIV-related prevention and care services in Q2. Comprehensive GBV services for MARPs will be provided once clinical services including VCT, STI management and ARV treatment are available. Services were delayed in NCD due to delay in procurement of medical equipment and refurbishment of health facilities. Peer educators recruited for HIV prevention will also conduct GBV-related interventions and these peer educators needed more time to gain confidence in conducting outreach intervention before being trained to conduct GBV awareness raising within communities. In preparation for this, FHI 360 team members in NCD and Madang have met with police commanders in the respective provinces to establish linkages. FHI 360 Senior Program Officer for Madang paid a courtesy visit to the Provincial Police Commander, Mr. Anthony Wagambie (Jnr), on the 6<sup>th</sup> of February to introduce the GBV component of the MARPS Project that will be implemented by FHI 360 and its partners. FHI 360's GBV Advisor, Ms. Miriam Dogimab, organized a meeting with the Metropolitan Commander of Police for NCD (Mr. Andy Bawa) and head of the Family and Sexual Violence Unit (FSVU), Senior Sergeant Petrina Dekin. No incentives were provided to police officers to participate in these meetings and FHI 360 staff were made aware about the United States Government (USG) requirement for police officers and military personnel to be vetted prior to their involvement in USAID funded project after the meetings were held.

FSVAC organized a meeting that included Medecins Sans Frontiers, Oxfam, FHI 360 and VSO to discuss and update FSVAC on GBV projects that each organization is supporting in order to assure coordination between efforts. The next meeting will be on the 28 of May.

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

FHI 360's new Capacity Building Advisor for the MARPs project, Mr Kerry Pagau, adapted the Technical and Organizational Capacity Assessment Tool (TOCAT) to the PNG context. The revised TOCAT was then introduced to the IAs to review, familiarize them with the tool and prepare their staff for the assessment. The development of the training strategy and implementation plan was delayed due to difficulty in securing a visa for an external consultant but a workshop is scheduled from April 8<sup>th</sup> to 10<sup>th</sup> in both Madang and NCD during which partners will meet to share their results.

The FHI 360 M&E team developed data collection and reporting tools and provided mentoring and technical support to IA staff in NCD and Madang to commence data collection in Q2. A total of 54 staff were trained in M&E including 37 individuals (15 males and 22 females) for outreach interventions and 17 individuals (5 males and 12 females) for clinical interventions. Outreach teams from the Salvation Army, Four Square Church and PLWHA were trained while clinicians from the Salvation Army and Four Square in NCD were trained.

The FHI 360 team started developing an automated reporting system for outreach intervention data using Microsoft Excel and has distributed it to the Salvation Army, Four Square Church, and PLWHA.

The FHI 360 clinical team will begin monitoring the implementation of COGs in Q3 once new clinics are accredited. FHI 360's senior technical officer for care, support and treatment did an initial assessment of the drug use registration and forecasting systems and drug inventory management for Id Inad Clinic. A formal gap analyses and draft early warning system is being written up which will be piloted in the month of April in Madang.

The FHI 360 team with TA from Shanthi Noriega, Associate Director for Strategic Information, FHI 360 APRO, disseminated preliminary findings of the CoPCT process evaluation conducted under the RDMA project to partners in NCD and Madang. The feedback from partners following the dissemination was incorporated into the report which has been finalized and submitted to USAID for approval. The final report is expected to be officially disseminated in Q3.

## SUMMARY TABLE

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

Planned activities	Indicators <sup>2</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
Objective 1 (IR 2.1): To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families					
Activity 1.1.1 Review and modify SBCC strategy		N/A	Accomplished: SBCC strategy developed with TA from Matt Avery	\$176,721	\$134,059
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		

<sup>2</sup> Indicators listed in this column link to indicators presented in the project's performance management plan (PMP).

Planned activities	Indicators <sup>2</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
Activity 1.1.4 Distribute the 1 Taim U: blo trupla man condom	Number of condoms distributed (non-PEPFAR)	276,906	On-going: 68,000 cola scented and female condoms were distributed by FHI 360 to IAs and other partner organizations (Save).  12,873 condoms (11,830 cola scented male condoms and 1,043 female condoms) were distributed by IAs to beneficiaries.		
Activity 1.1.5 Explore creative methods for delivering messages to MARPs		N/A	Accomplished: The methods for messaging are identified as part of the SBCC Strategy		
Activity 1.2.1 Recruit a strong cadre of outreach team members		30 peer educators recruited	Accomplished: 10 peer educators each have been recruited by each PLWHA, Four Square Church and the Salvation Army.		

Planned activities	Indicators <sup>2</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
Activity 1.2.2 Work closely with implementing partners to develop an outreach retention plan		1 outreach retention plan developed	To be done in Q3.		
Activity 1.2.3 Provide training and mentorship to IA staff and outreach team members to reach MARPS with effective approaches.	Number of MARP members reached with individual or small group level preventive interventions that are based on evidence or meet the minimum standards required (PEPFAR – P8.3.D)	3,000	Accomplished: FSOs and outreach team from three IAs were trained on peer education.  On-going: 171 MARPs (58 WTS, 23 men in transactional sex (MTS), 12 MSM/transgender men (TG), 34 high risk women and 44 high risk men) were reached  122 MARPs were reached through group sessions.		

Planned activities	Indicators <sup>2</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
Activity 1.2.4 Review and update previous hotspot mapping.		N/A	On-going: developed tools and guidelines and made necessary preparation for mapping. Mapping to commence in April, 2013.		
Activity 1.2.5 Develop and implement a system to track follow-up through home visits, group and community activities and one-to-one discussions		N/A	This activity will be initiated once unique identification coding system is developed and IAs are trained on its use.		

Planned activities	Indicators <sup>2</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
Activity 1.3.1 Establish and strengthen linkages and relationships between MARP members and service providers through monthly meetings with key stakeholders		N/A	Monthly meetings will begin in Q3 once clinical and outreach services are in full operation.		
Activity 1.3.3 Review, modify, and create tools to facilitate linkages	Number of referrals from HIV-related interventions to GBV services	50	<p>On-going: Data collection and reporting tools have been developed to capture referral.</p> <p>Referral cards need to be endorsed by PHOs.</p> <p>GBV services have not been initiated.</p>		

Planned activities	Indicators <sup>2</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
Activity 1.4.1 Conduct targeted stigma and discrimination sensitization	Number of sensitization sessions held on S&D  Number of individuals sensitized on S&D	5  100	On-going: 63 staff were sensitized in 2 training sessions		
Activity 1.4.3 Replicate lessons and best practices at other program implementation sites		N/A	Lessons and best practice have been incorporated into the SBCC strategy and will be implemented once the implementation plan is completed.		
<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		3 clinical sites	On-going: HCT services have commenced in 1 new site while 2 are awaiting accreditation.	\$174,434	\$119,836

