



STRENGTHENING HIV/AIDS services for MARPs in PNG

QUARTERLY REPORT

January 1-March 31, 2014



ABBREVIATIONS

APRO	Asia Pacific Regional Office
ART	Antiretroviral therapy
CMT	Case management team
CoPCT-CC	Continuum of Prevention to Care and Treatment Coordination Committee
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
MARP	Most-at risk population
M&E	Monitoring and evaluation
MSM	Men who have sex with men
MTS	Men in transactional sex
NACS	National AIDS Council Secretariat
NCD	National Capital District
NDoH	National Department of Health
NUPAS	Non-US Organisations Pre-award Survey
OI	Opportunistic infection
PEP	Post exposure prophylaxis
PHO	Provincial Health Office
	PIMA

PLHIV	People living with HIV
PLWHA	People Living With Higher Aims
PMP	Performance management plan
PNG	Papua New Guinea
Q2	Second 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
UIC	Unique Identification Code
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WTS	Women in transactional sex

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Executive summary

During the 2nd quarter (Q2) of Fiscal Year 2014 (FY14), FHI 360 and its local partners continued to implement the Strengthening HIV/AIDS Services for Most-at-Risk Populations Project in Papua New Guinea. This quarterly report, which covers the period January 1 to March 31 2014, includes a list of achievements and challenges; descriptions of activities and achievements for each project objective; a summary table of activities, indicators and achievements; indicators from the performance management plan (PMP) and targets for FY14 with achievements to date; an analysis of Q2 results and a financial summary.

QUARTER 2 ACHIEVEMENTS:

- Received formal written approval from the National Department of Health (NDoH) for commencement of antiretroviral therapy (ART) and case management of opportunistic infections (OI) in NCD clinics; commenced clinical care and treatment services in Kila Kila Clinic, and registered 22 OI/ART clients, of whom 11 are currently active on ART.
- Provided HIV counseling and testing (HCT) services to 580 MARPs who received their test results, a 17 percent increase over the previous quarter.
- Identified 59 new HIV infections, a slight increase of 2 or 3.5% over the previous quarter.
- Trained 8 staff from 3 IAs in NCD on data interpretation and presentation and conducted a Performance Review for FY13.
- Supported Id Inad clinic to review use of the PIMA machine and how it has impacted members of most-at-risk populations (MARPs) who access services at the clinic. The machine has helped significantly in determining the CD4 levels of individuals immediately and delays in starting treatment or delayed clinical intervention have been curtailed.
- Media houses expressed their support to improve media reporting and advocacy on GBV and other gender issues in the country during a luncheon meeting hosted by FHI 360 in February
- Developed GBV database and media watch monitoring system to track GBV reporting in print media.
- Rolled out guidelines and M&E tools for House of Hope and Kaugere Women's Resource Centre.
- Four Square Church and FHI 360 jointly organized a community event at Kila Kila clinic where over 400 individuals accessed services such as VCT and STI tests.

- USAID Mission Director Gloria Steele visited the Ela Beach VCT site and House of Hope GBV Shelter and presented vehicles to the Salvation Army and Four Square Church on March 6th, allowing these agencies to better implement MARPs project activities.

QUARTER 2 CHALLENGES:

- FHI 360 terminated project funding for activities implemented by People Living with Higher Aims (PLWHA) during the reporting period due to a documented misappropriation of funds. The termination has significantly affected outreach interventions. While a new potential implementing agency in Madang has been identified, negotiations have been protracted due to the potential partner’s lengthy decision-making process.
- Outreach coverage during Q2 was low, and while service uptake has increased, active peer referral to clinical services has been limited, particularly among men who have sex with men (MSM) and transgender (TG) women. FHI 360 and partner organizations have identified barriers to coverage and service uptake. These barriers include security issues to carry out night interventions and restriction of PE activities to pre-defined coverage areas which further constraints on encouraging clinic uptake. Furthermore, some clinics face difficulty serving their core population (MARPS) while also tending to increasing numbers of general population who do not have any other options for general outpatient services. FHI 360 Regional Technical Advisor Matt Avery is providing TA on alternative intervention approaches to strengthen project performance. Key expected program innovations include:
 - Introduction of a modified outreach and referral form for use by peer educators, which simplifies the decision tree screening process, ensures appropriate risk assessment, and standardizes delivery of key messages, client registration and referral to clinical services
 - Addition of a peer-driven referral component to increase outreach coverage among MARPs by harnessing clients’ social and sexual networks to extend the initial outreach contact to a second and third “wave” of recruitment
 - Establishment of a performance-based incentive scheme for peer educators wherein referrals will be rigorously tracked and monthly reimbursement will be based upon the number of MARPs successfully referred to testing or reengaged in OI/ART services

These three components collectively comprise what FHI 360 refers to as an “enhanced outreach approach” and will be rolled out in NCD over the next quarter in an effort to

improve coverage and service uptake. The existing budget which is allocated for PE allowance will be used. The system is designed to pay PEs based on minimum deliverable and additional payment based on the additional number of successful referrals. The current allowance is reallocated to cover the overall cost.

Summary Table

The table below summarizes achievements by IR during the reporting period. Activities listed are based on those outlined in the revised FY14 work plan; a separate table is included listing start-up activities undertaken during this period:

Planned activities	Indicators ¹	Yearly target	Achievement during reporting period
Objective 1 (IR 2.1): To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families			
Activity 1.1.1 Review and modify the SBCC strategy		N/A	Accomplished in FY13. The SBC Strategy is revised annually. In FY14, there were only slight changes to the Strategy as the activities identified in FY2013 were still relevant.
Activity 1.1.2 Adapt and develop new innovative and MARP-appropriate SBCC materials		N/A	On-going: completed production of risk message cards and STI booklet submitted to NACS for approval.

