



# STRENGTHENING HIV/AIDS services for MARPs in PNG

QUARTERLY REPORT

October 1, 2013- December 31, 2013



## ABBREVIATIONS

AIP	Annual implementation plan
APRO	Asia Pacific Regional Office
ART	Antiretroviral therapy
CCP	Condom co-ordination program
CMT	Case management team
COGs	Clinical Operating Guidelines
CoPCT	Continuum of Prevention to Care and Treatment
CPHP	Central Public Health Laboratory
CST	Care, support and treatment
DLA	Development Legal Assistance
FBO	Faith- based organization
FSO	Field Support Officer
FSVAC	Family and Sexual Violence Action Committee
FY	Fiscal year
GBV	Gender-based violence
HCT	HIV counseling and testing
HIV	Human Immunodeficiency Virus
IA	Implementing agency
IBBS	Integrated biological and behavioral survey
IMAI	Integrate management of adult illnesses
MARP	Most-at risk population
M&E	Monitoring and evaluation
MSF	Medecins Sans Frontieres

MOU	Memorandum of Understanding
MSM	Men who have sex with men
MTS	Men in transactional sex
NACS	National AIDS Council Secretariat
NBC	National Broadcasting Commission
NCD	National Capital District
NDoH	National Department of Health
OI	Opportunistic infection
PAC	Provincial AIDS Committee
PEP	Post exposure prophylaxis
PHO	Provincial Health Office
PICT	Provider initiated counseling and testing
PLHIV	People living with HIV
PLWHA	People Living With Higher Aims
PMP	Performance management plan
PNG	Papua New Guinea
PNGIMR	Papua New Guinea Institute of Medical Research
PPTCT	Prevention of parent-to-child transmission
Q4	Fourth Quarter
SBC	Strategic behavior change
SBCC	Strategic behavior change communication
SI	Strategic Information
STI	Sexually transmitted infection

TA	Technical assistance
TG	Transgender
TWG	Technical working group
USAID	United States Agency for International Development
USCDC	United States Centers for Disease Control
VCT	Voluntary counseling and testing
WTS	Women in transactional sex

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## INTRODUCTION

FHI 360 and its implementing partners have commenced the second year of implementation of the Strengthening HIV/AIDS services for Most-at-Risk Populations Project (MARPs Project). This quarterly report for the period October 1, 2013 to December 31, 2013 (Quarter 1, Fiscal Year 2014) includes a list of achievements and challenges; detailed descriptions of activities for each project objective; a summary table of activities, indicators and achievements; PMP indicators and targets for FY14 with achievements to date; an analysis of Q1 results and a financial summary.

### QUARTER 1 ACHIEVEMENTS:

- Reached 1,611 MARPs through outreach interventions and significantly increased coverage among men and women in transactional sex and high-risk women.
- Commenced HIV Counseling and Testing (HCT) services at Koki Clinic and provided HCT for 525 MARPs who received their test results (a 15% increase over previous quarter)
- Identified 57 new HIV infections (7.1% case finding rate; an increase over the previous quarter).
- Successfully completed NDoH accreditation requirements for opportunistic infections/antiretroviral therapy (OI/ART) service providers in National Capital District (NCD), increased new ART enrollment over previous quarter by 93% (n=27) and achieved 90% of annual target for active clients on ART (note: NCD-based services are still awaiting formal, written approval to commence service provision).
- Trained 15 healthcare workers on trauma counseling and supported service provision for 18 survivors of GBV at the Ela Beach House of Hope and Kaugere Womens Resource Centre. Developed flow charts, guidelines and M&E tools for House of Hope to be rolled out in Q2.
- Rolled out quality assessment/quality improvement monitoring of peer education and outreach using a previously designed QA/QI checklist.
- Supported Modilon General Hospital to begin using a Pima CD4 machine that was donated by USAID for the MARPs project, resulting in a total of 112 CD4 tests conducted in Q1.
- Participated in 20 Days of Activism, including hosting a community-based HCT promotional event and commemorating the International Day of Human Rights through a large-scale community event dubbed Orange Day.

- Convened the first partner meeting to discuss sustainability of the MARPS Project in PNG after FY16. A total of 16 key people attended the meeting, including the NDoH HIV/AIDS Southern Regional Coordinator and representatives from partner organizations and NCD Health Services.

#### **QUARTER 1 CHALLENGES:**

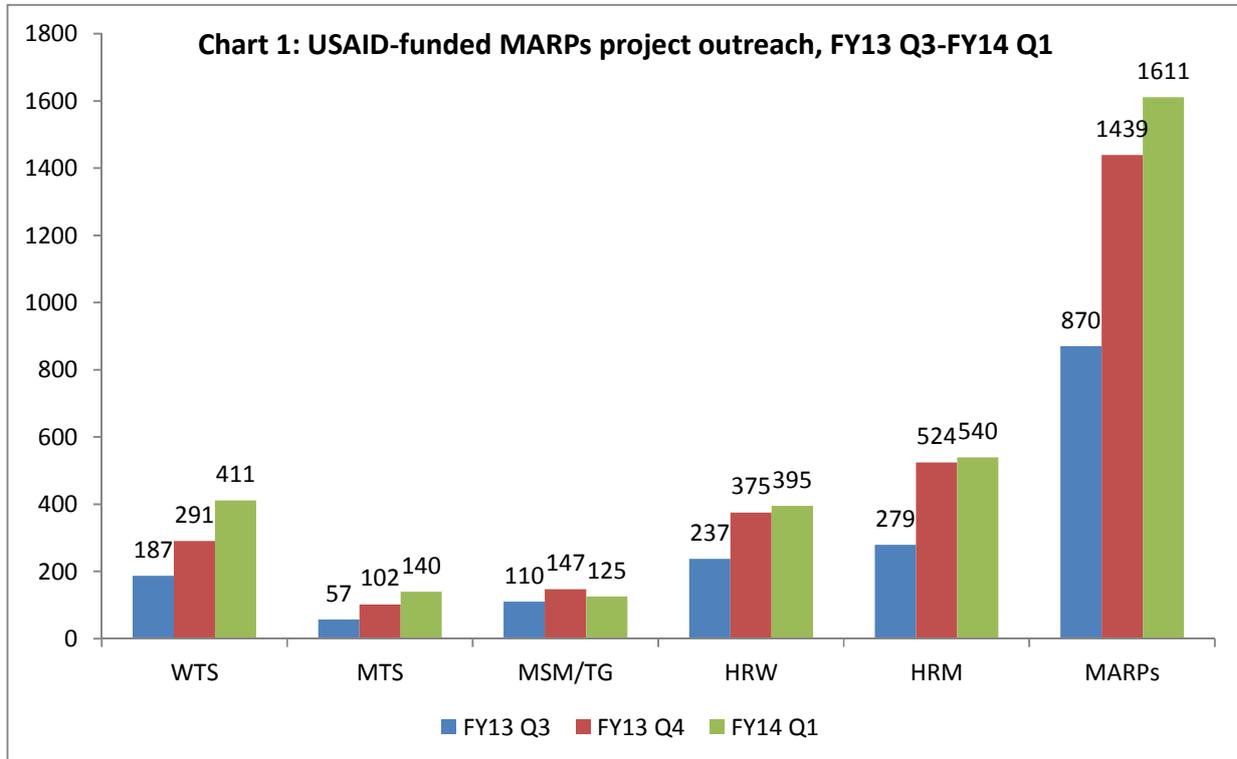
- FHI 360 suspended project activities by People Living With Higher Aims (PLWHA) in December to investigate possible financial mismanagement. This suspension slowed down the pace of the project in Madang and delayed December reporting.
- NDoH delayed the provision of written approval for the Koki and KilaKila clinics to proceed with ART services; providers were reluctant to proceed with only verbal approval.

#### **PROGRAM MANAGEMENT AND DEVELOPMENT**

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

During FY14 Q1, FHI 360 continued to support local partner agencies to promote safer sexual and health-seeking behaviors in accordance with the Strategic Behavioral Communications strategy for FY13-14. Thirty peer educators (20 from NCD and 10 from Madang) reached a total of 1611 MARPs (411 Women in transactional sex [WTS], 140 men in transactional sex [MTS], 125 MSM/transgender (TG), 395 high risk women and 540 high risk men) through one-to-one contacts (see Chart 1).

The total number of MARPs reached in Q1 was 172 individuals or 12.0% more than the number reached in Q4 of FY13. During this reporting period, peer educators also reached a total of 3934 individuals through small group interventions (slightly more than the number reached in previous quarter).



During FY14 Q1 FHI 360 took numerous steps to further strengthen outreach and behavior change programming:

- On October 17th, FHI 360 facilitated a half-day meeting to discuss attitude and communication issues among peer educators. The participants included the Chief of Party and the program team from the MARPs Project, Project Coordinators, M&E Officers and Peer Educators of Salvation Army and Four Square Church. A total of 30 participants (14 men and 16 women) attended the meeting, including four members of the FHI 360 program and technical teams. The discussion topic was “identifying the qualities of peer educators.” Barriers and challenges to effective interventions were also discussed. Ways forward from that meeting included rescheduling of peer outreach intervention to the afternoon for Four Square Church and evening for Salvation Army.
- In November, the FHI 360 program team provided TA to partner organizations in NCD to conduct a quality assessment (QA) of the outreach intervention based on the previously developed Outreach QA/QI Checklist. The purpose of this exercise was to assess the performance of each peer educator and develop targeted training and mentoring programs aimed at strengthening outreach quality. The findings indicated that most of the peer educators were not using the decision tree; others were not properly filling the daily diary; and there was no differentiation between old and new contacts. FHI 360

Madang staff also met with PLWHA staff on 17th December to discuss finance issues and roll out the peer education/outreach QA/QI in Madang. The checklist was introduced; however, the assessment was delayed due to the above-mentioned investigations by FHI 360 for financial mismanagement.