Planned activities	Indicators <sup>2</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
Activity 2.1.2 Provide intensive in-service training, supportive supervision, and mentorship to Program clinical sites	Number of project staff trained in service delivery	100	<p>On-going: 54 clinical staff from 3 IAs were trained on COGs (37 in Madang, 17 in NCD).</p> <p>Continuous site visits to provide advice on how best to set up clinics.</p>		
Activity 2.1.4 Explore means to break down barriers between community-based outreach programs and clinic-based service delivery		N/A	On-going: PLWHA and Id Inad Clinic staff met to discuss issues.		
Activity 2.2.2 Provide a suite of specialized training		N/A	Refer to summary reported under Activity 2.1.2		

Planned activities	Indicators <sup>2</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
Activity 2.2.3 Ensure regular meetings and communication		N/A	On-going: Meetings with all IA continued throughout the second quarter.		
Activity 2.2.4 Provide TA to the GoPNG.		N/A	On-going: Participated in SI & CST TWG & RAC meetings.		
Activity 2.3.1 Provide orientation and training to IAs to develop and deploy CMTs		N/A	On-going: CMT recruited and deployed in Id Inad Clinic, Madang.		
Activity 2.3.3 Strengthen referrals for PLHIV and their families		N/A	On-going: CMT in Madang supported to refer PLHIV to other services.		
Activity 2.4.1 Conduct regular meetings of the CoPCT-CC		N/A	Delayed due to delay in signing of sub-agreement with Madang PHO.		

Planned activities	Indicators <sup>2</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
Activity 2.5.1 Work closely with partners		N/A	On-going: Worked closely with partners to start services for MARPS in NCD and Madang.		
Objective 3 (IR 2.3): To increase use of facility- and community-based gender and GBV interventions					
Activity 3.1.5 Raise awareness of gender issues through training of partner staff, service providers, and community leaders		N/A	Training and orientation for GBV services will begin in Q3.	\$169,266	\$117,531
Activity 3.1.6 Support health care and outreach teams to handle GBV cases			Training and orientation for GBV services will begin in Q3.		
Activity 3.1.7 Pilot a Family Support Center (FSC)			The activity will not be implemented due to a reduction in scope.		

Planned activities	Indicators <sup>2</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
Activity 3.1.8 Collaborate with law enforcement			On-going: Initial meeting with Family Sexual Violence Unit of Police held.		
Activity 3.2.1 Recruit a strong cadre of Peer educators		30 OWs	Accomplished: Refer to activity 1.2.1 above. OWs for GBV will be the same individuals doing outreach for HIV prevention.		
Activity 3.2.2 Train OWs		30 OWs	Training and orientation for GBV services will begin in Q3.		
Activity 3.3.1 Promote a comprehensive package of services		N/A	Not initiated: Training and orientation for GBV services will begin in Q3.		
Activity 1.4.2 Continue to participate actively on national gender TWGs		N/A	On-going: There was no GBV TWG meeting in Q2.		

Planned activities	Indicators <sup>2</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
Activity 3.3.2 Continue active involvement in policy-making bodies		N/A	On-going: There was no meeting on policy in Q2.		
<b>Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery</b>					
Activity 2.2.1 Develop a training strategy and implementation plan with IA staff members		1 plan developed	On-going: Introduced TOCAT tools to all IAs and completed preparation and pre-assessment. Training strategy development was delayed due to delay in securing visa for external consultant but will be completed in April 2013.	\$143,444	\$119,836

Planned activities	Indicators <sup>2</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
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	<p>On-going: TA on M&amp;E was initiated in both NCD and Madang with site visits and meeting with M&amp;E point persons.</p> <p>Trained 54 individuals including 37 peer educators and 17 health workers on M&amp;E s.</p>		
Activity 4.1.2 Strengthen ProMEST		N/A	Not initiated: Delayed due to signing of sub-agreement with Madang PHO.		

Planned activities	Indicators <sup>2</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
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	On-going: Excel data entry and reporting formats were developed and introduced for data management and reporting.  Trained 54 individuals including 37 peer educators and 17 health workers on M&E		
Activity 4.1.6 Monitor implementation of Clinical Operating Guidelines (COGs)		N/A	On-going: Clinicians were trained on COGs this quarter. Monitoring of implementation will begin in Q3.		
Activity 4.2.1 Operationalize an “early warning system”		N/A	On-going: Assessment and design of an early warning system initiated.		

Planned activities	Indicators <sup>2</sup>	Yearly target	Achievement during reporting period	Planned expenditure (USD)	Actual expenditure (USD)
Activity 4.2.2 Collaborate with the NDoH, CHAI, and AusAID and other partners to fill in gaps in the national supply chain		N/A	Drug and testing kit procurement and distribution for HIV and AIDS is being discussed in the TWG for care and treatment. FHI 360 will share its initiatives after trailing the drug registration, use and forecasting system in Madang.		
<b>Total Indirect Costs</b>				\$177,445	\$132,144

The table below lists only the activities focused on start-up which were meant to be implemented in Q1 but were carried over into Q2 due to slow startup of project in Q1.

Planned activities	Yearly target	Achievement during reporting period
<b>Program Management and Development</b>		
Conduct pre-award assessments and issue sub agreements to implementing partners	7 pre-award assessments and sub agreements	On-going. Apart from 4 sub agreements issued in first quarter, no more sub-agreements were issued in Q2. Negotiations have been finalized with Kapul Champion and agreement reached to enter into contractual agreement.
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: M&E related meetings were held with 5 IAs.
Develop Year 1 calendar of mentoring and supervision visits to partners	1 calendar developed	On-going: Completed a schedule of mentoring and TA visits to IAs for Q3. A separate schedule of the final quarter will be developed at end of third quarter.
Develop an M&E training schedule for partners	1 plan developed	On-going: Awaiting finalization of sub-agreements and recruiting process
Conduct gap analysis of clinical services offered by 4 clinics in NCD	3 clinics assessed	Accomplished: Analysis completed in Q1; one of the three clinics needs to be registered while accreditation of three HIV counseling and testing

Planned activities	Yearly target	Achievement during reporting period
		sites also remains outstanding.
Provide project management and financial management support to partners (set up effective systems for donor compliance and quality, develop annual work plan and budgets, etc.)	N/A	On-going: One-to-one support was provided to partners by FHI 360 finance, administration and program team.
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 work plan	Accomplished in Q1
Develop and finalize the performance management plan and submit to USAID	1 PMP/M&E plan	Accomplished: PMP based on original funding level was submitted and approved by USAID.
Submit quarterly progress reports to USAID	4 reports	On-going: Revision for first quarter report yet to be approved by USAID. This report is the second 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 2 (Q2). Note that during this quarter training of project staff and outreach and clinical services were basically in the preparatory stage of implementation.