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

Planned activities	Indicators ¹	Yearly target	Achievement during reporting period
Activity 1.1.3 Distribute the 1 Taim U: blo trupla man condom	Number of condoms distributed (non-PEPFAR)	300,000	IAs distributed 43,939 condoms (38,918 colored male condoms and 5,021 female condoms) to MARPs through condom outlets, clinical services and peer education in this quarter. A total 191, 392 condoms have been distributed in Q1 & Q2 collectively.
Activity 1.1.4 Explore creative methods for delivering messages to MARPs		N/A	Accomplished: The methods for messaging are identified as part of the SBCC Strategy
Activity 1.2.1 recruit and replace outreach team members		N/A	Accomplished: 4 new peer educators recruited by Salvation Army

Planned activities	Indicators ¹	Yearly target	Achievement during reporting period
<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>	<p>5,000</p>	<p>On-going: Mentored FSOs and outreach team members from three IAs on peer education.</p> <p>On-going: Reached 370 MARPs (105 WTS, 62 MTS, 71 MSM/transgender persons (TG), 41 high-risk women and 91 high-risk men) through individual sessions.</p> <p><i>The total number of MARPs reached in quarter 1 and two is 1982 (516 WTS, 202 MTS, 196 MSM/TG, 436 HRW, 631 HRM) through individual sessions.</i></p> <p>926 MARPs were reached through group sessions.</p> <p><i>4,860 MARPs were reached through group session in quarter 1 and 2.</i></p>
<p>Activity 1.3.1 Establish and strengthen linkages and relationships between MARP members and service providers through monthly meetings with key stakeholders</p>		<p>N/A</p>	<p>Monthly outreach and quarterly clinical coordination meetings are conducted.</p>

Planned activities	Indicators ¹	Yearly target	Achievement during reporting period
Activity 1.3.2 Establish coordination meeting with FSVAC and implementing partner organizations		N/A	On-going: Held meetings with FSVAC and partner organizations (Modilon General Hospital and PHO) and implementing partners in NCD and Madang.
Activity 1.4.3 Advocate and assist in forming a MARPs TWG		N/A	NACS is leading the formation of the MARPs TWG. FHI 360 nominated core and alternate members for the TWG.
Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families			
Activity 2.1.1 Consolidate services in clinical sites		3 clinical sites	On-going: All NCD clinics registered and NDOH provided certificate of approval for provision of ART services at Koki and Kila Kila clinics.
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	Project staff have provided mentoring and technical assistance to 7 staff at the clinical sites on drug requisition, health and sanitation in this quarter.

Planned activities	Indicators ¹	Yearly target	Achievement during reporting period
Activity 2.2.2 Provide a suite of specialized training		N/A	No specialized training was conducted during this reporting period. Training on the use of PIMA CD4 machines was carried out by NDoH (Central Public Health Laboratory) in Q1 which was attended by the medical officer of Id Inad clinic.
Activity 2.2.3 Provide TA to GoPNG		N/A	On-going: Provided TA to GoPNG through SI Technical Working Group and HIV Technical Working Group through NDoH.
Activity 2.3.1 Provide orientation and training to IAs to develop and deploy CMTs		N/A	On-going: Since the PLWHA contract has been terminated, the CMT team at Id Inad has become part of the Modilion General Hospital sub agreement to ensure continuity of service. Three (3) CMT members were recruited in NCD.
Activity 2.4.1 Conduct regular meetings of the CoPCT-CC		N/A	Madang PHO conducted one CoPCT CC meeting.

Planned activities	Indicators ¹	Yearly target	Achievement during reporting period
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. FHI 360 provided training and mentoring to partner organizations to ensure service access and quality are maintained.
Activity 3.1.1 Conduct Media Advocacy		N/A	On-going: FHI 360 met with media houses to advocate for balanced and accurate reporting on GBV survivor cases.
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	Project staff conducted GBV training in March 2014 for peer educators, clinicians and counselors.
Activity 3.1.5 Collaborate with legal aid service providers		N/A	On-going: FHI 360 and IA staff attended one-day training by public prosecutors.
Activity 3.2.1 Train peer educators		30 PEs	Trained 15 peer educators in identifying and responding to GBV survivors.

Planned activities	Indicators ¹	Yearly target	Achievement during reporting period
Activity 3.3.1 Promote a comprehensive package of services		N/A	Project staff conducted training for PEs on GBV, and promoted safe houses, PEP and legal/justice services through peer support group meetings and trainings. The two safe houses provide temporary shelter, counseling and HCT/STI referral for female GBV survivors.
Activity 1.4.2 Continue to participate actively on national gender TWGs		N/A	On-going: There was no GBV TWG meeting in Q2.
Activity 3.3.2 Continue active involvement in policy-making bodies		N/A	On-going: There was no meeting on policy in Q2.
Activity 3.3.3 Identify community safe houses		N/A	There were no community safe houses identified during this quarter. The activity is postponed to the last quarter of 2014 as establishing safe houses in the community is quite a challenging activity. This will be attempted once agreement is signed with a new partner organization in Madang.
Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery			

Planned activities	Indicators ¹	Yearly target	Achievement during reporting period
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	<p>On-going: Project staff provided training and presentation on data interpretation for staff of NCD IAs.</p> <p>Staff also conducted one training for HCT/STI staff at Id Inad on data management and reporting systems.</p> <p>Project staff provided on-the-job TA to NCD IAs on a fortnightly basis, and in Madang as needed. In early March, staff provided TA for Madang partners on quality of program monitoring data and reporting.</p>

Planned activities	Indicators ¹	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: Staff installed Excel data entry forms for OI/ART services in Madang; existing formats have been improved.
Activity 4.1.5 Conduct data quality audit		N/A	On-going: Staff conducted a data quality audit in Madang in Q2. Indicators that were verified included HIV counseling and testing and STI diagnosis/screening.

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	Q2 Achievements	Monitoring: data source and periodicity	Justification
Objective 1: To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families					
IR1.1 Improve knowledge attitudes and practices					
1. PEPFAR output (P8.3.D)	Number of MARP members reached with individual or small group level preventive interventions that are based on evidence or meet the minimum standards required	5000 individuals	370 individuals (including 105 WTS, 62 MTS, 71MSM/TG, 41 HRW and 91 HRM) reached through individual interactions	PE and OV daily dairies: <ul style="list-style-type: none"> - Weekly from PEs and OVs to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID 	Quarterly target is 1250 so Q2 data fell short due in part to suspension of activities for PLWHA in Madang and PE turnover in NCD
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 There is no size estimation in PNG. Percentage is based on a small scale study on program trends carried out by FHI 360 in 2012.