- FHI 360 introduced new communications materials as envisioned under the FY13-14 Strategic Behavior Change Communications plan. This included distribution to peer educators of 500 risk assessment cards for use in discussing risky sexual behaviors and risk reduction options. These cards improved upon previously developed tools by depicting MSM/TG-specific risk behaviors. FHI 360 also engaged a photographer to finalize the “What to Expect When You Come for a Check-up” booklet. Photo shoots were held at Koki Clinic, Ela Beach VCT Centre and Ela Beach, using project volunteers. FHI 360 also translated the booklet into Motu and Pidgin. The booklet will be printed in Bangkok in the Q2. Finally, FHI 360 distributed referral cards to partner organizations in NCD and Madang, and oriented outreach and clinical team members on how to distribute them. The cards were designed by FHI 360 and approved by NDOH and NACS. A total of 7500 referral cards were printed for outreach teams, and 7500 for use by clinical service providers.

In Q1 of FY14, FHI 360 distributed a total of 589 SBCC materials to implementing partners and entertainment establishments, as well as to community members during community events. These materials included the following:

- 442 coasters with condom promotion messages
- 15 self-care cards, booklets and posters
- 20 T-shirts with condom messages
- 100 T-shirts with GBV reduction messages.

FHI 360 partners in NCD and Madang continued to distribute boxes of condoms and lubricants either directly to beneficiaries during individual and group sessions or indirectly through outlets. Three partner organizations (Four Square Church, Salvation Army and PLWHA) distributed a total of 147,513 condoms (142,576 male condoms and 4,937 female condoms) and 124,038 lubricant packages to members of the target populations, representing increases of 24.1% and 20.9%, respectively, over the previous quarter.

Finally, FHI 360 and local partners conducted a number of community-based events to expand the behavior change and service promotion model beyond one-to-one peer outreach, including a pre-World AIDS Day community activity on November 29 at Ela Beach focused on promoting HIV counseling and testing. This event was set up in two tents, one providing communication materials, condoms and lubricant, and education and demonstration, while the other was used

to promote the day's activities, which included free medical check-ups, HIV counselling and referral for HIV testing, and a gay fashion show. Project staff also conducted the Snakes and Ladders and Risk Assessment games to help participants learn about HIV. An estimated 200-300 people participated in the community event, including 33 individuals (19 high-risk men, 9 high-risk women, 1 WTS, 3 low-risk men and 1 low-risk woman) who were tested at the Ela beach VCT centre. One individual tested positive, was enrolled at Koki Clinic for HIV care and is undergoing pre-ART counselling and received treatment to prevent opportunistic infections.

The FHI 360 SBC Officer also conducted coordination meetings with the management of Penthouse Night Club, Armani Night Club, Illusion Club, Koki Rest Inn, and Chillie Peppers Inn. In each of the meetings the SBC Officer informed the club management of upcoming edutainment activities and ensured that establishments had an adequate supply of IEC materials, condoms and lubricants. In November, 300 coasters with messages promoting consistent and correct condom use were distributed to Illusion, Penthouse and Armani Club.

In December, FHI 360 also coordinated successful edutainment shows by both NCD-based outreach teams. On December 10, the Salvation Army outreach team conducted a night intervention at Illusion Club for more than 50 audience members. The intervention was a Condom Pop game whereby participants pop a condom and answer or discuss the questions in the condom. The Four Square Church outreach team conducted a similar intervention at the Armani Club on December 12.

The FHI 360 program team and partner organizations conducted three separate monthly Peer Support Group (PSG) meetings for MSM and WTS during this reporting period:

- Condom Negotiation Skills – held Oct. 7-8, and attended by 21 WTS and 21 MSM/TG
- Financial Literacy sessions – held on Nov, 4-5 and attended by 30 WTS and 20 MSM/TG. Following the support group meeting, 11 WTS successfully opened their bank accounts with PNG Microbank. During these meetings Four Square Church also promoted an English literacy program they will be running in NCD.
- Sport Activity – held on 3rd December and attended by 24 WTS and 19 MSM/TG with the intention of creating an atmosphere to break down communication barriers. PEs set up a tent and distributed IEC materials and condoms while volleyball and basketball games were played.

FHI 360 facilitated the first workshop involving different NCD-based governmental, non-governmental and faith-based organizations providing HCT services, services for survivors of gender based violence and STI services. The workshop was aimed at finalizing the service provider information booklet which is under preparation by FHI 360. The book is intended to

serve as a tool for referrals of target beneficiaries by service providers as well as by the outreach team. The workshop was held on 26<sup>th</sup> November and attended by 24 participants (8 men and 16 women) from 15 different organizations.

The FHI 360 SBC Officer represented FHI 360 as a member of the Condom Co-ordination Program (CCP) Committee which meets monthly to coordinate supply and distribution of condoms. The November meeting was focused on preparations for the CCP workshop held in December in Port Moresby.

Data missing on indicator – PwP P7.1D

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

FHI 360 continued supporting local partners to provide clinical services at a number of sites in NCD and Madang. Koki Clinic began providing HCT, OI and STI clinical services during this reporting period after meeting the NDoH accreditation standards during a pre-assessment conducted on 13<sup>th</sup> October.

Four project clinics provided STI management services in Q1: Id Inad Clinic in Madang and Kilakila Clinic, Kaugere and Koki clinics in NCD. Overall, 270 individuals (129 men and 141 women) received STI diagnosis/screening and treatment services during the first three months of FY14, a 12.1% decline over the previous quarter. Fifty percent (n=135) of clients served were MARPs (19 WTS, 2 MTS, 4 MSM/TG, 46 high-risk women and 64 high-risk men) (see Chart 2). The other 135 clients (76 women and 59 men) were categorized as low risk based on the decision tree tool; however, these clients may have practiced risky sexual behavior in the recent past or been referred by higher-risk sexual partners. Of the total number of clients screened for STI, 212 visited the clinics with signs and symptoms of STI, 55 were asymptomatic, 2 were for follow-up and 1 client was a GBV survivor requiring STI diagnosis and treatment.

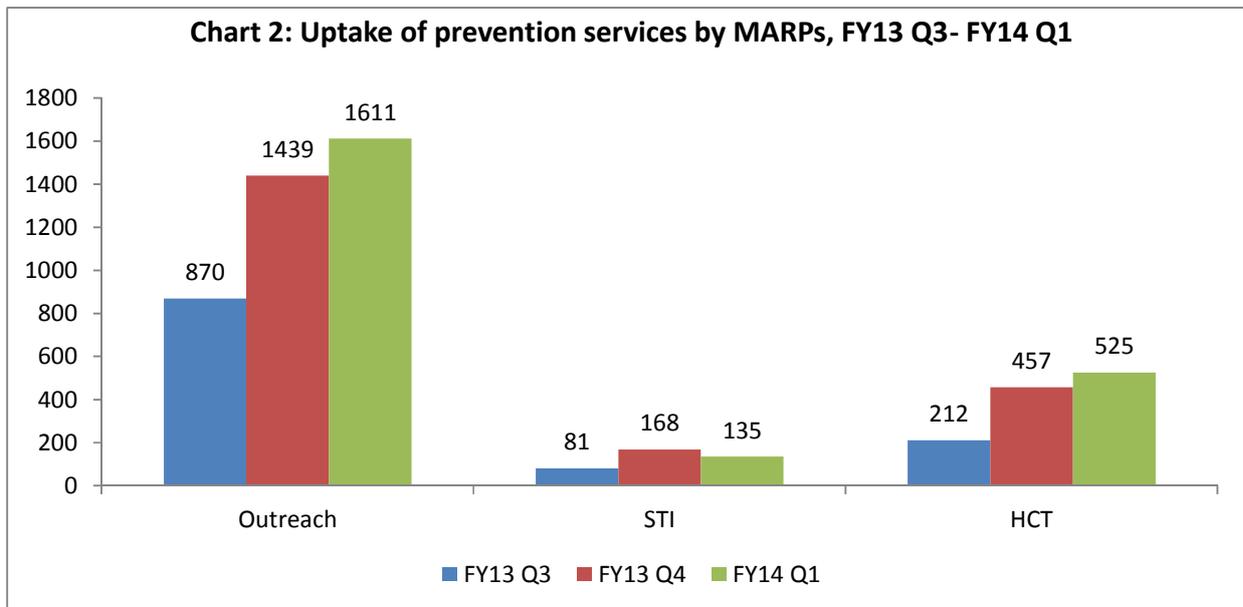
In addition, 807 individuals (345 men and 462 women) received HIV counseling and testing across five HCT sites during this reporting period, including 18 children under 15 years old. Of these, 525 or 65.1% were MARPs. This represents a 14.9% increase in the number of MARPs tested over the previous quarter (as a result of launching services at Koki Clinic) and an increase in the proportion of all clients served who are MARPs over the same period (as a result of more targeted referral by peer educators). During this reporting period, 57 HCT clients, (7.1%) tested positive for HIV, an increase over the previous quarter's case-finding rate. The testing breakdown is as follows:

- 83 WTS were tested, with a case detection rate of 8.4%
- 49 MTS were tested, with a case detection rate of 4.1%

- 19 MSM/TG were tested, with a case detection rate of 5.3%
- 169 high-risk women were tested, with a case detection rate of 16%
- 205 high-risk men were tested, with a case detection rate of 7.3%