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
Objective 1: To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families					
IR1.1 Improve knowledge attitudes and practices					
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	3,000 individuals	293 (171 through individual interactions and 122 through group interventions)	PE and OV daily dairies: <ul style="list-style-type: none"> <li>- Weekly from PEs and OVs to IA</li> <li>- Monthly from IA to FHI 360</li> <li>- Quarterly from FHI 360 to USAID</li> </ul>	Outreach team trained and activities were initiated in Q2.

Strengthening HIV /AIDS Services for MARPS in PNG Program

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
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	Trends not conducted in Q2	Trends HIV Module implemented by IAs, Report from FHI 360: <ul style="list-style-type: none"> <li>- Twice per year from IA to FHI 360;</li> <li>- Annually from FHI 360 to USAID</li> </ul>	This activity was postponed to third quarter to give time to outreach teams to concentrate on their intervention.
IR 1.2 Improved health seeking behavior					
3. PEPFAR Output (P11.1.D)	Number of individuals who received counseling and testing services for HIV and received their test results	300 individuals  (100 WTS, 50 MSM, 150 other)	478 individuals (142 males and 336 females) were tested for HIV and received their results	Daily Client register <ul style="list-style-type: none"> <li>- Monthly from HCT counselors to IA</li> <li>- Monthly from IA to FHI 360</li> <li>- Quarterly from FHI 360 to USAID</li> </ul>	All were “no specific” as decision tree tools not used to categorize target population members.
4. PEPFAR Output (C2.1.D)	Number of individuals who received STI management services	500 individuals  (200 WTS, 50 MSM, 250 other vulnerable populations)	STI management services not initiated in Q2	Client Records/Client Registries: <ul style="list-style-type: none"> <li>- Monthly from HCT counselors to IA</li> <li>- Monthly from IA to FHI 360;</li> <li>- Quarterly from FHI 360 to USAID</li> </ul>	

Strengthening HIV /AIDS Services for MARPS in PNG Program

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
5. Program Output	Number of individuals sensitized on S&D	80 individuals  (30 peer educators, 30 clinicians, 20 project staff)	63 individuals	Training reports:  - Monthly from IA & FHI 360; - Quarterly from FHI 360	Individuals were sensitized through specialized trainings Q2.
6. Program Output	Number of condoms distributed	276,906 condoms	12,873 condoms (11,830 cola scented male condoms and 1,043 female condoms) distributed to MARPs by IAs	Daily OV/PE Dairies:  - Monthly from IA & FHI 360; - Quarterly from FHI 360	Outreach intervention began slowly following training.
Objective 2. To increase supply of HIV/AIDS care, treatment and support services for MARPs					
IR 2.1 Quality of HIV/AIDS services improved					
7. PEPFAR Output ( T1.2.D)	Number of adults and children with advanced HIV infection currently active on ART	150 clients	ART services were not initiated in Q2	Client Records/ART Registries:  - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	ART services were not initiated in NCD due to delay in accreditation of Clinics

Strengthening HIV /AIDS Services for MARPS in PNG Program

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
8. Program outcome	Percent of adults and children lost to follow-up during the reporting period	TBD	ART services were not initiated in Q2	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	ART services were not initiated in NCD due to delay in accreditation
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	ART services were not initiated in Q2	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	<ul style="list-style-type: none"> <li>Retention rate can be measured after 12 months of initiation of ART.</li> </ul>
IR 2.2 Coverage of HIV/AIDS services improved					
10. PEPFAR Output (P7.1.D)	Number of PLHIV reached with a minimum package of prevention with PLHIV (PwP) interventions	60	Care and support services not initiated in Q2	- Monthly from IA & FHI 360; - Quarterly from FHI 360	Awaiting commencement of ART services.

	<b>Objectives, Intermediate Results (IR), and Indicators</b>	<b>FY13 targets</b>	<b>Q2 Achievements</b>	<b>Monitoring: data source and periodicity</b>	<b>Justification</b>
11. PEPFAR Output (C1.1.D)	Number of eligible adults and children provided with a minimum of one care service	300 clients	Care services not initiated in Q2	Client Records/ART Registries:  - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Awaiting commencement of ART services.
12. PEPFAR Output (C2.1.D)	Number of eligible adults and children provided with a minimum of one clinical care service	150 clients	Care services not initiated in Q2	Client Records/ART Registries:  - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Awaiting commencement of ART services.
13. PEPFAR Output (C2.2.D)	Number of HIV-positive persons receiving cotrimoxazole prophylaxis.	60	Care services not initiated in Q2	Client Records/ART Registries:  - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	

	<b>Objectives, Intermediate Results (IR), and Indicators</b>	<b>FY13 targets</b>	<b>Q2 Achievements</b>	<b>Monitoring: data source and periodicity</b>	<b>Justification</b>
14.	TB/HIV: Percent of HIV positive persons who were screened for TB in HIV care and treatment settings  PEPFAR Outcome (C2.4.D)	60%	Care services not initiated in Q2	Client Records/ART Registries:  - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Care and support services were reported under TASC Order 3 in Q1.
15.	Number of adults and children with advanced HIV infection newly initiated on ART  PEPFAR Output (T1.1.D)	60 clients	ART services were not initiated in Q2	ART Registry:  - Monthly from IA & FHI 360; - Quarterly from FHI 360	Awaiting commencement of ART services.
IR 2.3 Local capacity of service delivery enhanced					
16.	Number of trainings provided for building the organizational capacity of local organizations  Program Output	5 trainings	5 trainings	Training Reports	

Strengthening HIV /AIDS Services for MARPS in PNG Program

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
17. Program Output	Number of project staff trained in service delivery	100 individuals (30 volunteers, 40 clinical staff, 30 non-clinical staff)	93 staff	Training Reports/Trip reports/Monthly updates	
Objective 3. To increase the use facility and community-based gender and gender-based violence interventions					
18. PEPFAR Output (Gender)	Number of people reached by a USG-funded interventions providing GBV services	150	GBV services not initiated in Q2	<p>Clinical, outreach, helpline and shelter daily registers;</p> <p>IA monthly summary forms:</p> <ul style="list-style-type: none"> <li>- Monthly from clinical, outreach, Helpline and shelter records to FHI 360</li> <li>- Quarterly from FHI 360 to USAID</li> </ul>	No GBV-related services were delivered in Q2.

Strengthening HIV /AIDS Services for MARPS in PNG Program

	Objectives, Intermediate Results (IR), and Indicators	FY13 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
19. Program Output	Number of referrals from HIV-related interventions to GBV services	50	GBV services not initiated in Q2	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	HIV services we being started in Q2
20. PEPFAR Output (P6.1.D)	Number of persons provided with PEP	100	GBV services not initiated in Q2	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 Q2.
21. Program Output	Number of clinical providers trained in GBV case management	15	GBV services not initiated in Q2	Training reports:  - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID	No GBV-related trainings were delivered in Q2.