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
IR 1.2 Improved health seeking behavior					
3. PEPFAR Output (P11.1.D)	Number of individuals who received counseling and testing services for HIV and received their test results	2000 individuals	1007 individuals (371 males and 636 females) including 580 MARPs (105 WTS, 37 MTS, 17 MSM/TG, 220 HRM and 201 HRW)	Daily Client register <ul style="list-style-type: none"> - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID 	Q2 data for MARPS accounted for 29.0% which is over the quarterly target of 500 (25.0 %).
4. PEPFAR Output (C2.1.D)	Number of individuals who received STI management services	1,500 individuals	305 individuals (140 males and 165 females) including 139 MARPs (24 WTS, 1 MTS, 7 MSM/TG, 107 other high-risk population)	Daily Client register <ul style="list-style-type: none"> - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID 	Q2 data for MARPS accounted for 9.3% which is way below the quarterly target of 375 (25.0 %).
5. Program Output	Number of individuals sensitized on S&D	17 individuals	30 Individuals (13 males and 17 females) including 14 WTS and 10 MSM/TG	Daily Client register <ul style="list-style-type: none"> - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID 	A stigma & discrimination session was held during a support group meeting. FY14 target has been exceeded.

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
6. Program Output	Number of condoms distributed	300,000 condoms	43 939 condoms (38918 cola scented male condoms and 5,021 female condoms) distributed to MARPs by IAs	Daily OV/PE Dairies: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Didn't meet quarterly target of 75,000 condoms in Q2 due to suspension of activities of PLWHA and turnover of a number of peer educators with existing IAs in NCD However, overall the target is on track as a total of 191,392 condoms have been distributed in Q1 & Q2.
Objective 2. To increase supply of HIV/AIDS care, treatment and support services for MARPs					
	IR 2.1 Quality of HIV/AIDS services improved				

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
7. PEPFAR Output (T1.2.D)	Number of adults and children with advanced HIV infection currently active on ART	250 clients	248 HIV-positive individuals (99 males and 149 females) including 21 children were active on ART	Client Records/ART Registries: <ul style="list-style-type: none"> - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID 	Data is from Id Inad Clinic in Madang and Kila Kila Clinic in NCD. Koki clinic has received accreditation, however ART services are yet to begin due to lack of a certified OI/ART prescriber.
8.Program outcome	Percent of adults and children lost to follow-up during the reporting period	TBD	0.4 % of HIV-positive individuals 1/248 = 0.4%	ART Registry: <ul style="list-style-type: none"> - Monthly from IA & FHI 360; - Quarterly from FHI 360 	Data is from Id Inad clinic which is an existing clinic and the new Kila Kila Clinic in NCD.

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
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 Q3 as data entry was just consolidated in early March. The retention rate as reported by the National Department of Health in its 2012 Global Aids Response Report
Tention	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	57 HIV positive individuals (24 males and 33 females)	- Monthly from IA & FHI 360; - Quarterly from FHI 360	On track though data is only from Id Inad Clinic in Madang. CMT in NCD will be trained in Q3.

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
11. PEPFAR Output (C1.1.D)	Number of eligible adults and children provided with a minimum of one care service	500 clients	265 clients (107 males and 158 females, including 24 children)	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Services were provided in Id Inad Clinic and Kila Kila clinic.
12. PEPFAR Output (C2.1.D)	Number of eligible adults and children provided with a minimum of one clinical care service	500 clients	265 clients (107 males and 158 females including 24 children)	Client Records/ART Registries: - Monthly from FHI 360 - Quarterly from FHI 360 to USAID	Services were provided in Id Inad and Kila Kila clinics
13. PEPFAR Output (C2.2.D)	Number of HIV-positive persons receiving co-trimoxazole prophylaxis.	120	58 clients (22 males and 36 females including 6 children)	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Id Inad data only represents 48.3% of annual target well above quarterly target of 25%.

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
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%	44 clients (27males and 17 females) screened for TB (17.4% of clients being cared for this quarter)	Client Records/ART Registries: <ul style="list-style-type: none"> - 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 January2014 were also cared for. Review of clinical services underway and once complete TA will focus on improving quality of services and reporting.
15.PEPFAR Output (T1.1.D)	Number of adults and children with advanced HIV infection newly initiated on ART	100 clients	26 new clients (12 males and 14 females) including 5 children) initiated on ARV.	ART Registry: <ul style="list-style-type: none"> - Monthly from IA & FHI 360; - Quarterly from FHI 360 	Services were provided in Id Inad Clinic and Kilakila clinic
IR 2.3 Local capacity of service delivery enhanced					

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
16. Program Output	Number of trainings provided for building the organizational capacity of local organizations	4 trainings	5 trainings (2 for GBV, 2 M&E trainings, 1 Sensitization workshop)	Training Reports	
17. Program Output	Number of project staff trained in service delivery	190 individuals (30 volunteers, 40 clinical staff, 30 non-clinical staff)	83 individuals trained in various areas as stated under Indicator 16 above	Training Reports/Trip reports/Monthly updates	Above quarterly target of 48 reached
Objective 3. To increase the use facility and community-based gender and gender-based violence interventions					

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
18. PEPFAR Output (Gender)	Number of people reached by USG-funded interventions providing GBV services	150	3 women received trauma counseling at Ela Beach House of Hope and 8 women received trauma counseling at Meri Seif Haus.	Clinical, outreach, helpline and shelter daily registers; IA monthly summary forms: <ul style="list-style-type: none"> - 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	2 survivors were referred to GBV services at Ela Beach House of Hope	Clinical, outreach, helpline and shelter daily registers; IA monthly summary forms: <ul style="list-style-type: none"> - 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

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
20. PEPFAR Output (P6.1.D)	Number of persons provided with PEP	100	Comprehensive GBV services not provided	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 Q2. OI/ART services have just commenced in NCD.
21. Program Output	Number of clinical providers trained in GBV case management	15	No GBV case management training conducted in Q2	Training reports: - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID	Sensitization trainings will be carried out in Q4 on GBV for the outreach teams and health care workers. Standing Operating Procedures for shelters have been finalized which will boost the operation of the shelter.
22. Program Output	Number of PEs, OVs, and OWs trained in SBCC messaging for GBV	30	15 outreach members including 1 counselor received Peer Education GBV training	Training reports: - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID	Peer Education GBV Training conducted for outreach team & counselors in early March Q2.