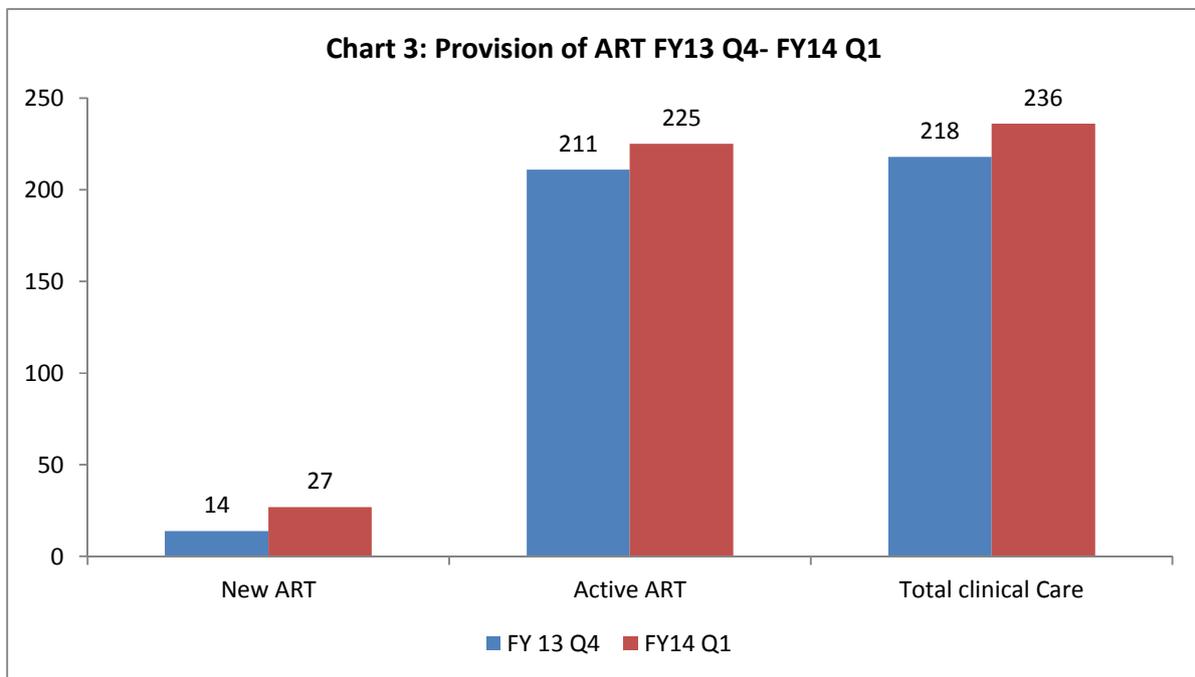
Among those clients deemed low risk based on self-reported behavior, 4.2% of men and 1.0% of women tested HIV positive. Particularly among male low-risk clients, this may call into question the accuracy of self-reported behavioral data.

Of the total clients tested, 201 individuals (103 men and 93 women) including 5 children (2 boys and 3 girls) under the age of 15 were tested at Id Inad Clinic in Madang while the other 606 individuals (242 men and 369 women including 12 children under 15) were tested in the four sites in NCD.



During this reporting period, both the Koki and Kilakila clinics completed the pre-assessment required for accreditation of ART services by NDoH and were verbally notified that they met accreditation standards and could administer OI prophylaxis and commence ART rollout as of January 2014. Services have since begun in Kilakila while Koki Clinic is awaiting recruitment of a certified OI/ART prescriber. Services have been delayed at the Salvation Army following the resignation of the trained ART nurse. The recruitment process for a replacement ART prescriber is underway; however, high staff turnover continues to be a challenge for this project. FHI 360 and partner organizations have begun discussing retention plans for clinical staff.

In Q1 Id Inad Clinic provided clinical care and support services for 236 HIV positive individuals (92 men and 144 women including 15 children under 15 years of age). Id Inad reported 27 new ART clients (14 men and 13 women) enrolled during Q1, and a total of 225 HIV positive individuals active on ART at end of December 2013 (87 men and 138 women including 15 children under 15 years of age). This represents a 93% increase in the number of new ART clients, and a 7% increase in the total number of active ART clients under care (see Chart 3). These numbers are expected to increase further once newly accredited services in NCD are launched.



A total of 23 clients who received clinical care services during the quarter were referred and subsequently screened for TB at TB clinic in Modilon Hospital. Besides, 24 clients including 14 males and 10 females received cotrimoxazole (CTX) treatment in Q1 including 2 children under 15 years of age.

In addition to increasing uptake of OI/ART services, during this period FHI 360 worked to improve service availability and quality. In November, Dr. Anup Gurung, FHI 360’s former senior technical officer for care and treatment, conducted a five-day practical OI/ART training for clinical care staff of Salvation Army and Four Square Church. The training included three days of

theoretical sessions and two days of practical demonstration and clinical set-up. Topics covered included the use of antiretroviral drugs in adults and adolescents and opportunistic infections. Participants included 8 clinicians (3 men and 5 women) as well as an FHI 360 Program Officer.

FHI 360 also supported two staff from Salvation Army to attend a training on provider-initiated counseling and testing (PICT) organized by NDOH. Senior HCT Counselor Momoru Nao attended the two-week training at Lamana Hotel beginning on 2nd December, 2013, while peer educator Dorothy Buka attended a two-week training beginning December 9th.

Finally, FHI 360 and Salvation Army conducted a clinical coordination meeting on 8<sup>th</sup> December focusing on strengthening clinical service quality. One of the main issues discussed was the delay in commencement of laboratory services due to lack of required reagents at the area medical store. Requisition forms have been filled and submitted to CPHL; in the meantime, participants resolved that reagents should be procured from project funds if there are still no supplies by February 2014. In the interim, the Salvation Army medical officer and lab technician are liaising with the Anglicare and Heduru (CPHL) laboratory managers to process baseline hematology tests to determine CD4 count, haemoglobin and biochemistry levels for confirmed HIV cases.

In Madang, the Id Inad Clinic has begun using the point-of-care Pima CD4 machine procured with project funds. In the first two months of FY14, the clinic conducted 112 CD4 tests using the new machines, including 86 tests for HIV-positive individuals (38 males and 48 females), 3 repeat tests and 24 Pima control tests. Apart from testing all new clients and initiating ART, the clinic is planning to do CD4 counts of all the PLHIV in its register and set a baseline. It will then conduct CD4 counts every six months to monitor the health of its clients.

FHI 360 Madang staff conducted a meeting of all case management team (CMT) members on December 20, 2013 to understand how they work and how best we can support them. A draft TOR has been created and will be shared with CMT members and the PLWHA project coordinator and FSO to enable CMTs to work effectively. It was also raised in the meeting that the clinic staff are occasionally unfriendly to clients and most clients do not feel comfortable coming to the clinic. One of the issues is the lack of adequate numbers of clinical staff resulting in high workload of the existing staff. Modilion General Hospital has now appointed a medical doctor to increase the number of staff. A sensitization workshop and mentoring visits are planned in Q2.

Data on 4 indicators are missing – Care for family members and partners of PLHIV C1.1D

TB referrals or TB testing for PLHIV C2.4D (addressed)

PLHIV receiving CTX C2.2D (addressed)

Alive on ART after 12 months T1.3D

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

FHI 360 under the USAID project has taken a dual track approach to address gender-based violence: simultaneously seeking to mitigate the effects of GBV for survivors through the provision of healthcare and other supportive services and to lessen the incidence of violence by targeting the general population through social and behavior change communications and advocacy activities. During this reporting period, FHI 360 and local partners provided key training for healthcare service providers and began to roll out facility-based services.

FHI 360 supported a five-day training on trauma counseling for 13 health care workers (4 men and 9 women), including clinicians and counselors from Salvation Army and Four Square Church as well as staff of the House of Hope GBV Shelter and the Kaugere Women's Resource Centre. The training was facilitated by Dr. Rohini Ramamurthy with support from the FHI 360 program team. The FHI 360 Country Director also met with Salvation Army project staff (including the manager of House of Hope) to discuss successes, challenges and the way forward in addressing GBV. In a separate meeting, FHI 360 program and technical staff met with the Salvation Army to discuss the development of flow charts, guidelines and M&E tools for House of Hope. These tools will be completed and rolled out in Q2.

During this reporting period, nine women sought refuge at the Ela Beach House of Hope. Five of them were victims of psychological abuse, three suffered neglect from their partners or family members because they are HIV positive and one escaped a forced marriage. Six of these survivors received trauma counseling services from the Ela Beach VCT Center before being referred to the House of Hope. The other three accessed House of Hope directly. A 23-year-old mother and her daughter were referred by Care International to House of Hope at Ela Beach on 14 December as the mother was forced into a marriage she did not want. She was also forced to have sex with her stepfather and uncle. **Healthcare workers provided post-exposure prophylaxis before referring her to House of Hope.** Both the mother and the daughter left the shelter to join the family of the mother's father before December 24, 2013.

Kaugere Women's Resource Centre also provided shelter for 9 survivors most of whom were survivors of multiple types of violence. Of the total that sought refuge at KWRC 6 were survivors of both physical and psychological abuse. Two of the clients were survivors of sexual

assault and psychological abuse while 1 was survivor of marital rape. All three cases were referred from PNG Law Development Association. The association helped the three women to file court cases against the perpetrators and referred them to KWRC while the court cases were going on. Besides the shelter services, counseling was provided to the clients.

FHI 360 also participated in a number of advocacy events intended to promote positive norms around GBV and PLHIV. Project staff along with Salvation Army organized a Prayer Day on World AIDS Day, which was attended by all the Salvation Army pastors along with project staff, peer educators and their peers. Participants lit candles and prayed for PLHIV and those who have died.

The Family Sexual Violence Action Committee and FHI 360 also organized Orange Day on December 10<sup>th</sup> to mark Human Rights Day and to officially end the 20 days of activism. It was held at the Rita Flynn Netball Courts at Bisini Parade Boroko in NCD. The aims of the day were to commemorate International Human Rights Day, with special attention to the target populations (TGs/MSMs &FSWs) and their struggles against stigma and discrimination, and to thank all partners in the 20 days of activism and recognize those who made significant contributions to human rights work. The day's activities included speeches, a reading of the 30 articles of the United Nations Declaration of Human Rights; presentation of volunteer awards, netball games and a release of balloons into the air to signify hope for all those who have been discriminated against because of their sexual orientation, gender, race, religion or political views.

A total of 13 organizations participated in the event. These included Youth Against HIV/AIDS (YAHA), NCDC Gender Desk, GESI Policy, World Vision, Oxfam, Department of Justice and Attorney General, UN Women representative, Igat Hope, Kapul Champion, Salvation Army, Four Square Church, Family and Sexual Violence Action Committee (FSVAC)-CIMC and FHI 360 PNG.