	<b>Objectives, Intermediate Results (IR), and Indicators</b>	<b>FY13 targets</b>	<b>Q2 Achievements</b>	<b>Monitoring: data source and periodicity</b>	<b>Justification</b>
22. Program Output	Number of PEs, OVs, and OWs trained in SBCC messaging for GBV	30	GBV services not initiated in Q2	Training reports: - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID	No GBV-related trainings were delivered in Q2.
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	Trends not conducted in Q2	Trends module on GBV applied by PEs, OVs, and OWs:  Bi-annual (twice per year)	GBV Trends was not planned for Q2.
24. Program Outcome	Percentage of target population that reports knowing where to seek help if they suffer from physical or sexual abuse.	TBD	Trends not conducted in Q2	Trends module on GBV applied by PEs, OVs, and OWs:  Bi-annual (twice per year)	GBV Trends was not planned for Q2.
Objective 4. To strengthen health systems for HIV/AIDS service delivery					
IR 4.1 Monitoring and evaluation improved					

	<b>Objectives, Intermediate Results (IR), and Indicators</b>	<b>FY13 targets</b>	<b>Q2 Achievements</b>	<b>Monitoring: data source and periodicity</b>	<b>Justification</b>
25. PEPFAR Output (H2.3.D)	Number of health care workers who successfully completed an in-service training program	35	54 health care workers	FHI 360 training log: - Quarterly from program (FHI 360) records - Quarterly from FHI 360 to USAID	More health care workers were trained in Madang on COGs from 8 other clinics apart from the 2 project health facilities.
26. PEPFAR Output (H1.1.D)	Number of people trained in data collection, reporting and use at provincial and national level	TBD	54 individuals	FHI 360 training log: - Quarterly from program (FHI 360) records - Quarterly from FHI 360 to USAID	MARPS project staffs were trained.
27. PEPFAR outcome (H1.2.D)	Percentage of testing facilities (laboratories) that are accredited according to national or international standards tests	TBD	No accreditation during this period.	Narrative reports: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	

	<b>Objectives, Intermediate Results (IR), and Indicators</b>	<b>FY13 targets</b>	<b>Q2 Achievements</b>	<b>Monitoring: data source and periodicity</b>	<b>Justification</b>
28. PEPFAR Outcome (H6.1.D)	Monitoring policy reform and development of PEPFAR supported activities	1	No monitoring of policy reform done during this period.	Narrative reports: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	
IR 4.2 Supply chain management improved					
29. Program Output	Number of facilities reporting no stock out of ART, OI and STI drugs in the last three months	4	No supply chain management activities done during this period.	Monthly program updates	HCT and STI services have only just commenced in Q2.
30. Program Output	Number of health care workers and service managers trained in medicines inventory management	10	No supply chain management activities done during this period.	FHI 360 Training Log: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	HCT and STI services have only just commenced in Q2.

	<b>Objectives, Intermediate Results (IR), and Indicators</b>	<b>FY13 targets</b>	<b>Q2 Achievements</b>	<b>Monitoring: data source and periodicity</b>	<b>Justification</b>
31. Program Output	Number of facilities using computerized reporting for drug supply management	TBD	No supply chain management activities done during this period.	FHI 360 drug supply management log: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	HCT and STI services have only just commenced in Q2.

## RESULT-BY-RESULT ANALYSIS

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

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

Apart from 4 sub agreements issued in first quarter, no new sub-agreements were issued in Q2. Negotiations have been finalized with Kapul Champion and agreement reached to enter into contractual agreement.

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

Reported under Objective 2.

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

FHI 360 STO CST developed a calendar for mentoring and supervision for FY 13 while FHI 360 M&E team developed a mentoring and technical assistance schedule for the third quarter and will develop one in the final quarter towards the end of the third quarter.

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

With TA from FHI 360 APRO Associate Director for Strategic Information, Ms. Shanthi Noriega, the country office M&E teams have developed an overall M&E work plan, which incorporates both TA and training anticipated for FY13. The country M&E team developed data collection and reporting tools to accompany this plan.

#### **Activity 5: Conduct Gap Analysis of Services Offered by 3 clinics in NCD**

GAP analysis was carried out in Q1.

#### **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)**

FHI 360's Director for Internal Audit, Esther Ko, provided support and mentoring to FHI 360 PNG country office finance and administration team on internal audit and compliance. She also conducted Internal Auditing and Compliance training with FHI 360 country staff and IAs in Madang and NCD.

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

The signing of the MOU with sub national government bodies will follow the MOU signing between USAID and NDOH. This activity has therefore been deferred to the third quarter of FY13.

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

FHI 360 Chief of Party held regular meetings/teleconference with USAID AOR and Activity manager.

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

AIP for FY13 has been approved however this has to be revised following announcement of a reduction in scope by USAID in March, 2013.

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

Revised copy of PMP has been approved by USAID.

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

This report is the second 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 Quarters.

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

**ACTIVITY 1.1.1 Review and modify SBCC strategy.**

FHI 360 PNG has developed a draft Strategic Behavior Change Communication (SBCC) strategy for MARPS with TA from Matt Avery (SBC Technical Advisor, APRO) and is currently working on an implementation plan for the strategy.

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

FHI 360 PNG is in the process of finalizing SBCC materials for the MARPS project. FHI 360 has received feedback from the National AIDS Council Secretariat and Matt Avery, SBV Advisor from APRO, on the 2nd draft of "risk cards" that assist women in transactional sex (WTS) and men who have sex with men (MSM)self-assess their level of risk for HIV. Sharing of the material with IAs has been delayed to ensure that that new project staff are sensitized, orientated and allowed to settle into their jobs.

**ACTIVITY 1.1.4: Distribution of the "1 Taim U: Blo trupla man" condoms**

FHI 360 will continued to distribute boxes of condoms and lubricants to partners who will distribute the unbranded condoms and lubricants either directly to beneficiaries during individual and group sessions as well as indirectly through outlets. During Q2 FHI 360 and USAID conducted telephone conference calls to discuss planning for future condoms and lubricant supplies.

In Q2, FHI 360 distributed a total of 65,000 condoms (57,000 cola scented male condoms and 8,000 female condoms) to implementing agencies in NCD and Madang. A total of 26,000 lubricant packets were also distributed to IAs. Apart from distributing condoms to its IAs in Q2, FHI 360 PNG also provided

an additional 3,000 cola scented male condoms and 5,000 lubricant packets to Save the Children's Poro Sapot Project.