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
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 Q2 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 Q2 and will never be conducted; BSS will be conducted instead in FY15.
Objective 4. To strengthen health systems for HIV/AIDS service delivery					
IR 4.1 Monitoring and evaluation improved					
25. PEPFAR Output (H2.3.D)	Number of health care workers who successfully completed an in-service training program	35	83 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.

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
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 staff will be trained in Q3.
27. PEPFAR outcome (H1.2.D)	Percentage of testing facilities (laboratories) that are accredited according to national or international standards tests	2	Project supported establishment of 2 clinical laboratories (100%).	Narrative reports: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	The Central Health Lab needs to visit the labs and give accreditation.
28. PEPFAR Outcome (H6.1.D)	Monitoring policy reform and development of PEPFAR supported activities	1	No monitoring of policy reform done during this period.	Narrative reports: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	
IR 4.2 Supply chain management improved					
29. Program Output	Number of facilities reporting no stock out of ART, OI and STI drugs in the last three months	4	None of the clinics reported stock out this quarter	Monthly program updates	

	Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification
30. Program Output	Number of health care workers and service managers trained in medicines inventory management	10	2 health care workers at Id Inad were trained in medicines inventory management	FHI 360 Training Log: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	
31. Program Output	Number of facilities using computerized reporting for drug supply management	TBD	Id Inad clinic has computerized system for drug supply management installed by FHI 360	FHI 360 drug supply management log: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	The reporting system is installed but FHI 360 is working with clinical staff to use the system regularly.

Result-by-result analysis

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

FHI 360 Capacity Building Advisor conducted an orientation meeting on January 29th to introduce Non-US Organisations Pre-award Survey (NUPAS) tools to the Capacity Building Team so that all relevant FHI 360 personnel will be informed of the process involved in applying NUPAS to the IA's.

FHI 360 Capacity Building Advisor carried out field visits to each implementing partners, Salvation Army, Four Square Church and Family Sexual Violence Action Committee (FSVAC) in March to introduce NUPAS tools as these partners will likely receive direct funding in 2016.

The Capacity Building Advisor also conducted NUPAS training on March 26th for members of the NUPAS committee and project coordinators of the three NCD implementing agencies.

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

FHI 360 continued to provide on-going mentoring and technical assistance on financial monitoring and narrative reporting to implementing agencies during this reporting period.

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 FHI 360 program and technical team conducted a performance review meeting with NCD partners on February 11 at Ela Beach Hotel. A detailed report on this activity is included under Objective 4 of this report, below.

Provide proactive onsite mentoring and monitoring

The FHI 360 program and technical team carried out on-going mentoring and monitoring for local partners throughout the second quarter. Details are provided under the four objectives, below.

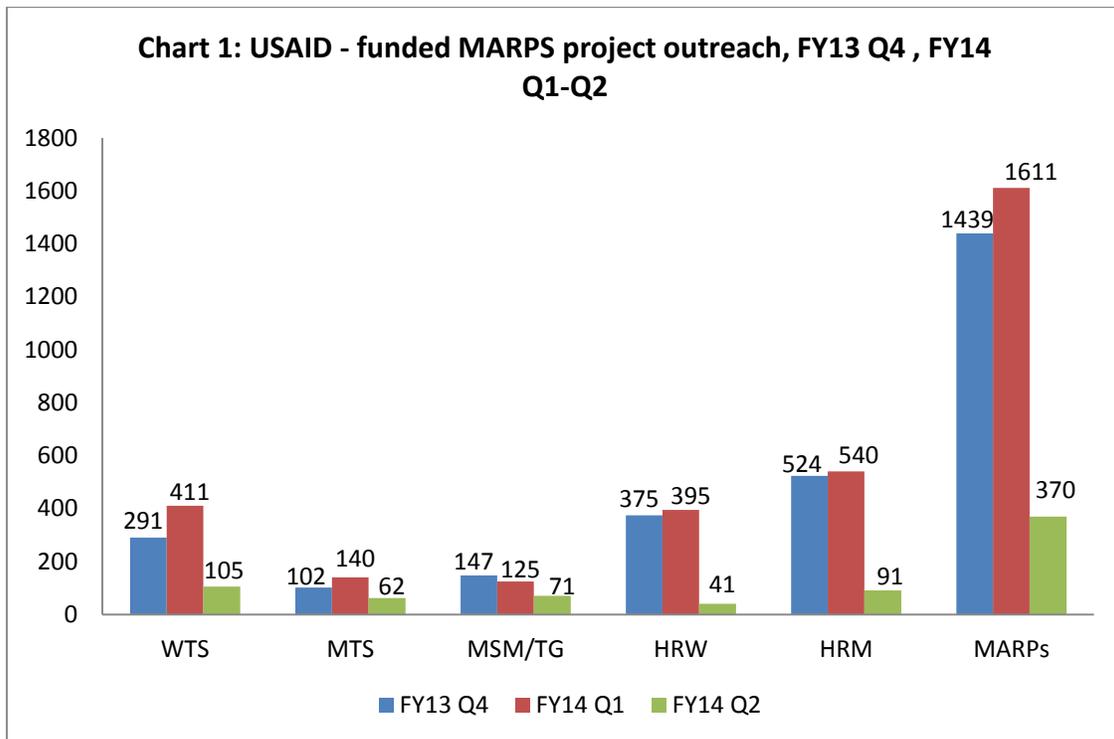
Conduct refresher training on USAID rules and regulations

USAID conducted training on Post Award Orientation for New Grantees, USAID Gender Policy and Gender Action Plan, USAID Disability Policy and Disability Plan, Branding and Marking and Monitoring and Evaluation from March 3-4 at the American Corner of the National Library. FHI 360 finance, program and management staff attended this training.

