



STRENGTHENING HIV/AIDS services for MARPs in PNG

QUARTERLY REPORT

April 1, 2014-June 30, 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 |
| EOA | Enhanced Outreach Approach |
| 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 |
| KP | (Member of a) Key population |
| MARP | Most-at risk population |
| M&E | Monitoring and evaluation |
| M-FSVAC | Madang Family and Sexual Violence Action Committee |
| MSM | Men who have sex with men |
| MTS | Men in transactional sex |
| NACS | National AIDS Council Secretariat |
| NCD | National Capital District |
| NBC | National Broadcasting Corporation |
| NDoH | National Department of Health |
| NUPAS | Non-US Organisations Pre-award Survey |
| OI | Opportunistic infection |
| PEP | Post exposure prophylaxis |
| PHO | Provincial Health Office |

| | |
|-------|--|
| PLHIV | People living with HIV |
| PLWHA | People Living With Higher Aims |
| PMP | Performance management plan |
| PNG | Papua New Guinea |
| 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 3rd quarter (Q3) of Fiscal Year 2014 (FY14), FHI 360 and its local partners continued to implement the Strengthening HIV/AIDS Services for Most-at-Risk Populations in Papua New Guinea Project. This quarterly report, covering the period April 1 to June 30 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 Q3 results and a financial summary.

QUARTER 3 ACHIEVEMENTS:

- The project reached 509 key population (KP) members through individual and small-group prevention interventions, an increase of 32.2% (n=124) from the previous quarter.
- Project staff completed necessary preparations for implementation of the Enhanced Outreach Approach (EOA), an innovative intervention strategy to increase key populations' referral to, and uptake of, clinical and gender-based violence (GBV) care services. Preparations included technical discussions, consultation workshops, development of standard operating procedures and manuals and revision of the unique identification code.
- Local partners provided HIV counseling and testing (HCT) services to 946 individuals (390 males and 556 females), including 678 KPs (134 WTS, 35 MTS, 23 MSM/TG, 232 HRM and 254 HRW), who received their test results. The number of KPs accessing services increased by 19.9% (n=98) from the previous quarter.
- HCT services identified 53 new HIV infections, including 49 among KPs. The case-finding rate among all key populations dropped from 9.9% in Q1 to 9.3% in Q2 and 7.2% in Q3. The drop in HIV detections despite increasing numbers of KPs receiving counseling and testing might be related to peer educators reaching their peers more than once including increased number of clients being tested repeatedly.
- The project launched the provision of clinical care and treatment services at the Koki clinic and registered 29 OI/ART clients, of whom 16 are active on ART. This new clinic has boosted the number of clients currently on ART in the three project clinics by 17.4% (n=44) to a total of 292, exceeding the annual target of 250 by 16.8% (n=42). The three clinics initiated ART treatment for 44 new clients (18 men and 26 women) in Q3, a 69.2% increase over the previous quarter (n=18).
- Project staff finalized development of the Minimum Standards and/or Standard Operating Guidelines for GBV Shelters. House of Hope (Salvation Army) and Kaugere

Women's Resource Centre (Four Square Church) are using the SOP in providing service for women and children survivors of violence.

- The project started a radio talk show on GBV, in collaboration with Family Sexual Violence Action Committee (FSVAC) and the National Broadcasting Corporation (NBC), which will be broadcast nationwide every quarter. The first broadcast was held on the June 17th. The talk show aims to raise the general public's awareness of gender-based violence and the link between GBV and HIV.
- FHI 360 provided technical support for FSVAC to set up an electronic database to record incidents of gender-based violence reported from Family Support centers across Papua New Guinea (PNG). FSVAC also continued to monitor GBV cases reported in print media using the Media Watch monitoring system established during the previous quarter.
- The project provided technical assistance to refine the electronic ART tracking system at in Id Inad Clinic in Madang and replicated this system in NCD for new ART sites at the Koki and Kilakila clinics. The system triggers an alert to inform the HIV case management team (CMT) of the clients who have either defaulted or been lost to follow-up for treatment. The Id Inad CMT have used this tracking log to carry out home visits.
- Dr. Laurent Ferradini, Associate Director – Care & Treatment, traveled from the FHI 360 Cambodia Country Office to help complete a gap analysis for all supported VCT, STI and ART facilities under the MARPs Project in NCD and Madang. This analysis was focused on quality assurance/quality improvement (QA/QI). Based on the results, FHI 360 and partner organizations are now implementing quality improvement activities in all five health facilities.
- To ensure overall quality of the MARPs project, FHI 360 carried out an extensive Program and Technical Quality Assessment (PTQA), supported by an FHI 360 team of experts from FHI 360 headquarters office, Asia Pacific Regional Office (APRO), Botswana Country Office and Cambodia Country Office. The PTQA team used the Program Management, Technical Quality Assessment Tool (PMTQAT), to assess key technical and program management components of the MARPs Project. The team visited the PNG Country Office, implementing agencies (IAs), local government partners and key stakeholders in Port Moresby and Madang. The final report will be shared with USAID, and key findings and recommendations will be reflected in the prioritized responses and included in the implementation plan moving forward.