Data missing on indicator PEP P6.1D

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

In order to ensure gains made under the USAID program are sustainable, FHI 360 remains committed to strengthening existing health services for effective HIV/AIDS service delivery. In addition to training for healthcare workers, during this reporting period the FHI 360 PNG finance and administration manager also conducted a one-day financial management workshop for 11 participants (3 men and 8 women) including finance and program officers of local IAs and the FHI 360 country office. Training sessions covered the implementing agency awards, financial management systems, financial reporting, cost sharing and monitoring and audit.

The FHI 360 Senior Technical Officer (M&E) provided ongoing mentoring and technical support to Four Square Church and Salvation Army M&E officers, focusing on data management and reporting. Training on data analysis and effective interpretation and presentation of data was rescheduled to Q2 due to M&E team having only one staff. The M&E officer also provided technical support to PLWHA to address questions about using the decision tree, filling of daily diary forms, and using the referral card. Id Inad Clinic staff also received technical support focusing on data quality assessments and refining of electronic data for OI/ART monitoring.

FHI 360 continues to explore and test different data management systems to improve data collection, collation and analysis, including trialing data management and reporting software known as Filemaker Pro using a trial version downloaded from the Internet. Further tests will be conducted on a trial database using the internet to upload data. As reported in FY13, the FHI 360 M&E team helped set up simple databases in Microsoft Excel to assist partner organizations to manage and report quality data on a timely basis.

During this period, the FHI 360 M&E team conducted data verification exercises with staff of Four Square Church and Salvation Army in NCD, and PLWHA and Id Inad Clinic in Madang.

Finally, the FHI 360 STO (M&E) was officially invited by the NDoH STI and HIV/AIDS Surveillance Unit to participate in a data analysis lockdown workshop held at Shady Rest Hotel from November 1<sup>st</sup> to 7<sup>th</sup>. The purpose of the lockdown was to enable staff to analyse national HIV/AIDS surveillance and program monitoring data for 2012. The FHI 360 STO (M&E) completed analysis of two databases (the HIV case reporting form and the HIV counselling and testing form), and participated in a TOT for the new surveillance forms developed by NDoH and NACS. FHI 360's contribution to the 2011 Annual STI and HIV/AIDS surveillance report was acknowledged in the report which was officially launched in a national dissemination workshop on 29<sup>th</sup> November, 2013.

## 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>1</sup>	Yearly target	Achievement during reporting period
<b>Objective 1 (IR 2.1): To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families</b>			
Activity 1.1.1 Review and modify the SBCC strategy		N/A	Accomplished in FY13.
Activity 1.1.2 Adapt and develop new innovative and MARP-appropriate SBCC materials		N/A	On-going: completed production of risk cards and currently developing STI photo booklet.
Activity 1.1.3 Distribute the 1 Taim U: blo trupla man condom	Number of condoms distributed (non-PEPFAR)	300,000	147,453 condoms (142,576 cola scented male condoms and 4,937 female condoms) distributed to MARPs by IAs

<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
<p>Activity 1.1.4</p> <p>Explore creative methods for delivering messages to MARPs</p>		N/A	Accomplished: The methods for messaging are identified as part of the SBCC Strategy
<p>Activity 1.2.1 recruit and replace outreach team members</p>		N/A	1 peer educator replaced by Salvation Army; Others will be replaced in Q2.
<p>Activity 1.2.2</p> <p>Provide training and mentorship to IA staff and outreach team members to reach MARPS with effective approaches.</p>	<p>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)</p>	7,000	<p>Ongoing: FSOs and outreach team from three IAs were mentored on peer education.</p> <p>On-going: 1611 MARPs (411 WTS, 140 MTS, 125 MSM/transgender men (TG), 395 high risk women and 540 high risk men) were reached</p> <p>3934 MARPs were reached through group sessions.</p>

Planned activities	Indicators <sup>1</sup>	Yearly target	Achievement during reporting period
Activity 1.3.1 Establish and strengthen linkages and relationships between MARP members and service providers through monthly meetings with key stakeholders		N/A	<p>Ongoing: Service Providers Workshop was conducted at Holiday Inn, NCD to established and strengthen referral pathways and linkage.</p> <p>Relevant information to update Service Providers Booklet was obtained from Service Providers during the Service Providers workshop 26/11/13.</p>
Activity 1.3.2 Establish coordination meeting with FSVAC and implementing partner organizations		N/A	On-going: held meetings with FSVAC
Activity 1.4.3 Advocate and assist in forming a MARPs TWG		N/A	Not yet initiated but rescheduled for Q2.
<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 Consolidate services in clinical sites		3 clinical sites	On-going: All clinics registered in NCD and verbal approval for provision of ART services given for two new clinics in NCD.

Planned activities	Indicators <sup>1</sup>	Yearly target	Achievement during reporting period
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	26 individuals trained including 13 clinical staff were trained in trauma counselling; 11 trained in OI/ART and 2 in PICT.
Activity 2.2.2 Provide a suite of specialized training		N/A	Refer to summary reported under Activity 2.1.2
Activity 2.2.3 Provide TA to GoPNG		N/A	On-going: provided TA to NDoH Surveillance Unit and NACS.
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; none in NCD due to delay in accreditation of ART sites.
Activity 2.4.1 Conduct regular meetings of the CoPCT-CC		N/A	CoPCT CC was delayed by Madang PHO.
Activity 2.5.1 Work closely with partners		N/A	On-going: Worked closely with partners to implement and consolidate services for MARPS in NCD and Madang.

Planned activities	Indicators <sup>1</sup>	Yearly target	Achievement during reporting period
Activity 3.1.1 Conduct Media Advocacy		N/A	Ongoing: GBV programs aired on provincial radio stations
Activity 3.1.2 Expand the 16-day activism campaign leading up to world AIDS Day		N/A	Accomplished in Q1.
Activity 3.1.4 Support health care and outreach teams to handle GBV cases		N/A	Training conducted as stated above in 3.1.5.
Activity 3.1.5 Collaborate with legal aid service providers		N/A	On-going: Igat Hope provided legal information to Salvation Army counselors and PEs.
Activity 3.2.1 Train peer educators		30 PEs	Training of peer educators will begin in Q2 of FY14 once clinical services and safe houses are established.
Activity 3.3.1 Promote a comprehensive package of services		N/A	Not initiated: Training for trauma counseling done; clinical services will begin in Q2 in NCD.
Activity 1.4.2 Continue to participate actively on national gender TWGs		N/A	On-going: There was no GBV TWG meeting in Q1.

Planned activities	Indicators <sup>1</sup>	Yearly target	Achievement during reporting period
Activity 3.3.2 Continue active involvement in policy-making bodies		N/A	On-going: There was no meeting on policy in Q1.
Activity 3.3.3 Identify community safe houses		N/A	Achieved: Two safe houses have been identified in NCD
<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	Accomplished in Q3 of FY13;
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	On-going: none in Q1 but training planned for Q2.

Planned activities	Indicators <sup>1</sup>	Yearly target	Achievement during reporting period
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 of OI/ART installed in Madang; existing formats refined.
Activity 4.1.5 Conduct data quality audit		N/A	On-going: 1 round of data validation exercises was conducted in Q1 in NCD and Madang.
<b>Total Indirect Costs</b>			

The table below lists only the activities focused on start-up which were meant to be ongoing activities to be implemented in FY14.

Planned activities	Yearly target	Achievement during reporting period
<b>Program Management and Development</b>		
Develop an M&E training Schedule for partners	N/A	Training schedule was developed as part of the TA plan for M&E team.
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 teams and finance training also conducted
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.
Submit quarterly progress reports to USAID	4 reports	On-going: Q4 report approved by USAID following revision while this is Q1 report for FY14.
Submit SF425 to USAID		On-going: To be submitted to USAID by FHI 360
Submit semi-annual and annual progress reports to USAID	2 reports	On-going: annual progress report for FY13 was completed in Q1 of FY14 and approved by USAID following revision.

## CORRELATION TO PMP

Below our table summarizes the PMP indicators and achievements towards FY14 targets in quarter 1 (Q1)

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q1 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	7,000 individuals	1611 individuals  (including 411 WTS, 140MTS, 125 MSM/TG, 395 HRW and 540 HRM) reached through individual interactions	PE and OV daily diaries:  - Weekly from PEs and OVs to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	Quarterly target is 1750 so Q1 data fell short due to slowing down of activities for Christmas.
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	Yet to be determined.	Report from FHI 360:	BSS will be in FY15,
IR 1.2 Improved health seeking behavior					

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q1 Achievements	Monitoring: 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	2000 individuals	807 individuals ( 345 males and 462 females) including 525 MARPS (83 WTS, 49 MTS, 19 MSM/TG, 169 HRM and 205 HRW)	Daily Client register - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	Q1 data for MARPS accounted for 26.3% which was just over the quarterly target of 500 (25.0%). 26 MARPs referred to Bethany VCTC by PLWHA not included in total MARPS tested.
4. PEPFAR Output (C2.1.D)	Number of individuals who received STI management services	1,500 individuals	270 individuals ( 129 males and 141 females) including 135 MARPS (19 WTS, 2 MTS, 4 MSM/TG, 110 other high risk population)	Daily Client register - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	Q1 data for MARPS accounted for 9.0% which was way below the quarterly target of 375 (25.0%) caused by staff absenteeism.
.5. Program Output	Number of individuals sensitized on S&D	150 individuals	No formal sensitizations were held	Daily Client register - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	Target for FY13 was exceeded

Strengthening HIV /AIDS Services for MARPS in PNG Program

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q1 Achievements	Monitoring: data source and periodicity	Justification
6. Program Output	Number of condoms distributed	300,000 condoms	147,453 condoms (142,576 colored scented male condoms and 4,937 female condoms) distributed to MARPs by IAs	Daily OV/PE Dairies: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Exceeded quarterly target of 75,000 condoms in Q1 due to increase in the number of condoms placed in outlets.
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	250 clients	225 HIV positive individuals (87 males and 138 females) including 15 children were active on ART	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	ART services in NCD will commence in Q2 following accreditation of Clinics in Q1. Data is from Id Inad Clinic in Madang only.
8. Program outcome	Percent of adults and children lost to follow-up during the reporting period	TBD	1.3% of HIV positive individuals	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Data is from Id Inad clinic which is an existing clinic. Services have yet to begin in NCD.