PROGRAM MANAGEMENT AND DEVELOPMENT

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

During FY14 Q2, 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. A total of 16 peer educators from NCD reached 370 MARPs (105 Women in Transactional Sex [WTS], 62 Men in Transactional Sex [MTS], 71 MSM/TG, 41 High-Risk Women [HRW] and 91 High-Risk Men [HRM]) through one-to-one contacts. This represents a decrease in project coverage in comparison to the previous quarters (see Chart 1). Peer educators also reached 950 individuals through small group interventions, significantly less than in the previous quarter. This drop in coverage is at least partially attributable to the termination of FHI 360's contract with PLWHA in Madang. In addition, there was significant turnover of peer educators employed by Salvation Army and Four Square Church in NCD, and replacement has been slowed by IAs' recruitment process. FHI 360 anticipates that coverage will improve in subsequent reporting periods as negotiations are underway with a potential new implementing partner in Madang, NCD partners have recruited new peer educators, and the project anticipates implementing a peer-driven recruitment scheme (described under Quarter 2 Challenges, above) to broaden overall reach.



Distribution of Prevention Commodities

FHI 360 continued to distribute boxes of cola-scented male condoms, female condoms and lubricant to NCD implementing partners in NCD for redistribution either directly to beneficiaries during individual and group sessions or indirectly through outlets. During this reporting period, partner organizations distributed 43,939 condoms (38,918 male condoms and 5,021 female condoms) and 39,049 packets of lubricant to members of the target population. This is fewer prevention commodities distributed than in the previous quarter, due largely to the lower level of outreach coverage described above.

Condom availability and distribution should not, of course, be contingent only on the presence of a peer educator. During this quarter, Four Square Church conducted a condom outlet mapping activity and identified twenty two (22) suitable sites in the Kila Kila and Kaugere catchment areas that will be regularly supplied with condoms by project staff and used for condom distribution.

Strengthening SBC Approaches

FHI 360 has made further progress on the introduction of new communications materials as envisioned in the FY13-14 Strategic Behavioral Communications Strategy. Staff completed pre-testing of the male and female STI booklets in English, *Tok-Pisin* (Pidgin English) and Motu. The FHI 360 Asia Pacific Regional Office (APRO) is helping to finalize the artwork, and NACS is reviewing the STI booklets for approval. Risk Message cards have been pretested and finalized

and are awaiting approval from NACS. Staff also pre-tested and finalized Risk Assessment card sets, laminated Decision Tree tools, document folders, and laminated outreach SOPs, which were distributed to outreach teams, to further strengthen intervention activities.

During this reporting period, project staff also distributed a total of 431 pieces of IEC materials and or SBC tools, including posters, booklets, pamphlets, and brochures. These included 4 VCT log books distributed to implementing agencies to standardize recording of HIV counseling and testing clients and referral cards for peer educators and clinical staff to standardize service promotion and referral.

FHI 360 also recognizes that a technically strong SBC approach depends on both availability of quality SBC tools *and* appropriate use of those tools. In mid-January, the FHI 360 SBC officer presented findings from the Q1 Quality Assessment Quality Improvement (QA/QI) exercise, which included:

- PEs performed well in terms of preparing appropriately for outreach activities (having all necessary tools, having a completed “microplan” etc.)
- PEs generally performed outreach tasks according to standard operating procedures
- Communication skills required further strengthening particularly with regards to active listening and open-ended questioning
- Misunderstandings persist regarding monitoring and evaluation and appropriate use of the Decision Tree.

In response to this QA/QI review, FHI 360 staff conducted refresher training in mid-February and mid-March on correct use of M&E tools such as the decision tree, outreach referral cards, and outreach M&E tools. A review of key communication skills was included in the March training, focusing on the code of conduct, active listening skills, questioning skills (open vs. closed questions), and starting a conversation with a peer.

Employing Creative Channels to Reach MARPs

Project staff continue to promote creative methods for delivering messages to MARPs, including through a community event held this February at the Kila Kila clinic, which drew hundreds of participants, more than 100 of whom participated in games such as Condom Bomb and Snakes and Ladders, and watched a community drama by Four Square Church to promote HIV testing.

The purpose of the community event was to create awareness of the services at the Kila Kila and Kaugere clinics, with a specific focus on sexual health and HIV services. More than 400 participants received a general check-up, 5 people accessed STI services, and 9 received an HIV test (6 MARPs and 3 low-risk members of the general population).

The project also continues to support quarterly “edutainment” shows in key entertainment establishments in NCD, however FHI 360 has handed over the coordination and implementation of edutainment to the Four Square Church and Salvation Army outreach teams, while continuing to provide mentoring to the outreach, M&E and field support officers. On March 25th, project staff in NCD conducted a second half-day workshop for establishment owners which was attended by representatives from 5 currently collaborating venues and 3 new establishments that are interested in HIV prevention programming. This brings the total number of venues in NCD willing to host edutainment activities to 8.

Addressing stigma and discrimination and creating a supportive environment

The Salvation Army in collaboration with FHI 360 has conducted a sensitization workshop on January 30 for 17 community, youth and women’s group leaders within its catchment area to raise awareness of the MARPs - focused HIV prevention intervention, and to encourage human rights and legal protection for MARPs. Facilitators introduced participants to the services at the Koki and Kaugere clinics and Ela Beach VCT center, and also stressed the availability of post exposure prophylaxis (PEP) and the importance of timely response to GBV.

Project staff also continue to hold monthly support group meetings as a supportive environment for MARPs, and in January FHI 360, Four Square Church and the Salvation Army held a joint meeting to discuss support group successes, challenges and the way forward. Responsibility for coordinating and facilitating these meetings was handed over to the IAs. This quarter the IAs conducted three (3) monthly combined peer support group meetings for WTS and MSM/TG. During these meetings, the support group revised their TOR and planned activities for calendar year 2014, promoted the importance of VCT and early testing, and learned about the operations and objectives of the Kaugere Women’s Resource Center safe house.