With sufficient supply of condoms at their disposal, three implementing agencies (Four Square Church, Salvation Army and PLWHA) distributed a total of 12,873 condoms including 11,830 cola scented male condoms and 1,043 female condoms to target populations in Q2. During this reporting period, the three implementing partners also distributed a total of 2,605 lubricant packets and 172 IEC materials (mostly HIV/AIDS and STI pamphlets obtained from Madang PAC). Outreach interventions got to a slow start in quarter two due to recruitment and training of outreach teams and the need to develop data collection and reporting tools, and train staff on their use. Distribution of condoms is expected to increase in the next quarter.

#### **ACTIVITY 1.1.5 Explore creative methods for delivering messages to MARPs**

The SBCC strategy outlines the different creative methods for delivering messages to MARPs. The country office is currently in the process of finalizing risky sexual behavior assessment cards and risk perception communication materials targeting MARPs.

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

Four Square Church, Salvation Army and PLWHA successfully recruited a combined total of 30 peer educators and five field support officers (FSOs) who are responsible for supervising the outreach teams. PLWHA recruited eight WTS, two MSM and one FSO; Four Square Church has recruited 10 peer educators (two MSM, four WTS, three TGs and 1 female from the general population) as well as 2 FSOs (one MSM/TG and one female from the general population); Salvation Army recruited five WTS, five men from the general population and two FSOs. FHI 360 PNG and the Salvation Army are currently working together to recruit five MSM and TGs to replace the five males from the general population.

#### **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 just recruited and trained in Q2. It is anticipated that this plan will be completed, in collaboration with local partners, by the end of Q3.

#### **Activity 1.2.3: Provide training and mentorship to IA staff and outreach team members to reach MARPS with effective approaches.**

Two four-day Basic Peer Educators trainings were conducted for peer educators from three IAs (the Salvation Army, Four Square Church, and PLWHA). The first training was facilitated by Matt Avery (SBC Technical Advisor, APRO) for the two IAs in NCD. NCD-based Program Officers and the SBC Officer co-facilitated this training as part of their on the job training and orientation. The Training in NCD was conducted in Wellness Lodge from 25<sup>th</sup> February to March 1<sup>st</sup> and was attended by 26 participants (12 males and 14 females). The fifth day of training was devoted to M&E. The FHI 360 PNG program team (SBC Officer, Bolalava Vaia, Elizabeth Tama, Program Officer (NCD) and Soven Sila Program Officer (Madang) facilitated the training in Madang with assistance from Blum Manasseh, the project Coordinator for PLWHA. A total of 11 participants attended including 10 PEs and 1 FSO. Outreach team

members were also trained to use the decision tree which is a tool used to classify MARPs. The following topics were covered in the basic peer educators training:

- Basic HIV/AIDS information
- HIV transmission
- Risk assessment
- Risk reduction strategies
- STI symptoms, transmission, treatment and prevention
- Bacterial vs. Viral STIs
- STI key messages
- Male and female condom use
- HIV counselling and testing
- Weighing cost and benefits
- Service referral procedures
- Role of a Peer Educator
- Active listening
- Open vs. closed ended questions
- Monitoring and Evaluation

Prior to the Basic Peer Educators training, Matt Avery conducted a two day Training of Trainers (TOT) from 20-21<sup>st</sup> of February 2013 for three FHI 360 program staff and two FSOs from Four Square Church. The purpose of the training was to enhance the training and facilitation skills of the program staff and equip them to be a good facilitators who can run their own trainings effectively. The skills learnt in this training were put to practice during the Basic Peer Educators trainings in NCD and Madang. The training in Madang was conducted by FHI 360 PNG staff themselves.

#### **ACTIVITY 1.2.4: Review and update previous hotspot mapping.**

The FHI 360 country team and IAs have made preparations to conduct hotspot mapping which will identify locations where sex is negotiated and takes place. Guidelines and tools have been developed and the mapping exercise is expected to start the second week of April, 2013.

#### **ACTIVITY 1.2.5 Develop and implement a system to track follow-up through home visits, group and community activities and one-to-one discussions**

A total of 171 MARPs including (58 WTS, 23 men in transactional sex (MTS), 12 MSM/transgender men (TG), 34 high risk women and 44 high risk men) through one-to-one contacts in Q2. The majority (158) were reached by the team from PLWHA who worked with MARPs in the previous RDMA project. Four Square Church and the Salvation Army initiated activities much later as they needed training from FHI

360; these IAs reached 13 MARPs in Q2. Additionally, a total of 122 MARPS were reached through group sessions.

**ACTIVITY 1.3.1 Establish and strengthen linkages and relationships between MARP members and service providers through monthly meetings with key stakeholders**

This activity was not implemented in Q2 but is expected to start in Q3.

**ACTIVITY 1.3.3 Review, modify and create tools to facilitate linkages**

This activity has been delayed and will be implemented in Q3.

**ACTIVITY 1.4.1 Conduct targeted stigma and discrimination sensitization**

Two sensitization training sessions were held in Q2 for a total of 63 participants (33 males and 30 females). The sensitization training in NCD was conducted on 14-15 February at Salvation Army function room in Boroka and had 26 participants (8 males and 18 females). The participants were from both the Salvation Army and Four Square Church. The purpose of the training was to sensitize staff on MARPs . The training was facilitated by FHI 360's PNG STO CST, Dr Anup Gurung and co-facilitated by the program officers and SBC Officer. In addition to the training in NCD, a total of 37 health care workers (25 males and 12 females) from 10 health facilities in Madang were sensitized on MARPs as part of the COGs training.

The following topics were covered in the sensitization training:

- Understanding of sexual minorities
- Awareness and sensitivity in the promotion of sexual health amongst MSM
- Understanding risk and vulnerabilities amongst MSM and TGs
- Condom use and STI transmission
- Roles of your own values in being non-judgmental
- Participants' self-assessment of their values for sexual minorities
- Understanding sex work in the context of PNG
- Presenting fact sheet about WTS including FSWs in PNG
- Work shop evaluation

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

Moved to Objective 3

**ACTIVITY 1.4.3 Replicate lessons and best practices at other program implementation sites**

This activity has been delayed and will be implemented in Q3.

**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 program and technical team conducted a number of field visits to Four Square Church and Salvation Army clinics in Q2 to provide advice on how best to set up the VCT and STI rooms. Field trip visits were conducted to Papa, Kaugere, Koki and Kila Kila Clinics. FHI 360 later advised the Salvation Army that the project will not extend to Papa Clinic as planned due to a reduction in scope announced by USAID. There will therefore be only three new clinical sites: Kaugere, Kila Kila and Koki. The Meri Safe House at Ela Beach will also have a VCT center established as the location is easily accessibility to MARPs. This center will act as a point of referral to all gender based violence cases occurring amongst MARPs hence must be equipped with VCT and facilities for trauma counseling as well as a functioning as a safe house.