	<b>Objectives, Intermediate Results (IR), and Indicators</b>	<b>FY14 targets</b>	<b>Q1 Achievements</b>	<b>Monitoring: data source and periodicity</b>	<b>Justification</b>
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	Not measured.	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Will attempt to calculate this indicator for Id Inad Clinic in Q2 once data entry is consolidated.
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	100	PwP implemented in Madang but not yet measured.	- Monthly from IA & FHI 360; - Quarterly from FHI 360	Awaiting commencement of ART services in NCD; CMT in Madang were trained but reporting tool needs to capture this indicator.
11. PEPFAR Output (C1.1.D)	Number of eligible adults and children provided with a minimum of one care service  This indicator refers to family members and partners of PLHIV. You cannot use the same number as C2.1D.	500 clients?		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>FY14 targets</b>	<b>Q1 Achievements</b>	<b>Monitoring: data source and periodicity</b>	<b>Justification</b>
12. PEPFAR Output (C2.1.D)	Number of eligible adults and children provided with a minimum of one clinical care service	500 clients	236 clients (92 males and 144 females including 15 children)	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Services only provided in Id Inad Clinic as NCD clinics will finally commence ART services in Q2. Only clinical care provided in Madang.
13. PEPFAR Output (C2.2.D)	Number of HIV-positive persons receiving cotrimoxazole prophylaxis.	120	24 clients ( 14 males and 10 females including 2 children)	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Id Inad data only represents 20% of annual target slightly below quarterly target of 25%.
14. PEPFAR Outcome (C2.4.D)	TB/HIV: Percent of HIV positive persons who were screened for TB in HIV care and treatment settings	80%	23 clients screened for TB (10.2% of clients being cared for this quarter)	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Indicator C2.1.D was taken as denominator however clients screened for TB prior to October 2013 were also cared for.

	<b>Objectives, Intermediate Results (IR), and Indicators</b>	<b>FY14 targets</b>	<b>Q1 Achievements</b>	<b>Monitoring: data source and periodicity</b>	<b>Justification</b>
15. PEPFAR Output (T1.1.D)	Number of adults and children with advanced HIV infection newly initiated on ART	100 clients	27 new clients (14 males and 13 females including 3 children) initiated on ARV in Id Inad Clinic	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Data only from Id Inad Clinic for alone exceeded quarterly target of 25. NCD clinics will commence ARV services in Q2 of FY14.
<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	4 trainings	3 trainings (1 for ART, 1 for GBV trauma counselling and 1 for financial management)	Training Reports	Quarterly training target exceeded.
17. Program Output	Number of project staff trained in service delivery	190 individuals (30 volunteers, 40 clinical staff, 30 non-clinical staff)	39 individuals trained in various areas as stated under Indicator 16 above	Training Reports/Trip reports/Monthly updates	Below quarterly target of 48 reached due to more training in FY13.
<b>Objective 3. To increase the use facility and community-based gender and gender-based violence interventions</b>					

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q1 Achievements	Monitoring: data source and periodicity	Justification
18. PEPFAR Output  (Gender)	Number of people reached by a USG-funded interventions providing GBV services	150	9 women received trauma counseling at Ela Beach House of Hope.	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	Delay in accreditation of OI/ART services affected training and commencement of other GBV services in NCD.
19. Program Output	Number of referrals from HIV-related interventions to GBV services	50	6 survivors were referred to GBV services in Ela Beach House of Hope	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	Delay in accreditation of ART Clinic in NCD

Strengthening HIV /AIDS Services for MARPS in PNG Program

	<b>Objectives, Intermediate Results (IR), and Indicators</b>	<b>FY14 targets</b>	<b>Q1 Achievements</b>	<b>Monitoring: data source and periodicity</b>	<b>Justification</b>
20. PEPFAR Output (P6.1.D)	Number of persons provided with PEP	100	Comprehensive GBV services not provided in Q1	Clinical daily registers; IA monthly summary forms:  - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	No GBV-related services apart from trauma counseling were provided in Q1.
21. Program Output	Number of clinical providers trained in GBV case management	15	13 participants (4 males and 9 females) were trained in trauma counseling.	Training reports:  - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID	Target achieved.
22. Program Output	Number of PEs, OVs, and OWs trained in SBCC messaging for GBV	30	Not yet trained due to delay in initiation of GBV services	Training reports:  - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID	Training for trauma counseling conducted and outreach team will be next in FY14.

	<b>Objectives, Intermediate Results (IR), and Indicators</b>	<b>FY14 targets</b>	<b>Q1 Achievements</b>	<b>Monitoring: data source and periodicity</b>	<b>Justification</b>
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	Not measured.	Trends module on GBV applied by PEs, OVs, and OWs:  Bi-annual (twice per year)	GBV Trends was not conducted in Q4 and will never be conducted; BSS will be conducted instead in FY15.
24. Program Outcome	Percentage of target population that reports knowing where to seek help if they suffer from physical or sexual abuse.	TBD	Not measured.	Trends module on GBV applied by PEs, OVs, and OWs:  Bi-annual (twice per year)	GBV Trends was not conducted in Q4 and will never be conducted; BSS will be conducted instead in FY15.
<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	35	39 individuals as reported in indicator 17 above.	FHI 360 training log:  - Quarterly from program (FHI 360) records - Quarterly from FHI 360 to USAID	Target exceeded.

	<b>Objectives, Intermediate Results (IR), and Indicators</b>	<b>FY14 targets</b>	<b>Q1 Achievements</b>	<b>Monitoring: data source and periodicity</b>	<b>Justification</b>
26. PEPFAR Output (H1.1.D)	Number of people trained in data collection, reporting and use at provincial and national level	TBD	none	FHI 360 training log:  - Quarterly from program (FHI 360) records - Quarterly from FHI 360 to USAID	MARPS project staffs will be trained in Q2.
27. PEPFAR outcome (H1.2.D)	Percentage of testing facilities (laboratories) that are accredited according to national or international standards tests	2	2 clinical laboratories have been established (100%).	Narrative reports:  - Program (FHI 360) records - Quarterly from FHI 360 to USAID	
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				

	<b>Objectives, Intermediate Results (IR), and Indicators</b>	<b>FY14 targets</b>	<b>Q1 Achievements</b>	<b>Monitoring: data source and periodicity</b>	<b>Justification</b>
29. Program Output	Number of facilities reporting no stock out of ART, OI and STI drugs in the last three months	4	stockout not assessed.	Monthly program updates	Resignation of Dr Anup Gurung.
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	Resignation of Dr Anup Gurung
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

### **Provide ongoing technical assistance through participation on the government technical working groups**

#### **Conduct semi-annual meetings with USAID to discuss sustainability and transition plans**

On November 27, 16 representatives from key partner organizations including NDoH and NCD Health Services attended the first in a series of meetings convened by FHI 360 to discuss project sustainability beyond FY17. At this first meeting, government representatives discussed their views regarding how donor partners and NGOs should be working in PNG. Some of the issues raised were:-

- Government will now be working to ensure that policies are integrated and implemented by partner organisations.
- NGO partners should provide MARPs-friendly services and examine pathways linking them to the government health care system.
- Partners should build technical capacity of MARPs-friendly service providers to provide quality health care services as per NDoH clinical guidelines.
- The Government recognises and appreciates that partnership is important; however, duplication of services is a concern and so the government is again taking a stand that dialogue and consultative meetings are convened and MOU's drawn up and signed by all parties before any organisation is established.
- Logistical issues (transportation) remain a major government constrain for programs.

FHI 360 is now taking the highlighted issues into consideration and working to ensure that relevant government standards, protocols and requirements are linked into the IAs' operations in terms of reports, collating of data and indenting of drugs and laboratory reagents.

#### **Conduct refresher training on financial management based on the guidance provided in NUPAS**

Training session on NUPAS will be conducted in Q2.

#### **Provide technical assistance and onsite mentoring on financial monitoring and narrative reporting**

FHI 360 conducted training on financial management of sub-agreements on October 04<sup>th</sup> for the FHI 360 program and finance team. Participants for the one-day workshop included NCD-based IA program coordinators and finance officers as well as FHI 360 country office finance and program officers. Training sessions covered the following key financial areas:

- Implementing agency awards

- Financial management systems
- SFR reporting
- Cost shared
- Monitoring and audit

**Conduct quarterly partner meetings with FHI 360, USAID and four partners in NCD to present quarterly updates on progress with targets and success stories**

The first meeting was conducted as part of the sustainability meeting with NCD health services and other partner organizations. The quarterly meetings will continue in Q2 of FY14.

**Provide proactive onsite mentoring and monitoring**

Ongoing onsite mentoring and monitoring of project activities was conducted by FHI 360 program and technical team in Q4 as reported in detail under the four objectives below.

**Conduct refresher training on USAID rules and regulations**

The FHI 360 Deputy Chief of Party and Finance and Administration Manager attended a NUPAS training conducted by USAID Philippines. The training aimed at providing the tools to carry out capacity assessments of local organizations to receive USG funding and implement projects. Following the NUPAS training Daniel Tesfaye revised the capacity building strategy to meet the requirements outlined in the NUPAS.

Training conducted by Bhola Shrestha on financial management as reported above covered certain aspects of USAID rules and regulations.

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

**Activity 1: Develop an M&E training schedule for partners**

The FHI 360 Senior Technical Officer (M&E) developed an annual TA plan focused on M&E trainings as well as mentoring and supervisory visits to implementing partners. M&E trainings proposed for FY14 include refresher training for all data collectors aimed at consolidating the data collection and reporting system established in FY13. QA/QI training will also be conducted for all staff, aimed at improving the quality of program implementation. The third M&E training will aim at assisting staff to conduct effective analysis and presentation of program data.

**Activity 3: Conduct meetings/teleconferences with USAID AOR, Activity Manager and Chief of Party**

The Chief of Party and Deputy Chief of Party have continued to hold regular meetings and teleconferences with the USAID AOR and activity manager throughout the first quarter of FY14.