Improving project coordination and collaboration

In NCD, the Salvation Army hosted a clinical coordination meeting in March, conducted by their M&E officer, to review project performance to date, discuss recommendations and decide on ways to improve performance. A key challenge discussed was strengthening the referral mechanism from the outreach intervention to the clinic.

In Madang, the Provincial Health Office held a Continuum of Prevention to Care and Treatment (CoPCT) coordination meeting to strengthen linkages and referral mechanisms between HIV

and GBV services. Currently, there is no specific service provider and most of the survivors go to the E & A department of the hospital. At this meeting, participants finalized the CoPCT Coordination team terms of reference and reviewed HIV/AIDS data from Q1 – Q3 of 2013. This data was presented at a recent ProMEST meeting by the Madang PAC M&E Officer.

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 and Kila Kila clinics have now received written approval and certificate of accreditation from NDoH to carry out ART services in NCD.

Kila Kila, Kaugere and Koki clinics in NCD and Id Inad Clinic in Madang continued to provide STI management services in Q2. A total 305 individuals (140 men and 165 women) received STI diagnosis/screening and treatment services during the second quarter of FY14, an increase of 35 or 13% over the previous quarter. Of all STI clients, 45.6% (n= 139) were MARPs (24 WTS, 1 MTS, 7 MSM/TG, 42 high-risk women, 65 high-risk men). The other 166 individuals (99 women and 67 men) were categorized as low risk based on the decision tree tool; however, these clients may have practised risky sexual behaviour recently or been referred by higher-risk sexual partners. Of the total number of STI clients screened, 246 visited the clinics with signs and symptoms of STI, 56 were asymptomatic, 2 were for follow-up and 1 client was a GBV survivor requiring STI diagnosis and treatment.

In addition, 1007 individuals (371 men and 636 women) received HIV counselling and testing across the five HCT sites during this reporting period, including 20 children under 15 years old. This represents an increase of 90 clients (11.1%) from the previous quarter. Of the total HCT clients, 57.6% (n=580) were MARPs; while the proportion of MARPs among HCT clients has remained fairly steady, the total number of MARPs served increased by 10.3% (n=54) over the previous quarter (see Chart 2, below). This achievement is encouraging considering only two IAs and 16 peer educators were engaged in conducting the outreach intervention and promoting HCT services in Q2. During this reporting period, 59 HCT clients, (5.9%) tested positive for HIV, a decrease in case detection rate from 7.1% in the previous quarter. The testing breakdown is as follows:

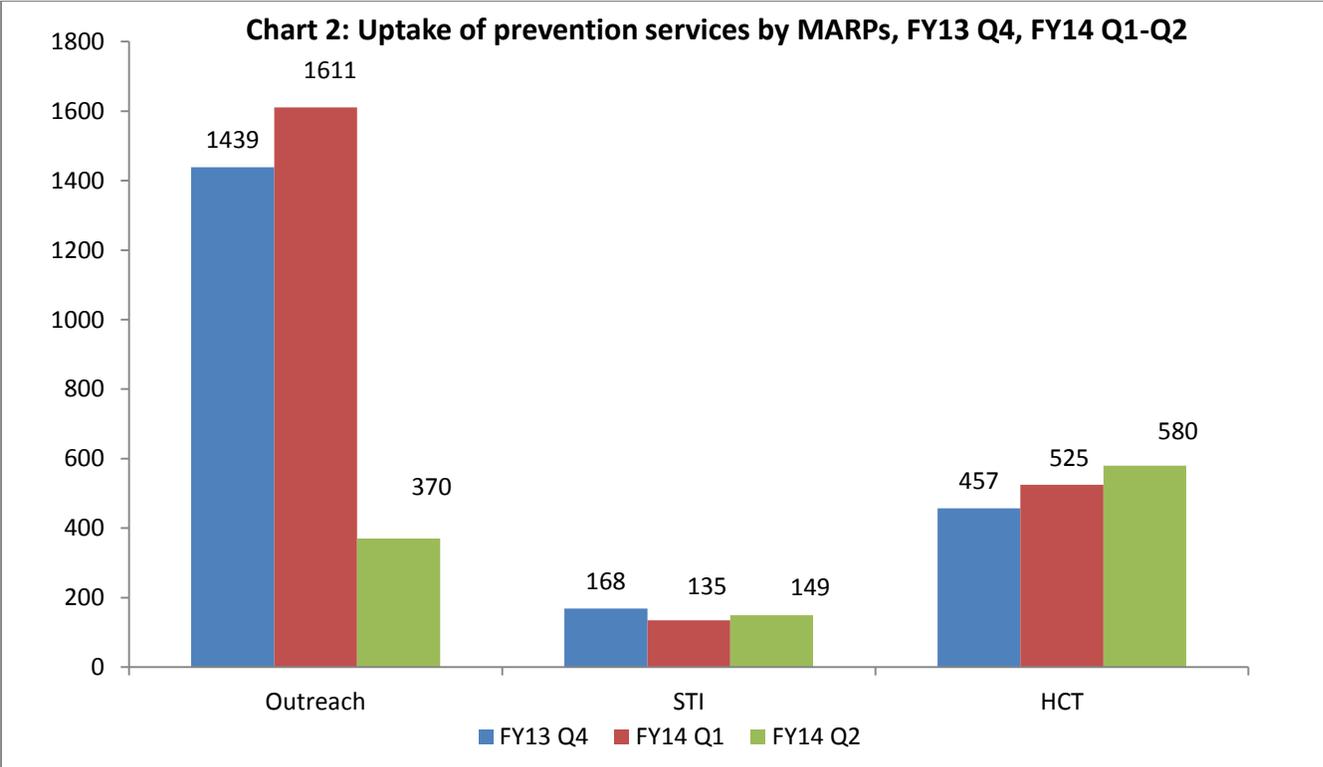
Category of MARPs	Number tested	Case detection rate (%)
Women in transactional sex	105	15.2
Men in transactional sex	36	5.4
MSM/TG women	17	0

High-risk women	201	8.5
High-risk men	220	8.6

Among those clients regarded as low risk based on self-reported behaviour, 1.2% of men and 1.0% of women tested HIV positive.