### ACTIVITY 2.1.2 Provide intensive in-service training, supportive supervision, and mentorship to Program clinical sites

Clinical Operating Guidelines (COGs) training was conducted by FHI 360 STO Care and Treatment, Dr. Anup Gurung, in both Madang and NCD. The COGs laid out the quality assurance mechanisms and sensitivities to consider for service delivery to MARPs. The clinical staff were trained on STI syndromic management, promotion of regular health check-ups for STIs, internal examination and diagnosis of STIs, universal precautions and Post Exposure Prophylaxis (PEP). The training also trained clinicians on how they can use the standards in the GOGs to measure quality improvement in clinics over time.

The COGs training for clinical staffs in Madang was conducted on 18-22<sup>nd</sup> February 2013. A total of 37 clinicians (12 females and 25 males) from 10 clinics in Madang province participated in the training. The number of participants per health facility was as follows: Modilon Hospital (17), Danben (1), Alexshafen-Catholic Health Services (2), Gaubin Hospital (1), Yomba (1), LSON (2), Riwo (1), town clinic (7), Yagaum-Lutheran (2) and Id Inad clinic (3). Participants included doctors, lab personnel, outreach staff, counselors and nurses. This training included sensitization sessions which will give MARPs in the province a broader choice of "MARP" friendly clinics near their place of residence and also within any department in Modilon Hospital.

In Port Moresby all clinical staff in the new clinics were trained from March 4<sup>th</sup> to 8<sup>th</sup> at the Salvation Army function room in Boroko. The training was conducted by FHI 360's Senior Technical Officer for Care, Support and Treatment (CST) with assistance from FHI 360 Health Services Delivery Advisor. A total of 17 staff (5 males and 12 females) including counselors, STI nurses, ARV nurses, program managers and M&E staff.

FHI 360 technical team helped set up the VCT centers and systems in Kaugere Clinic, Kila Kila Clinic and Ela Beach according to National Guidelines for HCT and using the National surveillance forms. On site mentoring will be provided to assist clinics in April when the NDoH visits them for VCT accreditation. The STI clinic component at Kila Kila clinic was set up despite the equipment purchase being delayed. Speculums were borrowed, and SOPs, flow charts for syndromic management, and job aids developed. The clinic is now ready to implement STI management for MARPs pending the purchase of minor equipment.

During the second quarter of FY13, a total of 478 individuals (142 males and 336 females) were tested for HIV and received their results in two project clinics which were already providing HCT prior to the commencement of the MARPs project. Of the total tested in the second quarter, 205 individuals (96 males and 109 males) including 4 children (1 male and 3 females) under the age of 15 were from Id Inad Clinic in Madang while the other 273 individuals (46 males and 227 females) all aged 15 and above were from Kaugere Clinic operated by Four Square Church in NCD. Of the 478 individuals tested in the two project clinics, 13 individuals were confirmed positive (2.7% of all persons tested). All positive cases came from Kaugere Clinic in NCD indicating a detection rate of 4.8% among all clients provided with testing services at that site.

**ACTIVITY 2.1.4 Explore means to break down barriers between community-based outreach programs and clinic-based service delivery**

This activity was initiated in Madang where the FHI 360 program staff met with PLWHA and Id Inad Clinic staff on February 12, 2013. The purpose of the meeting was to discuss and strengthen linkages between outreach and clinical components of the MARPs project. This activity was not implemented by the Salvation Army and Four Square Church in NCD as priorities during this quarter were focused on training of new project staff and setting up new health facilities.

**ACTIVITY 2.2.2 Provide a suite of specialized training**

See Activity 2.1.2 and 4.1.3.

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

The FHI 360 PNG team held numerous meetings with the senior management and staff of IAs in both NCD and Madang. Most of the meetings happened in January, 2013 focusing on implementation of activities for Salvation Army, Four Square and People Living with Higher Aims. A number of meetings to discuss and finalize IA scopes of work were also held with those IAs that have not yet signed their sub-agreements with FHI 360 (Kapul Champion, Madang Provincial Health Office (PHO) and Modilon General Hospital (MGH)).

On January 30, 2013 a joint partner meeting was held at hotel in Port Moresby. This activity brought representatives from all the IAs from NCD and Madang programs and FHI 360 to a workshop where the senior management staff of our local partners and FHI 360 had the opportunity to learn about IA's background, the MARPs program, FHI 360/USAID funding and reporting requirements, the program staff at FHI 360 and routes of communication. A total of 31 participants attended the meeting including 16 males and 15 females. Fourteen (14) of the participants (8 females and 6 males) were FHI 360 staff with two of the staff members being from FHI 360 Madang office. Dr Pankaja Panda, Health Advisor from USAID briefly attended the meeting while Esther Ko, Director of Internal Audit from FHI 360 Headquarters made a presentation on management of fraud and compliance.

Between 8-12 February the FHI 360 M&E team together with Shanthi Noriega, Associate Director for Strategic Information from APRO, visited and met with the M&E focal points and management staff from five IAs (Four Square Church, the Salvation Army, Modilon General Hospital, PLWHA, and Madang PHO). The meetings focused on introducing IA M&E focal points to the MARPs IA M&E plan and

discussing with IAs their current M&E processes and information needs. These discussions assisted the FHI 360 country team to better understand how a program specific database could be used to better manage and report data; these meetings also assisted in providing clarity on the terms of reference for a database developer.

Since these initial meetings the planned database has had to be modified as a result of a reduction in scope. Information gathered will however be used to develop Microsoft Excel templates and reporting forms for all IAs to manage and report their data for the project. Data collection templates will also capture data for the National Department of Health (NDoH).

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

In Q2, FHI 360 staff members participated in National Strategic Information and Care and Treatment TWG and Research Advisory Committee (RAC) meetings. FHI 360's STO CST participated in a Strategic Information TWG meeting which was focused on assisting NACS with the implementation of a MARPS size estimation exercise. FHI 360's STO, M&E actively contributed to the SI TWG as a core member providing input for the drafting of the 2011 Surveillance report which is still pending. FHI 360's STO, CST also attended the care and support TWG meeting on the 12<sup>th</sup> of March 2013 at WHO. The meeting was chaired by Program Manager, NDoH and members from NDoH, Oil Search, the Global Fund, Catholic Health Services, USAID, UNAIDS, and other international NGOs. Members discussed implementation of the global fund project, the delay in implementation of the IBBS, and also the new USAID project for MARPS. FHI 360's STO, M&E, William Yeka, is a member of RAC which is a sub-committee of the National AIDS Council Secretariat (NACS) responsible for screening all protocols for HIV/AIDS related research in PNG. FHI 360 STO CST, Dr Anup Gurung, is the alternative member. Mr Yeka attended the committee's first meeting for 2013 which was held on the 4<sup>th</sup> of March in Holiday Inn and took part in its deliberations.