QUARTER 3 CHALLENGES:

- Delay in identification of a new local partner organization in Madang: Following the termination of the contract with People Living with Higher AIMS (PLWHA), a local IA

in Madang, there was a challenge in identifying new local organizations with the experience and capacity to carry out activities based on the MARPs project objectives. FHI 360 conducted a market assessment, focusing on local organizations' current scope of work, goals and objectives, and demonstrated capacity, and identified two potential partner organizations: Country Women Association Madang (CWAM) and Voluntary Service Overseas (VSO). While CWAM was originally chosen as the most suitable partner, during negotiation over the sub-grant, CWAM declined the partnership due to internal problems. FHI 360 has subsequently begun to develop a scope of work and sub-grant with VSO; in the interim, implementation of outreach activities has been suspended. FHI 360 is confident that after the commencement of the sub-grant with VSO, all outreach activities will resume and reach overall project targets according to the work plan.

- **Barrier in Service Uptake:** Despite increases in outreach coverage, a limited number of MSM and TG women accessed clinical services. The FHI 360 PNG office continued to provide technical support to local IAs to address this shortcoming, with additional assistance from Matthew Avery, Technical Officer, from FHI 360 APRO. In order to increase the targeting and reach of outreach and referral activities, FHI 360 has introduced an “Enhanced Outreach Approach” which integrates peer-driven recruitment and performance-based incentives into the project’s existing outreach approach.

Local Unrest: There was a two-week period of local unrest during this reporting period, leading to the temporary closure of the Kilakila clinic. It was additionally unsafe for peer educators and clinicians to conduct outreach in either the Kilakila or Kaugere catchment areas during this time. This temporary interruption of project activities affected both the number of MARPs reached through outreach interventions and the number of clients accessing clinical services.

Change of personnel

In the reporting period FHI 360 has had the following key personnel changes

Chief of Party

Shiv Nair, former Chief of Party resigned as of June 25, 2014. FHI 360 appointed Daniel Tesfaye, Deputy Chief of Party as acting Chief of Party to ensure continuity of service. On June 17, 2014, Ms. Sutinee Charoenying, Project Manager, FHI 360 Asia Pacific Regional Office in Bangkok, travelled to PNG to act as Deputy Chief of Party and assist Mr. Tesfaye.

Finance Manager

Bhola Shrestha, Finance Manager, resigned as of May 1, 2014 on health grounds. On May 15, 2014, Ms. Wanwisa Maneenak, Finance Officer, FHI 360 APRO, travelled to PNG to provide financial management expertise and support to the project team. FHI 360 recruited Prabesh Aryal as Finance and Admin Director. Mr. Aryal will commence work in PNG on August 18, 2015.

Deputy Chief of Party

Proposed promotion of current Deputy Chief of Party, Daniel Tesfaye, to Chief of Party and recruitment in process for new Deputy Chief of Party

Monitoring and Research advisor

William Yeka, Monitoring and Research Advisor resigned from his position for personal reasons. FHI 360 is engaging local consultant to provide support for monitoring and evaluation as it is difficult to recruit qualified and experienced personnel in PNG. The position is advertised.

FHI 360 planned smooth transition to minimize the impact on project implementation. Activities planned during the quarter were implemented as planned.

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 1.1.3 Distribute the 1 Taim U: blo trupla man condom | Number of condoms distributed (non-PEPFAR) | 300,000 | Partner organizations distributed 54,571 condoms (41,242 cola-scented male condoms and 13,329 female condoms) to KPs through peer education, clinical services and condom outlets in NCD and Madang. 26,797 lubricants were distributed. <i>A total of 246,023 condoms were distributed collectively in Q1, Q2 and Q3.</i> |