**Activity 4: Submit quarterly progress reports to USAID/Philippines**

This is the first of four quarterly reports to be submitted by FHI 360 to USAID/Philippines in FY14. In Q1 of FY14 FHI 360 submitted the final quarterly progress report for FY13 which was also approved by USAID.

**Activity 5: Submit SF425 to USAID**

SF425 will be submitted by FHI 360 headquarters to USAID.

**Activity 6: Submit semi-annual and annual progress reports to USAID**

In Q1 of FY14 FHI 360 submitted an annual progress report to USAID which was approved.

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

**ACTIVITY 1.1.1: Review and modify SBC strategy**

This activity was accomplished in FY13.

**ACTIVITY 1.1.2: Adapt and develop new innovative and MARP-appropriate SBCC materials**

FHI 360 made progress on the introduction of new communications materials as envisioned under the FY13-14 Strategic Behavioral Communications plan. This included distribution of 500 risk assessment cards, which improved upon previously developed tools by including depiction of MSM/TG-specific risk behaviors, for peer educators to use in discussing risky sexual behaviors and risk reduction options. FHI 360 also engaged a photographer to finalize the “What to Expect When You Come for a Check-up” booklet. Photo shoots were held at Koki Clinic, Ela Beach VCT Centre and Ela Beach, using project volunteers FHI 360 also translated the booklet into Motu and Pidgin. The booklet will be printed in Bangkok in the second quarter.

In Q1 of FY14, FHI 360 distributed a total of 589 SBCC materials to implementing partners and entertainment establishments, as well as to community members during community events.

These materials included coasters with condom promotion messages (442), self-care cards, booklets and posters (15), and T-shirts with condom messages (20) and GBV reduction messages (100).

**ACTIVITY 1.1.3: Distribution cola-scented male condoms, female condoms and lubricants**

FHI 360 continued to distribute boxes of condoms and lubricants to partners in NCD and Madang, who distributed them either directly to beneficiaries during individual and group sessions or indirectly through outlets. Three partner organizations (Four Square Church, Salvation Army and PLWHA) distributed a total of 147,453 condoms (142,576 male condoms and 4,937 female condoms) and 124,038 lubricant packages to members of the target populations, representing increases of 24.1% and 20.9%, respectively, over Q4 of FY 2013.

**ACTIVITY 1.1.4 Explore creative methods for delivering messages to MARPs**

FHI 360 and its implementing partners Salvation Army and Four Square Church jointly held a pre-World AIDS Day community activity on November 29 at Ela Beach, which included provision of free medical check-ups, HIV counselling and referral for HIV testing, distribution of communication materials, condoms and lubricants and a transgender fashion show. The focus of the community event was to promote HIV counselling and testing through outreach activities. The community event was set up in two tents, one of which distributed communications materials and condoms and hosted condom demonstrations and small group discussions.



**Photo 1&2: Peer Educators disseminating IEC/Condom information.**

The second tent was mounted in an amphitheater where a PA system was set up for awareness and promotion of the day's activity as well as a dramatic performance about HIV/AIDS-related stigma and discrimination. The activities on the outdoor stage included other SBC games like the condom boom and the balloon pop games to disseminate key SBC messages. The highlight was the *palopa* fashion show in which the transgender persons were dressed up and parading on the stage with key SBC messages on placards.

Clinical staff members from Four Square Church and Salvation Army were housed under one large tent providing general health check-ups. Upon registration, each client received a weight check, height check and blood pressure check. The nurses reviewed the results and referred abnormal findings to the doctor and dental problems to the dental section. Minor outpatient cases were seen and treated during the check-up. Risk assessment was integrated into the general health check-up through one-on-one sessions conducted with all clients by male and female VCT counsellors. During the risk assessment, clients were offered VCT referrals, and clients who consented were escorted by PEs to the Ela Beach VCT Centre across the road.

The engagement and participation from the general public was over whelming with around 200-300 people attending the event and 33 participants accessing VCT, of whom 1 was reactive. Of the 33 individuals tested, 19 were high-risk men, 9 were high-risk women, 1 was WTS, 3 were low-risk men and 1 was a low-risk women.

FHI 360 also distributed 150 orange T-shirts with the HCT promotion message: “Protect what you love, Get an HIV test” which were given away as prizes during edutainment shows.

#### **ACTIVITY 1.2.1: Recruit and replace outreach team members**

Salvation Army began the process of recruiting one replacement TG peer educator along with an OI/ART nurse and a case management team member. A panel of Salvation Army and FHI 360 staff members held Interviews for these positions on November 28<sup>th</sup> 2013. New project staff will commence employment as soon as the recruitment process is completed.

#### **ACTIVITY 1.2.2: Provide training and mentorship to IA staff and outreach team members to reach MARPS with effective approaches.**

In November, the FHI 360 program team provided TA to partner organizations in NCD to conduct a quality assessment of the outreach intervention based on the previously developed Outreach QA/QI Checklist. The purpose of this exercise was to assess the performance of each peer educator and develop targeted training and mentoring programs aimed at strengthening outreach quality. According to the assessment findings, most of the peer educators are not using the decision tree; others are not filling the daily dairy properly and there is no differentiation between old and new contacts. FHI 360 Madang staff also met with PLWHA staff on 17th December to discuss finance issues and roll out the peer education/outreach QA/QI in Madang. The checklist was introduced; however, the assessment was delayed due to investigations by FHI 360 for financial mismanagement.

While on a trip to provide management support in Madang in August, the FHI 360 Deputy Director conducted a mentoring session with the PLWHA outreach team focusing on the cascade model of HIV response and the time-location approach to increasing reach and referrals. During the same month, the FHI 360 STO (M&E) also provided mentoring and

technical support to the outreach team focusing on use of the decision tree and introduction to new referral cards.

On October 17th, FHI 360 facilitated a meeting termed the Country Director's Forum. FHI 360 PNG Country Director and Chief of Party Shiv Nair convened a half-day forum to discuss attitude and communication issues among peer educators at the Lamana Hotel. The participants consisted of Project Coordinators, M&E Officers and Peer Educators of Salvation Army and the Four Square Church. FHI 360 program team also attended this forum. A total of 30 participants (14 men and 16 women) attended the forum, including four members of the FHI 360 program and technical teams. The discussion topic was "identifying the qualities of peer educators." Barriers and challenges to effective interventions were also discussed. Ways forward from that meeting included rescheduling of peer outreach intervention to the afternoon for Four Square Church and evening for Salvation Army.



Photo: Field support officers of Foursquare - Kila Williams and Salvation Army- FSO Guba Oala making points during the forum.

During FY14 Q1, FHI 360 continued to support local partner agencies to promote safer sexual and health-seeking behaviors, in accordance with the Strategic Behavioral Communications strategy for FY13-14. During this reporting period, 30 peer educators (20 from NCD and 10 from Madang) reached a total of 1611 MARPs (411 WTS, 140 men in transactional sex (MTS), 125

MSM/transgender (TG) men, 395 high risk women and 540 high risk men) through one-to-one contacts. The total number of MARPs reached in FY14 Q1 was 172 individuals (12.0%) more than the number reached in FY13 Q4. This slight increase can be attributed to the consolidation and strengthening of outreach interventions as PEs were being assessed during this period. The number of individuals reached was close to but did not exceed the quarterly target of 1750 for FY14 due to slowdown of activities in December. During this reporting period, peer educators reached a total of 3934 individuals in small group intervention which was slightly higher than the number reached in previous quarter.

#### **ACTIVITY 1.2.4 Maintain HIV prevention coordination with establishment owners/managers**

During Q1 of FY14, the FHI 360 SBC Officer conducted coordination meetings with the management of the following establishments:

1. Penthouse Night Club
2. Armani Night Club
3. Illusion Club
4. Koki Rest Inn
5. Chillie Peppers Inn

In each of the meetings the SBC Officer informed the club management of upcoming edutainment events and also ensured that establishments had an adequate supply of IEC materials as well as condoms and lubricants. In November, 300 coasters with messages of consistent and correct condom use were distributed to Illusion, Penthouse and Armani Club.

In December, FHI 360 also coordinated successful edutainment shows by both NCD-based outreach teams. On December 10, the Salvation Army outreach team conducted a night intervention at Illusion Club for more than 50 audience members. The intervention was a Condom Pop game whereby participants pop a condom and answer or discuss the questions in the condom. The Four Square Church outreach team conducted a similar intervention at the Armani Club on December 12.

#### **ACTIVITY 1.2.6 Establish support groups for MARPS linked to PSRCs, Meri Seif places, House of Hope and program-funded clinics**

The FHI 360 program team and partner organizations conducted three separate monthly Peer Support Group (PSG) meetings for MSM and WTS during this reporting period:

- Condom Negotiation Skills – held Oct. 7-8, and attended by 21WTS and 21 MSM/TG
- Financial/Literacy sessions – held on Nov, 4-5 was attended by 30 WTS 20 MSM/TG, however bankers did not return the next day as scheduled for the MSM/TG meeting. Following the support group meeting, 11 WTS successfully opened their bank accounts with PNG Microbank. During these meetings Four Square Church also promoted an English literacy program they will be running in NCD.
- Sport Activity – held on 3rd December, and attended by 24 WTS and 19 MSM/TG, with the intention of creating an atmosphere to break down communications barriers. Peer educators from both IAs, along with their peers, participated in volleyball and basketball games to have fun and break down communication barriers. Participants were divided into two teams (Salvation Army and Four Square Church) and were again divided into two more teams to play basketball and volleyball. It was a fun and exciting day for participants, and helped to build an understanding that everyone can participate in any activity whether you are a transgender person/MSM or WTS or PLHIV.

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

FHI 360 facilitated the first workshop involving different NCD based governmental, non-governmental and faith-based organizations providing HCT services, services for survivors of gender-based violence and STI clinics. The workshop was aimed at finalizing the service provider booklet which is under preparation by FHI 360. The workshop was conducted at Holiday Inn hotel on 26<sup>th</sup> November and was attended by 24 participants (8 men and 16 women) from 15 different organizations.

#### **ACTIVITY 1.3.2 Establish coordination meeting with FSVAC and implementing partner organizations**

This activity was scheduled for FY14 Q2.