FHI 360 SBC Officer attended the Condom Program Co-ordination Committee (CPCC) meeting in February and presented the 2012 last quarter (October –December) FHI 360 Condom Distribution update to the committee. Deliberations of the CPCC meeting focused on launching of a new condom package by Population Services International (PSI), AusAID's announcement that it will procure male dildos and female samples for condom demonstrations; and NDOH's plan for procuring water based lubricant which will come in the form of tubes (which allows for multiple uses).

#### **ACTIVITY 2.3.1 Provide orientation and training to IAs to develop and deploy CMTs**

PLWHA recruited a total of 6 PLHIV volunteers (4 females and 2 males) who will serve as members of the case management team (CMT) at Id Inad Clinic. PLWHA had provided PLHIV volunteers to serve as CMT members during the previous RDMA project at the same clinic which made it possible to quickly deploy the CMT members. The new CMT members had either served as CMT members under the previous project or as community home based care (CHBC) team members under the CHBC project funded AusAID and were already familiar with the task. The CMT members were briefly orientated on the MARPs project by the Project Coordinator and FHI 360 Madang staff.

Since OI/ART services will be provided by the Salvation Army and Four Square Church for the first time in NCD, the CMT members will be recruited, trained and deployed once services initiated.

#### ACTIVITY 2.3.3 Strengthen referrals for PLHIV and their families

This activity was only initiated by PLWHA working in partnership with the Id Inad Clinic in Madang to train and orient the CMT member deployed in Q2. The two IAs in NCD will initiate the activity following accreditation of OI/ART services.

#### ACTIVITY 2.4.1 Conduct regular meetings of the CoPCT-CC

This activity was not initiated as planned due to delay in signing of sub-agreement with Madang PHO.

#### ACTIVITY 2.5.1: Work closely with partners

On the 19<sup>th</sup> of February a meeting was held between Kapul Champion's management their stakeholders and FHI 360 to discuss issues related to the delay in the signing of a sub-agreement between the two organizations and to finalize, agree and plan the way forwards on the Scope of Work (SoW). It is expected that this sub-agreement will be signed in Q3.

FHI 360 program and technical team members had regular meetings with the staff of the Salvation Army to sensitize them on this project. The FHI 360 team organized a visit to Lawes Road Clinic for the project staff for the purpose of giving them a clear understanding of how a clinic could be set up. This visit was helpful as Salvation Army staff had a lot of questions to ask the clinicians from Lawes Road Clinic. The visit provided Salvation Army staff an opportunity to learn from a previous FHI 360 partner. Salvation Army staff themselves also met regularly and cleaned the Koki Clinic building readying it for set up.

FHI 360 held a meeting with Coordinator of FSVAC, Ms Ume Wainetti, to discuss recruitment of staff and the main activities under FSVAC Scope of work. The meeting was held at the FSVAC office, 2<sup>nd</sup> Floor, Investment Promotion Haus, on 13<sup>th</sup> of February, 2013. It was agreed that Ms Wainett would share with FHI 360 the job descriptions of the research and documentation officers and from there they would start advertising the positions in local newspapers.

### **OBJECTIVE 3: To increase use of facility- and community-based gender and GBV interventions**

#### ACTIVITY 3.1.5 Raise awareness of gender issues through training of partner staff, service providers, and community leaders

This activity has been postponed to Q3.

#### ACTIVITY 3.1.6 Support health care and outreach teams to handle GBV cases

This activity has been postponed to Q3.

#### ACTIVITY 3.1.7 Pilot a Family Support Center (FSC)

This activity has been cut due to an anticipated reduction in scope.

### ACTIVITY 3.1.8 Collaborate with law enforcement

The FHI 360 Senior Program Officer for Madang paid a courtesy visit to the Provincial Police Commander, Mr. Anthony Wagambie (Jnr), on the 6<sup>th</sup> of February to introduce the GBV component of the MARPS Project that will be implemented by FHI360 with its partners. The purpose of the visit was to explore possibilities for networking and linkages between partners in order to promote system strengthening and enhance efficiency and effectiveness of the project.

FHI 360's GBV Advisor, Miriam Dogimab, organized a meeting with the Metropolitan Commander of Police for NCD (Mr. Andy Bawa) and head of the Family and Sexual Violence Unit (FSVU), Senior Sergeant Petrina Dekin. The meeting was held in the NCD Divisional Headquarters in Boroka Police Station on 8<sup>th</sup> of February and was attended by FHI 360 GBV team (from AUSAID funded Kommunity Lukautim OI Meri (KLOM) Project and USAID funded MARPs Project) and representatives from Salvation Army, Four Square Church and Kapul Champions. The purpose was to start a dialogue and establish a network for referrals of GBV survivors from the project supported safe house who require legal assistance. The FHI 360 team introduced the GBV component of the MARPS project and its scope while the FSVU discussed its role in apprehending perpetrators of violence and prosecuting them. The outcome of the meeting was positive as the FSVU has been operating for the last five years in NCD with 9 officers stationed in different police stations within NCD to assist GBV survivors. The meeting was particularly useful as FSVU members usually did not know who or where to refer the survivors. Further meetings and dialogue will help strengthen linkages. Another issue that requires clarification and further collaboration is how the FSVU will work with MARPs, particularly as their behaviors are illegal and the FSVU is required to follow PNG law with regards to prostitution and same sex behavior. No incentives were provided to police officers to participate in these meetings and FHI 360 staff were only aware about the United States Government (USG) requirement for names of police officers to be submitted for vetted before their involvement in any USAID funded activities after the meeting were held.

### ACTIVITY 3.2.1: Recruit a strong cadre of peer educators

As described above, under activity 1.2.1, the same individuals recruited as peer educators and peer educators for HIV prevention will also be engaged in outreach for GBV once they are trained.

### ACTIVITY 3.2.2 Train OWs

Training of OWs for GBV has been delayed to Q3 due to delay in implementation of services.

### ACTIVITY 3.3.1 Promote a comprehensive package of services

This activity has been postponed to Q3.

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

FSVAC organized a meeting that included Medecins Sans Frontiers, Oxfam, FHI 360 and VSO to discuss and update FSVAC on GBV projects that each organization is supporting in order to assure coordination between efforts. The next meeting will be on the 28 of May.

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

FHI 360 staff were actively involved in policy making bodies as members of various TWG and committees as reported under Activity 2.2.4.

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

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

In January 2013, FHI 360 country office recruited Mr Kerry Pagau as the Capacity Building Advisor for the MARPS project. The first task accomplished by the Capacity Building Advisor was to revise FHI 360's Technical and Organizational Capacity Assessment Tool (TOCAT). The revised TOCAT was then introduced to the IAs to review, familiarize them with the tool and prepare their staff for the assessment. The Capacity Building Advisor visited all 4 IAs in NCD and communicated with the three IAs in Madang over the phone and through emails to conduct the sensitization and preparation for the assessment.