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 1.1.4 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 | There are no recruitments during this period as none of the peer educators left their position |

| 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>The EOA Manual for outreach team members and clinicians was developed and ready for printing. Training for clinicians and outreach team members on EOA is planned for Q4.</p> <p>509 key population members (155 WTS, 66 MTS, 72 MSM/TG, 94 HRW, 122 HRM) reached in Q3.</p> <p>1182 key populations were reached in group sessions in the reporting quarter.</p> <p><i>2490 KPs (671 WTS, 268 MTS, 268, MSM/TG, 530 HRW, 753 HRM) reached in the first three quarters in one- to- one contacts.</i></p> |
| <p>Activity 1.3.2 Establish coordination meeting with FSVAC and implementing partner organizations</p> | | <p>N/A</p> | <p>FHI 360 and other stakeholders in Madang have met to discuss the establishment of coordinating body for all gender-related activities. Once established it will be part of the FSVAC.</p> |

| Planned activities | Indicators ¹ | Yearly target | Achievement during reporting period |
|--|---|------------------|---|
| 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 | Quality assessment evaluation and gap analysis completed for all clinical sites. FHI 360 and partner organizations are addressing recommendations from the quality assessment. |
| 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 | 5 supportive supervision visits were conducted and 20 clinical staff were involved at different times. <i>In the last three quarters 53 people were provided with intensive in service training.</i> |
| Activity 2.2.2 Provide a suite of specialized training | | N/A | Training on the use of the PIMA CD4 machine was conducted for 7 clinical staff in NCD. |

| Planned activities | Indicators ¹ | Yearly target | Achievement during reporting period |
|---|-------------------------|---------------|--|
| Activity 2.2.3 Provide TA to GoPNG | | N/A | FHI 360 participated in 1 CCP and 1 national consultation on size estimation of key populations. FHI 360 was also involved in the first meeting to revise the care and treatment guidelines. |
| Activity 2.3.1 Provide orientation and training to IAs to develop and deploy CMTs | | N/A | The CMT provided services in all three ART sites in NCD and Madang. The Madang CMT commenced home visits to track treatment defaulters and those lost to follow-up. |
| Activity 2.4.1 Conduct regular meetings of the CoPCT-CC | | N/A | The Madang PHO conducted one meeting for CoPCT-CC and another to develop SOP for the formation of a provincial FSVAC. |
| Activity 2.5.1 Work closely with partners | | N/A | On-going: FHI 360 worked closely with partners in both NCD and Madang on various activities as reported throughout this report. |
| Activity 3.1.1 Conduct Media Advocacy | | N/A | FSVAC conducted one radio talk show with the NBC on GBV-related issues. |

| Planned activities | Indicators ¹ | Yearly target | Achievement during reporting period |
|--|---|---------------|---|
| Activity 3.1.4 Support health care and outreach teams to handle GBV cases | | N/A | FHI 360 developed minimum standards for GBV shelters with partners in NCD. Training for clinicians and peer educators is planned to take place in Q4. |
| Activity 1.4.2 Continue to participate actively on national gender TWGs | | N/A | National TWG does not exist; however, FHI 360 is a member of FSVAC which deliberates on GBV issues in PNG. |
| Activity 3.3.2 Continue active involvement in policy-making bodies | | N/A | Participated in a review of the National GBV Strategy in April and May, organized by FSVAC. |
| Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery | | | |
| 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 | Ongoing: M&E officers and ART prescribers in NCD were given the electronic ART tracking log and shown how to use it. Data quality assessments for both Salvation Army and Four Square Church were conducted in April. |

| 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 | Accomplished; however, the system will be revised in Q4 to accommodate changes in PEPFAR indicators. M&E officers and ART prescribers in NCD were given the electronic ART tracking log and shown how to use it. |
| Activity 4.1.5 Conduct data quality audit | | N/A | Data quality assessments were conducted for Koki Clinic, Salvation Army and Kilakila clinics, Four Square Church. |

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 | Q3 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 | 509 individuals (including 155 WTS, 66 MTS, 72 MSM/TG, 94 HRW and 122 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 | Below quarterly target of 1250 due to delay in signing of sub-agreement with new implementing partner in Madang and unrest 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 for key populations will be conducted in 2015 |
| IR 1.2 Improved health seeking behavior | | | | | |

| | Objectives, Intermediate Results (IR), and Indicators | FY14 targets | Q3 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 | 946 individuals (390 males and 556 females) including 678 KPs (134 WTS, 35 MTS, 23 MSM/TG, 232 HRM and 254 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 | Target has been set for only key populations; thus, project exceeded quarterly target of 500 by 35.6% (n=178). Strengthened outreach activities increased awareness of available services among target populations |