Out of the total clients tested, 254 individuals (137 men and 117 women) including 10 children (5 girls and 5 boys) under the age of 15 were tested at Id Inad clinic in Madang while the other 753 individuals (234 men and 519 women), including 10 children under 15 were tested at the four sites in NCD.

In graph below, change STI from 149 to 139



During this reporting period, both the Koki and Kila Kila clinics received written approval and accreditation from NDoH to carry out ART services. Kila Kila clinic commenced OI/ART services immediately and started reporting data. NCD health medical officer for Moresby South visited the Koki clinic to prepare it to initiate ART services. However, there is no trained prescriber for Koki clinic, therefore IMAI training will be conducted in Q3. The services will fully start next quarter. In Q2, Id Inad and Kila Kila clinics provided clinical care and support services for 265 HIV positive individuals (107 men and 158 women, including 24 children less than 15 years of

age). The two clinics reported 26 new ART clients (12 men and 14 women) enrolled during Q2, and a total of 248 HIV-positive individuals active on ART at end of March 2014 (99 men and 149 women, including 21 children under 15 years of age). As expected, the number of clients active on ART increased by 20.4% (n=42); however, there was no corresponding increase in the number of clients newly initiating ART compared to previous quarter. This measure is expected to improve once OI/ART services are consolidated in NCD i.e. Koki clinic begins ART services.

The project is also supporting the establishment of a Family Support Centre (FSC) within the Id Inad Clinic. Modilon General Hospital is recruiting FSC staff.

The program and technical team have conducted mentoring visits for IAs in NCD and Madang. In February the Health & Service Delivery Advisor visited Id Inad clinic to review use of the CD4 PIMA machine and how it has impacted MARPS who access the clinic. In this reporting period, the clinic has conducted a total of 119 CD4 tests, including 97 tests for HIV-positive individuals (40 males and 57 females), 11 repeat tests and 39 PIMA control tests. 52 of the HIV positive clients has exceeded the 350 CD 4 benchmark while the remaining 45 were below the bench mark. The machine has helped in determining the CD4 levels of individuals immediately and delays in starting treatment or delayed clinical intervention have been curtailed. Areas for improvement in service delivery were also identified with the staff and case management team at the Id Inad clinic.

In NCD, the FHI 360 Health & Service Delivery Advisor and Program Officer visited the Koki clinic to conduct a QA/QI assessment of facility set-up and service delivery without disrupting clinic operations. Project staff focused on assessing the quality of:

- Documentation (Forms and Log books) – Randomly reviewed forms and clarified questions as well as outlining expected answers. Encouraged the counsellors to share experiences and challenges as well as clarifying questions they had.
- Filing (Systematically and maintaining confidentiality) - Encouraged the counsellors to use the suspension folders and clearly label individual client folders.
- Complying with National Health Guidelines and Project Standard Operating Procedures - Affirmed the importance of complying with NDoH guidelines to avoid conducting confirmatory tests themselves but rather seeking assistance from accredited staff until certificates are issued
- Identifying VCT staff capacity and training needs - During discussions it was discovered that the female VCT counselor needs close supervision and mentoring as well as refresher for VCT Counseling and other relevant trainings such as MARPs sensitization, PICT, couples counseling and adherence counseling.

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

FHI 360 has developed an electronic database and a media monitoring form to be used by the implementing agency FSVAC to monitor and develop weekly reports on references to GBV in the media (“Media Watch”). Currently, FSVAC is only monitoring print media, but discussions have begun with other media organizations to conduct monitoring of radio and television. The reports will be used to provide training and ongoing support encouraging sensitivity in reporting on GBV-related issues.

FHI 360 has assisted FSVAC to develop a Media Watch factsheet, shared with partners and the media, which includes information on the types of inappropriate reporting such as biased reporting, insufficient reporting, inappropriate language and lack of follow up. FSVAC with support from FHI 360 hosted a luncheon meeting in February targeting newsroom editors of media organisations in Port Moresby. A total of 7 people attended (2 reporters and 4 editors). One other participant was from an online media outlet called the PNG Edge that also has a facebook page to reach out to a wider audience with real time news. One of the highlights of the meeting was the sharing of the Media Watch findings. There were 71 stories on GBV reported by the two daily papers between July and December 2013. Post Courier reported twenty-five (25) and The National reported forty-six (46). The participants who attended were quite enthusiastic and willing to learn ethical and appropriate ways of reporting GBV.

In addition to working with local media, in March FHI 360 program staff facilitated a five-day training on gender-based violence for NCD-based peer educators, clinicians and counselors. The aim of the training was to support health care and outreach teams in responding to GBV cases, and was focused on strengthening provision of psychosocial and medical support by defining different types of violence and emphasizing good communication with GBV survivors.

Also in March, collaboration with legal aid service providers resulted in a one-day GBV workshop conducted by the Public Prosecutors Office for FHI 360 and IA staff. The PNG Development Law Association also participated in a peer support group meeting in March and provided a legal literacy session on HIV and the Law for sex workers.

Finally, FHI 360 introduced a GBV intake form and consent form so that the project starts to capture data on GBV-related work. This was done for House of Hope and Kaugere Women’s Association.

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

FHI 360 continued to provide technical assistance to government line agencies such as the National AIDS Council Secretariat and NDoH in various capacities. The FHI 360 STO (M&E) continued to contribute actively as a member of the SI-TWG. Assistance afforded at the national level on strategic information included participation in a national consensus workshop for the 2014 Global AIDS Response Report as well as participation in a sub-working group formed by the SI-TWG to develop a Unique Identifier Code (UIC) system for PNG. The STO (M&E) has attended several meetings where a concept paper was developed and recommendations were put forward to be accepted by the SI-TWG. The UIC system will be an effective tool to aid in monitoring service delivery and access by members of most-at-risk populations, including to track patterns or trends in STI and HIV prevention, treatment and care service use by MARPs.