There was a difficulty in securing a visa for an external consultant who was required to help facilitate the development of the TOCAT training strategy and implementation plan which prolonged the activity. A visa for the consultant has finally been approved and a workshop is scheduled for April 8<sup>th</sup> -10<sup>th</sup> in both Madang and NCD during which partners will meet to share their results.

**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**

The FHI 360 M&E team have completed designing data collection and reporting forms for the MARPS project and have commenced training for the outreach teams as well as clinicians in NCD. In Madang only the training of the outreach team has been completed. In addition to the training the FHI 360 M&E team have held one-to-one mentoring of M&E officers for Four Square Church and the Salvation Army to help them better understand the tools as well as reporting requirements for the MARPS project.

The M&E training for the outreach team in NCD was conducted in March 1 as an extension of the Basic Peer Educators Training which was attended by 26 outreach team members from both the Salvation Army and Four Square Church. The M&E training for outreach team in Madang took two days with the first day devoted to classroom lecture and the second day taken up by practical sessions to pretest the new outreach daily log containing symbols. A total of 11 individuals were trained including 2 MSM and 8 WTS. The training was aimed at introducing the outreach team to basic concepts in M&E as well as linking the concepts to MARPS project objectives, indicators and targets. The training also included practical sessions to show staff how to complete the daily logs and use the decision tree to classify MARPS.

A two-day M&E training was also conducted for a total of 17 clinicians (5 males and 12 females) from both the Four Square Church and Salvation Army in the Salvation Army Function room in Madang. The training was aimed at introducing the clinicians to basic concepts in M&E as well as linking the concepts to MARPS project objectives, indicators and targets. The training also included practical sessions in completing the monthly summary of the HIV counselling and testing and STI data.

#### ACTIVITY 4.1.2 Strengthen ProMEST

The sub agreement between FHI 360 and Madang provincial health office will be finalized in April 2013. The activity will be planned with Madang PAC and implemented jointly with PHO and PAC.

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

The FHI 360 team has developed an automated reporting system for outreach intervention data using Microsoft Excel and have distributed it to the Salvation Army, Four Square Church and PLWHA which are the three IAs implementing community outreach. Data collected by outreach team members will be entered into an Excel spreadsheet which will produce a monthly summary once all the data is entered. The Excel data entry templates for HIV counseling and testing, STI management and OI/ART data have been developed and monthly summary forms will be developed and completed in Q3.

#### ACTIVITY 4.1.6 Monitor implementation of Clinical Operating Guidelines (COGs)

Monitoring of the COGs will be implemented in Q3 once new clinics are accredited.

#### ACTIVITY 4.2.1 Operationalize an “early warning system”

FHI 360's senior technical officer for care, support and treatment did an initial assessment of the drug registration, use and forecasting systems and drug inventory management for Id Inad Clinic. A formal gap analyses and draft early warning system is being written up which will be piloted in the month of April in Madang.

#### ACTIVITY 4.2.2 Collaborate with the NDoH, CHAI, and AusAID and other partners to fill in gaps in the national supply chain

FHI 360 was not able to implement this activity in Q2 but will do so in Q3.

## CHALLENGES

- Recruitment and training of new IA staff has been challenging and there are a few clinical and outreach positions remaining to be filled. This is particularly challenging in terms of recruiting qualified nurses as there are few in the market and most are already employed.
- Procurement of clinical equipment took longer than expected as getting quotes from suppliers was difficult. There are only a few companies that are supplying clinical equipment in PNG. The quotes are now collected and documentation finalized for internal approval.

## FINANCIAL SUMMARY

Period Budget	Period Actuals	Remaining Balance	Explanation
Objective 1 (IR 2.1): To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families			
\$176,721	\$134,059	\$42,662	Activity 1.2.2 will be held in Q3  Activity 1.2.5 will be initiated once unique identification coding system is issued and utilized by IAs.  Activity 1.3.1 will start in Q3 as clinics and outreach services have not fully operated.
Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families			
\$174,434	\$119,836	\$54,597	Activity 2.4.1 Meeting with CoPCT CC has not started due to delays in signing of subagreement with Madang PHO
Objective 3 (IR 2.3): To increase use of facility- and community-based gender and GBV interventions			
\$169,266	\$117,531	\$51,735	Activity 3.1.5, 3.1.6, 3.2.2 and 3.3.1 will be carried out in Q3  Activity 3.1.7 is removed from current plan
Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery			
\$143,444	\$119,836	\$23,608	Activity 4.1.2 will start in Q 3  Activity 4.2.2 has not start as Drug and testing kit procurement and distribution for HIV and AIDS is being discussed in the TWG for care and treatment
\$177,445	\$132,144	\$45,301	



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## SNAPSHOT

### Faith Based Organizations in Papua New Guinea Embrace CoPCT Approach to work with Most At Risk Population

FHI 360 staff facilitating sensitization exercises for partners in NCD



Focus on Most at Risk Populations particularly Men who have Sex with Men (MSM) and Women in Transactional Sex (WTS) including Female Sex Workers is new for most of the development agencies particularly faith based organizations (FBOs) in Papua New Guinea. Due to the strong religious beliefs embedded in their organizational mission and vision, it is almost difficult for FBOs to deal with MSM and WTS. When the PEPFAR/ USAID funded *Strengthening of HIV/AIDS Services for MARPs in PNG* project commenced, there were myths and confusions amongst project staff and the senior management of the implementing partners. Senior leaders from one of the implementing partners shared difficulties in dealing with such target groups under this project as well as maintaining their religious faith. To promote an inclusive and sensitive approach towards this vulnerable populations, FHI 360 organized separate sensitization workshops for a range of audience groups of the implementing partners to orientate them on the issues related to Most At Risk Populations. It really helped FBOs partners to embrace the CoPCT approach.

- In January 2013, FHI 360 organized a sensitization session for Senior Management as part of the Orientation Workshop for the Strengthening HIV/AIDS Services for MARPs Project.
- A two days sensitization workshop was also held in Feb 2013 for non-clinical and clinical staff based in NCD who will be providing clinical services to most at risk populations.
- The clinical operating guidelines workshop was also conducted both in National Capital District and Madang in March 2013. The workshop orientated clinical staff on clinical based MARPs interventions and operating guidelines.

These workshops conducted in both NCD and Madang increased the awareness about MARPs as target groups and innovative interventions amongst decision makers and staff members who will be working in the project.

One participant in particular, Jenny Ala, commented that in the past when she saw a transgender person walking around town, she would make fun of that person. After attending the training, she understands the issue better and is encouraged to work in the project to bring quality services to the MARPs.

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