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

FHI 360 distributed referral cards to partner organizations in NCD and Madang, and oriented outreach and clinical team members on distribution of the referral cards, which were designed by FHI 360 and approved by NDOH and NACS. A total of 7500 referral cards were printed for outreach teams, and 7500 for use by clinical service providers.

#### **ACTIVITY 1.4.2 Continue to participate actively on national gender TWG**

There was no gender TWG organized in FY14 Q1.

#### **ACTIVITY 1.4.3 Advocate and assist in forming a MARPs TWG**

Following the NHS 2011-2015 mid-term review, MARPs have become a key focus of the PNG government's HIV/AIDS epidemic response, spearheaded by NACS and NDoH. FHI 360 is a member of various committees and TWGs that deliberate on MARPs issues. These include the Strategic Information and HIV/AIDS technical working groups as well as the Comprehensive Condom Planning Committee and the HIV Garamut Technical Advisory Committee (Communications) discussed under objective 2. A specific MARPs TWG, however, does not yet exist. FHI 360 plans to work with NACS to form the MARPs TWG beginning in second quarter of FY14.

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

#### **ACTIVITY 2.1.1: Consolidate services in clinical sites**

Koki Clinic, the newest of four clinics under the MARPs project, has met the NDoH's required accreditation standards and thus commenced providing HCT, OI and STI services in the first quarter of FY14. In addition, in October both Koki and Kilakila clinics had the required NDoH pre-assessment accreditation of ART services and have been verbally informed by the HIV/AIDS Regional Coordinator that they may proceed with administering OI prophylaxis and commence ART rollout in January 2014. Services have begun in Kilakila clinic while Koki Clinic is in the process of recruiting a certified OI/ART prescriber. The Salvation Army is also recruiting a new ART prescriber following resignation of one of the trained ART nurses.

FHI 360 and Salvation Army conducted a clinical coordination meeting on 8<sup>th</sup> December to discuss strengthening clinical service quality. One of the main issues discussed was the fact that provision of laboratory services has been delayed by a stock-out of required reagents at the area medical store. Requisition forms have been filled and submitted to CPHL; in the meantime, participants resolved that reagents should be procured from project funds if there are still no supplies by February 2014. In the interim, the Salvation Army medical officer and lab technician are liaising with the Anglicare and Heduru (CPHL) laboratory managers to process baseline hematology tests to determine CD4 count, haemoglobin and biochemistry levels for confirmed HIV cases.

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

FHI 360 conducted a practical training on ART for clinical care staff of Salvation Army and Four Square Church. It was an intensive training with three days of theory sessions and two days for practical demonstrations and set-up of clinic systems. Topics covered during the training included opportunistic infections and the use of antiretroviral drugs in adults and adolescents.

Four project clinics provided STI management services in Q1: Id Inad Clinic in Madang and Kilakila Clinic, Kaugere and Koki clinics in NCD. Overall, 270 individuals (129 men and 141 women) received STI diagnosis/screening and treatment services during the first three months of FY14, a 12.1% decline over the previous quarter. Fifty percent (n=135) of clients served were MARPs (19 WTS, 2 MTS, 4 MSM/TG, 46 high-risk women and 64 high-risk men). The other 135 clients (76 women and 59 men) were categorized as low risk based on the decision tree tool; however, these clients may have practiced risky sexual behavior in the recent past or been referred by higher-risk sexual partners. Of the total number of clients screened for STI, 212 visited the clinics with signs and symptoms of STI, 55 were asymptomatic, 2 were for follow-up and 1 was a survivor of GBV requiring STI diagnosis and treatment.

The Q1 data for MARPS accessing STI services accounted for 9.0% of the annual target, significantly below the quarterly target of 375 (25.0%). Low service uptake during this reporting period is at least partially attributable to staff absenteeism.

In addition, 807 individuals (345 men and 462 women) received HIV counseling and testing across five HCT sites during this reporting period, including 18 children under 15 years old. Of

these, 525 or 65.1% were MARPs. This represents a 14.9% increase in the number of MARPs tested over the previous quarter (as a result of launching services at Koki Clinic) and an increase in the proportion of all clients served who are MARPs over the same period (as a result of more targeted referral by peer educators). During this reporting period, 57 HCT clients, (7.1%) tested positive for HIV, an increase over the previous quarter's case-finding rate. The testing breakdown is as follows:

- 83 WTS were tested, with a case detection rate of 8.4%
- 49 MTS were tested, with a case detection rate of 4.1%
- 19 MSM/TG were tested, with a case detection rate of 5.3%
- 169 high-risk women were tested, with a case detection rate of 16%
- 205 high-risk men were tested, with a case detection rate of 7.3%

Among those clients deemed low risk based on self-reported behavior, 4.2% of men and 1.0% of women tested HIV positive. Particularly among male low-risk clients, this may call into question the accuracy of self-reported behavioral data.

Of the total clients tested, 201 individuals (103 men and 93 women) including 5 children (2 boys and 3 girls) under the age of 15 were tested at Id Inad Clinic in Madang while the other 606 individuals (242 men and 369 women including 12 children under 15) were tested in the four sites in NCD.

HCT data for MARPS in Q1 accounted for 26.3% of the annual target which was just above the quarterly target of 500 or 25.0%. A total of 26 MARPs were referred to Bethany VCTC by PLWHA – these referrals are not included in total number of MARPS tested as FHI 360 does not provide TA to Catholic Health Services, which runs this VCTC. FHI 360 provides USAID-funded TA to Id Inad Clinic but has no direct control of clinic management or service provision; as some MARPs have reported negative experiences at Id Inad, peers educators have been told to proactively offer clients information on alternative, MARP-friendly and stigma-free service providers.

With regards to OI/ART services, some service provision in NCD has commenced but the OI/ART reporting system is not yet in place. Data below is therefore only for Id Inad clinic in Madang, which in Q1 provided clinical care and support services for 236 HIV positive individuals (92 men

and 144 women including 15 children under 15 years of age). Id Inad reported 27 new ART clients (14 men and 13 women) enrolled during Q1, and a total of 225 HIV positive individuals active on ART as at end of December 2013 (87 men, 138 women and 15 children under 15 years of age). This represents a 93% increase in the number of new ART clients, and a 7% increase in the total number of active ART clients under care . The fact that the project achieved 90% of the annual target for clients active on ART by Q1 from only the data from Id Inad Clinic, and exceeded the quarterly target for newly enrolled ART patients, indicates that annual targets will be exceeded once clinics in NCD begin service delivery. While NCD-based clinics were accredited in first quarter of FY14, only Four Square Church has commenced services. Services from Salvation Army have been delayed by the resignation of the certified OI/ART prescriber, but will begin once new staff members complete IMAI training conducted by NDoH.

#### **ACTIVITY 2.2.1 Develop a training strategy and implementation plan with IA staff members**

This activity was accomplished in Q3 of FY 13 as also stated under objective 4.

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

This activity is discussed under objective 4.

#### **ACTIVITY 2.2.3: Provide TA to the government of PNG**

The FHI 360 STO (M&E) was officially invited by the NDoH STI and HIV/AIDS Surveillance Unit to participate in a data analysis lockdown workshop held at Shady Rest Hotel from November 1<sup>st</sup> to 7<sup>th</sup>. The purpose of the lockdown was to enable staff to analyse national HIV/AIDS surveillance and program monitoring data for 2012. The FHI 360 STO (M&E) completed analysis of two databases (the HIV case reporting form and the HIV counselling and testing form), and participated in a TOT for the new surveillance forms developed by NDoH and NACS. FHI 360's contribution in FY13 to the 2011 Annual STI and HIV/AIDS surveillance report was acknowledged in the report which was officially launched in a national dissemination workshop on 29<sup>th</sup> November, 2013.

The FHI 360 SBC Officer attended HIV Garamut monthly meetings facilitated by NACS and discussed activities for World AIDS day. The FHI 360 SBC Officer also attended a live drama workshop organized by the National AIDS Council, and represented FHI 360 as a member of the Condom Co-ordination Program Committee that meets monthly to coordinate condom supply

and distribution. The November meeting was focused on preparations for the CCP workshop, which was held in December to:

- Make key decisions to finalize CCP strategy.
- Understanding the different components of the CCP.
- Better understand the management structure/mechanism of the CCP information.

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

FHI 360 recruited case management team members for Four Square Church and Salvation Army in anticipation for the commencement of OI/ART services in KilaKila and Koki clinics.

#### ACTIVITY 2.3.2 Provide in-service training to case management team members

In-service training for case management team members has been scheduled for Q2 due to the delay in implementation of OI/ART services in NCD.

FHI 360 Madang staff conducted a meeting of all case management team members on 20<sup>th</sup> December, 2013 to understand how they work and how best we can support them. The Madang team will share a draft TOR with CMT members and the PLWHA project coordinator and FSO to support CMTs to work effectively. During the meeting, participants also discussed that continued stigma and discrimination among clinic staff meant many clients feel uncomfortable attending Id Inad Clinic.

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

This activity has also been rescheduled for Q2 due to delay in implementation of OI/ART services in NCD.

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

Madang PHO conducted a meeting for all partners to discuss and agree on the terms of reference for the CoPCT coordinating committee, and to draw up a monthly meeting schedule for 2014. The next meeting was scheduled for 16<sup>th</sup> January 2014. It was also agreed that future meetings will be more interactive, with each partner required to share what they are doing and their plans for the month. Data will also be presented..

**ACTIVITY 2.5.1: Work closely with partners**

This activity has been implemented as reported elsewhere in this report.

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

**ACTIVITY 3.1.1 Conduct media advocacy**

Radio Western province, Radio East Sepik and NBC Port Moresby continued to air GBV programs developed following training in FY13.

**ACTIVITY 3.1.2 Expand the 16-day activism campaign leading up to World AIDS Day**

FHI 360 and its implementing partners Salvation Army and Four Square Church jointly held pre-World AIDS Day activities on November 29<sup>th</sup> at Ela Beach Amphitheatre as reported under objective 1.1.4. Salvation Army also organized a Prayer Day on World AIDS Day attended by all Salvation Army pastors, project staff, peer educators and their peers. Candles were lit and a prayer was said for PLHIV and for those who have died.