In addition, the SBC officer has continued to represent FHI 360 at the HIV Garamut and Comprehensive Condom Programming Committee (CCPC) monthly meetings in Q2 of FY14 facilitated by NACS. The meetings in February mainly focussed on

- The MARPS Communication Strategy
- Condom Packaging
- CCP Plan and Strategy
- Shared FHI360 2013 October to December Condom Distribution update

In order to support increased supply of HIV/AIDS services for MARPS, their sexual partners and their families, case managers in Madang have been trained and have developed their schedules to do home visits and follow-up for patients who have stopped attending clinic appointments. The urban area has been divided into sections to carry out these visits, during which referral cards will be given to the target population to visit the clinic.

The M&E technical team provided on-going TA for M&E officers at Salvation Army and Four Square Church in January, February and March, focused on determining the level of effective and appropriate use of M&E tools and providing technical assistance to clinicians and M&E officers to roll out OI/ART data collection and reporting forms. Other TA areas included correcting and confirming data and improvements in data quality and reporting as well as appropriate use of M&E tools. The M&E team also provided TA to Id Inad clinic staff in early March focusing on the quality of program monitoring data and reporting.

The M&E team conducted a 2-day training in January on effective data interpretation and presentation for NCD IAs and FHI 360 staff. The training was aimed at mentoring staff to enhance their skills in developing effective interpretation and presentations of their program monitoring data. The training focused on didactic presentation and practical sessions to

introduce participants to the three main formats for presentation of data: tables, figures and text. Facilitators also included a session on the do's and don'ts of PowerPoint presentations. A total of 10 participants (3 males and 7 females) attended the training, where they were asked to develop their own presentations outlining the performance of their organizations in FY13 to share with others during the performance review meeting, which was held on February 11.

In March, the FHI 360 STO (M&E) and M&E Officer conducted a data quality assessment (DQA) at Id Inad Clinic and provided TA for Id Inad and FHI 360 Madang staff to strengthen monitoring and reporting systems. This included establishing a comprehensive data management and reporting system for HIV counseling and testing and STI management for Id Inad Clinic, which can be replicated by other clinics in NCD. The team made changes to the existing electronic data management and reporting formats so that data is automatically generated to fulfill reporting requirements from FHI 360 as well as Modilon General Hospital, the Provincial Health Office and the National Department of Health. The M&E team also addressed issues relating to the electronic tracking log for OI/ART, which will assist staff to calculate survival rates of PLHIV over time.

The M&E team also addressed issues identified during the previous DQA, including establishing password protection for data, a three-weeks cycle of weekly backup of data for the rest of 2014, automatic error checks for reports generated in Excel as well as establishing a quality control checklist and mechanism. The team conducted a one-day refresher training session at Id Inad Clinic for all 11 staff (3 males and 8 females) focused on changes in data management and reporting systems as well as quality control checklists and mechanisms.

Finally, the FHI 360 STO (M&E) also showed the Nurse Unit Manager and the Data Entry point person at Id Inad Clinic how the early warning system works and can be used by the clinic. FHI 360 will provide further support to ensure that this tracking system is used. A copy of the tracking system as well as all the revised data collection and reporting formats were given to the Id Inad Clinic staff.

Financial summary

The overall spending was less than planned as Modilon Hospital is still recruiting the two nurses who will be working at the family support center in Id Inad Hospital. The sub agreement with Country Women Association to replace PLWHA in Madang did not go through as planned which contributed to less expenditure.

Period Budget	Period Actuals	Remaining Balance	Comments
Objective 1 (IR 2.1): To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families			
174,736	133,404	41,331	PLWHA's contract has been terminated. The negotiation with Country Women Association did not go through. This has contributed to less expenditure of funds.
Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families			
175,306	106,875	68,431	Partner organization expenditure was less as they do not have full staff in laboratory. Planned training on the utilization of PIMA CD 4 count machine has been postponed to next quarter.
Objective 3 (IR 2.3): To increase use of facility- and community-based gender and GBV interventions			

169,281	106,145	63,136	<p>The consultant to conduct the training and mentoring on the utilization of the shelters could not come during the quarter. It is postponed for quarter 3, July 14-25, 2014.</p> <p>The termination of the contract with PLWHA has also contributed to low burn rate.</p> <p>The operations of the family support center in Madang is still delayed due to the slow recruitment process of the two nurses Modilion General hospital will be employing</p>
Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery			
142,222	106,134	36,089	There was less technical support from M & E team to Madang province as the contract with PLWHA was terminated.
Total Indirect Cost			
170,570	139,490	31,083	



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FROM THE AMERICAN PEOPLE

SNAPSHOT

USAID Mission Director's visit to PNG

Presentation of vehicles to the IAs of the MARPs project at the Ela Beach VCT Centre



USAID Mission Director, Gloria Steele visits the House of Hope



The USAID Mission Director, Gloria Steele accompanied by Aneda Ward Acting Country Director and Dr. Pankaja Panda, Health Advisor, visited the Ela Beach VCT centre and House of Hope managed by Salvation Army on March 6, 2014. During the visit the project staff explained the outreach activities, VCT services and the House of Hope shelter services which caters to survivors of gender based violence. Present during the visit were, the directors of Salvation Army Colonel Neil and Chris Webb, Director of Curative Care NCD Health Dr. Jeremy Tanomi and Country Director of FHI 360, Shiv Nair. Besides visiting the VCT centre and the shelter for GBV survivors, the Mission Director handed over two Ford Ranger utility vehicles which were procured with funding from USAID for use by Salvation Army and Four Square Church. During the handover ceremony, Dr. Tanomi from NCD health services mentioned that lack of transportation often challenges provision of outreach services. In addition to supporting the Strengthening HIV/AIDS Services for MARPs project directly, the vehicles will greatly contribute to NCD health services' attempt to extend its services to more people through its outreach program. Dr. Tanomi also thanked USAID for providing funding and technical assistance in expanding health services to the people of Port Moresby by opening one more new clinic. After the visit the Mission Director said that USAID is pleased to reach out the most vulnerable women in PNG through its technical and financial assistance of gender based violence.

A significant visit to the MARPS project from the USAID occurred on the 6th of March 2014. The USAID Mission Director, Gloria Steele

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