FSVAC and FHI360 organized Orange Day on December 10<sup>th</sup>, 2013 to mark Human Rights Day and to officially end the 20 days of activism. It was held at the Rita Flynn Netball Courts at Bisini Parade Boroko in NCD. The aim of the day was to:

1. Commemorate International Human Rights Day, while paying attention to the target populations (TGs/MSMs &FSWs) and their struggles with stigma and discrimination.
2. Thank all the partners in the 20 days of activism

3. Present awards recognizing those who have been active in human rights volunteer work.

FSVAC as one of our implementing agencies usually coordinates meetings with other NGOs, CBOs, FBOs and government bodies to implement the 16 Days of Human Rights Activism. It should be noted that in Papua New Guinea, with the inclusion of the International Children's Day, the period of awareness has been increased to 20 days of activism. Thus activities kicked off on November 20 and ended on December 10, with different organizations implementing various observance days during this period, including Children's day, Elimination of Violence Against Women Day, Human Rights Defenders Day, International World AIDS Day, International Day for Disabled Persons, International Volunteer Day, International Anti-corruption Day and the International Human Rights Day, which FSVAC organized with the support of FHI 360 as Orange Day.

The day's activities included:

- 1) Thank you speeches by representatives from different organizations involved in the 20 Days of Activism
- 2) A reading of the 30 articles of the United Nations Declaration of Human Rights while TG volunteers modelled with placards bearing the articles
- 3) Presentation of volunteer awards
- 4) Netball games allowing TG participants to demonstrate their sporting talents, while other participants joined in to show their support and combat stigma and discrimination
- 5) Release of balloons into the air to signify hope for all those who have been discriminated against because of their sexual orientation, behavior, gender, race, religion or political views, etc. This also marked the end of the program.

The organizations that participated included:

1. Youth Against HIV/AIDS (YAHA)
2. NCDC Gender Desk
3. GESI Policy
4. World Vision
5. Oxfam

6. Department of Justice and Attorney General
7. UN Women representative
8. Igat Hope
9. Kapul Champion
10. Salvation Army
11. Four Square Church
12. Family and Sexual Violence Action Committee (FSVAC)-CIMC
13. FHI 360 PNG
14. USAID



#### ACTIVITY 3.1.4 Support health care and outreach teams to handle GBV cases

FHI 360 supported a five-day training on trauma counseling for 13 health care workers (4 men and 9 women), including clinicians and counselors from Salvation Army and Four Square Church as well as staff of the House of Hope GBV Shelter and the Kaugere Women’s Resource Centre. The training was facilitated by Dr. Rohini Ramamurthy with support from FHI 360 program team. The FHI 360 Country Director also met with Salvation Army project staff (including the manager of House of Hope) to discuss successes, challenges and the way forward in addressing GBV. In a separate meeting, FHI 360 program and technical staff met with the Salvation Army to discuss the development of flow charts, guidelines and M&E tools for House of Hope. These tools will be completed and rolled out in Q2.

During this reporting period, 9 women sought refuge at the Ela Beach House of Hope. Five of them were victims of psychological abuse, three suffered neglect from their partners or family members because they are HIV positive and one escaped forced marriage. Six of these survivors received trauma counseling services from the Ela Beach VCT Center before being referred to the House of Hope; the other three accessed House of Hope directly. A 23-year-old mother and her daughter were referred by Care International to House of Hope at Ela Beach on 14 December as the mother was forced into marriage she did not want. She was also forced to have sex with her stepfather and uncle. Healthcare workers provided PEP and counseling before referring the woman to House of Hope. Both the mother and the daughter left the shelter to join the mother's family before December 24th, 2013.

Kaugere Women's Resource Centre also provided shelter for 9 survivors most of whom were survivors of multiple types of violence. Of the total that sought refuge at KWRC 6 were survivors of both physical and psychological abuse. Two of the clients were survivors of sexual assault and psychological abuse while 1 was survivor of marital rape. All three cases were referred from PNG Law Development Association. The association helped the three women to file court cases against the perpetrators and referred them to KWRC while the court cases were going on. Besides the shelter services, counseling was provided to the clients.

#### **ACTIVITY 3.1.5 Collaborate with legal aid service providers**

Peer educators who are members of Kapul Champion attended a training organized by PNG Law Development Agency on the HAMP Act and human rights in general.

#### **ACTIVITY 3.2.1 Train peer educators**

Training of peer educators on GBV was postponed following delay in start of OI/ART services in Q1.

#### **ACTIVITY 3.3.1 Promote a comprehensive package of services**

As discussed under activity 3.1.4, GBV services have slowly commenced following training on trauma counselling and GBV case management.

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

In Q1, there was no opportunity for FHI 360 to become involved in policy making.

#### **ACTIVITY 3.3.3: Identify community safe houses**

This activity was achieved in FY13.

### **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**

During this reporting period the FHI 360 PNG finance and administration manager conducted a one-day financial management workshop for 11 participants (3 men and 8 women) including finance and program officers of local IAs and the FHI 360 country office. Training sessions covered the implementing agency awards, financial management systems, financial reporting, cost sharing and monitoring and audit.

FHI 360 also supported two staff from Salvation Army to attend a training on provider-initiated counseling and testing (PICT) organized by NDOH. Senior HCT Counselor Momoru Nao attended the two-week training at Lamana Hotel beginning on 2nd December, 2013, while peer educator Dorothy Buka attended a two-week training beginning December 9th.

In November, Dr. Anup Gurung, FHI 360's former senior technical officer for care and treatment, conducted a five-day practical OI/ART training for clinical care staff of Salvation Army and Four Square Church. The training included three days of theoretical sessions and two days of practical demonstration and clinical set-up. Topics covered included the use of antiretroviral drugs in adults and adolescents and opportunistic infections.

Participants included 8 clinicians (3 men and 5 women) as well as an FHI 360 Program Officer.

**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 Senior Technical Officer (M&E) provided ongoing mentoring and technical support to Four Square Church and Salvation Army M&E officers, focusing on data management and reporting. Training on data analysis and effective interpretation and presentation of data was rescheduled to Q2 due to shortage of M&E staff. The M&E officer also provided technical support to PLWHA to address questions about using the decision tree, filling of daily diary forms, and using the referral card. Id Inad Clinic staff also received technical support focusing on data quality assessments and refining of electronic data for OI/ART monitoring.

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

FHI 360 continues to explore and test different data management systems to improve data collection, collation and analysis, including trialing data management and reporting software known as Filemaker Pro using a trial version downloaded from the Internet. Further tests will be conducted on a trial database using the internet to upload data. As reported in FY13, the FHI 360 M&E team helped set up simple databases in Microsoft Excel to assist partner organizations to manage and report quality data on a timely basis. The FHI STO (M&E) also provided TA to all partners aimed to refine the excel based reporting system and also new reporting tools for GBV shelters which will be rolled out in Q2.

**ACTIVITY 4.1.5: Conduct data quality audit**

During this period, the FHI 360 M&E team conducted data verification exercises with staff of Four Square Church and Salvation Army in NCD, and PLWHA and Id Inad Clinic in Madang. Verification of OI/ART data from Id Inad Clinic was not done to the satisfaction of the auditors due to absence of the OI/ART prescriber who was attending training at the time in Port Moresby. Data quality assessment is an ongoing activity and will be repeated again in 3 months' time.

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

This activity was not completed following resignation of Dr Anup Gurung who initiated the early warning system. FHI 360 will ensure that this activity is continued once a replacement staff member or external TA provider is identified.

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

This activity was not completed following resignation of Dr. Anup Gurung who was FHI 360's key technical advisor on supply chain logistics for OI/ART services.

## FINANCIAL SUMMARY

The variations in expenses in the quarter are caused by two major reasons. The first is the suspension of PLWHA due to some financial irregularities. The second is related to the low level of activities in the month of December in PNG, which is a yearly occurrence resulting from the long Christmas/New Years holiday.

Period Budget	Period Actuals	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>			
174,736	118,340	56,396	
<b>Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families</b>			
175,306	104,454	70,852	
<b>Objective 3 (IR 2.3): To increase use of facility- and community-based gender and GBV interventions</b>			
169,281	100,661	68,620	
<b>Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery</b>			
142,222	103,834	38,388	
<b>Total Indirect Cost</b>			
170,570	101,391	69,179	



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## SNAPSHOT

### A Machine that changes the life of people

Participants with their certificates after attending the CD4 training at Port Moresby General Hospital



A medical officer using the CD4 PIMA machine to test a client at the Id Inad clinic



The Id Inad Clinic in Madang is now testing all existing and new clients on ART for CD4 count thanks to a new CD4 PIMA machine that has been donated to the clinic through USAID funding. The machine was donated to the clinic in November 2013 after training was conducted at the Central Public Health Laboratory (CPHL), Port Moresby General Hospital in October 2013. The training equipped participants including, Sr. Ilalong Daing, sister in charge and Dr Susan Kima, Medical Officer, at Id Inad, with the skills of using the CD4 PIMA machine, collecting and testing the blood samples and administer treatment. System of replenishment of consumables, data reporting, regular calibration and repair of the machine has been set up during the training.

Since the use of the machine commenced at the clinic, a total of 112 tests have been conducted. Having the machine in place has significantly helped in determining the CD4 level of individuals immediately. Before the machine was available, the clinic used WHO clinical staging or send the blood sample to CPHL which took longer to get the result. With the machine in place, the delays in starting treatment or delayed clinical intervention have been curtailed. Jane is a direct beneficiary of the presence of the machine in the clinic. As a person living with HIV, she has been to the clinic on many occasions with different opportunistic infections. The clinic could hardly determine why the sicknesses are recurring. When the clinic received the CD4 machine, the sister-in-charge decided to do a CD4 count for Jane. The CD4 count was very low and the sister thus referred Jane to the provincial hospital for further treatment. Jane is currently recovering from her sickness.

The clinic is planning to do CD4 count for all its clients on the ART registry and set a baseline. It will then conduct six monthly tests to monitor the health of the clients.

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