| | Objectives, Intermediate Results (IR), and Indicators | FY14 targets | Q3 Achievements | Monitoring: data source and periodicity | Justification |
|---------------------------|--|---------------------|---|---|--|
| 4. PEPFAR Output (C2.1.D) | Number of individuals who received STI management services | 1,500 individuals | 326 individuals (145 males and 181 females) including 176 KPs (30 WTS, 8 MTS, 5 MSM/TG, 133 other high-risk population) In addition: 86 individuals mostly with symptoms were recorded as repeat visits. | Daily Client register - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID | Performed below quarterly target of 375. IA reported that HCT clients, although encouraged to access STI screening, refused the services. Repeat clients are not counted and the definition for old clients who are re-infected needs to be revisited. |
| 5. Program Output | Number of individuals sensitized on S&D | 17 individuals | 0 | Daily Client register - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID | More sensitizations will be held in Q4 though target for FY14 was achieved. |

| | Objectives, Intermediate Results (IR), and Indicators | FY14 targets | Q3 Achievements | Monitoring: data source and periodicity | Justification |
|--|---|-----------------|--|--|---|
| 6. Program Output | Number of condoms distributed | 300,000 condoms | 54,571 condoms (41,242 cola scented male condoms and 13,329 female condoms) distributed to KPs by IAs <i>In the three quarters a total of 246,023 (222,736 cola scented male condoms and 23,287 female condoms) condoms and 189,884 lubricants have been distributed.</i> | Daily OV/PE Diaries: - Monthly from IA & FHI 360; - Quarterly from FHI 360 | Outreach activities in NCD were affected by unrest in Sabama area which hindered outreach work by Four Square Church. The delay in signing of a sub-agreement with the new partner in Madang also affected outreach activities. |
| 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 | Q3 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 | 292 HIV-positive individuals (113 males and 179 females) including 22 children were active on ART | Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID | Exceeded annual target by 42 or 16.8% due to higher number of clients than expected being registered in 2 new ART sites in NCD and fewer deaths recorded. |
| 8. Program outcome | Percent of adults and children lost to follow-up during the reporting period | TBD | 3.4% of HIV-positive individuals are lost to follow up (10/292) | ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360 | Increase in rate of loss to follow-up was recorded in Id Inad Clinic in Madang. |
| 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 | Tracking log established will help to calculate this. Awaiting this to be updated. Measurement |
| IR 2.2 Coverage of HIV/AIDS services improved | | | | | |

| | Objectives, Intermediate Results (IR), and Indicators | FY14 targets | Q3 Achievements | Monitoring: data source and periodicity | Justification |
|----------------------------|---|---------------------|--|---|--|
| 10. PEPFAR Output (P7.1.D) | Number of PLHIV reached with a minimum package of prevention with PLHIV (PwP) interventions | 100 | 52 HIV-positive individuals (16 males and 36 females) | <ul style="list-style-type: none"> - Monthly from IA & FHI 360; - Quarterly from FHI 360 | 109 clients in total have been reached with PwP, exceeding annual target with data from NCD. |
| 11. PEPFAR Output (C1.1.D) | Number of eligible adults and children provided with a minimum of one care service | 500 clients | 310 clients (117 males and 193 females, including 22 children) | Client Records/ART Registries: <ul style="list-style-type: none"> - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID | Only clinical care is only provided in health facility. |
| 12. PEPFAR Output (C2.1.D) | Number of eligible adults and children provided with a minimum of one clinical care service | 500 clients | 310 clients (117 males and 193 females including 22 children) | Client Records/ART Registries: <ul style="list-style-type: none"> - Monthly from FHI 360 - Quarterly from FHI 360 to USAID | Clinical care is provided in the health facility. |

| | Objectives, Intermediate Results (IR), and Indicators | FY14 targets | Q3 Achievements | Monitoring: data source and periodicity | Justification |
|----------------------------------|---|---------------------|--|--|---|
| 13. PEPFAR Output (C2.2.D) | Number of HIV-positive persons receiving co-trimoxazole prophylaxis. | 120 | 124 clients (46 males and 78 females including 1 child) | Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID | Data collected are from the two ART sites in NCD. |
| 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% | 27 clients (12males and 15 females) screened for (8.7%% of clients being cared for this quarter) | Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID | Low rate of TB screening is partly the result of healthcare providers failing to routinely offer this service. Following the PTQA, TB screening has been added as a routine question during monthly PLHIV patient checks. |

| | Objectives, Intermediate Results (IR), and Indicators | FY14 targets | Q3 Achievements | Monitoring: data source and periodicity | Justification |
|--|--|---|---|---|---|
| 15. PEPFAR Output (T1.1.D) | Number of adults and children with advanced HIV infection newly initiated on ART | 100 clients | 44 new clients (18 males and 26 females) including 1 child) initiated on ARV. | ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360 | Cumulative total of 97 (44 males and 53 females including 9 children) for FY14; expected to exceed target due to increased detections of HIV in all five testing sites. |
| | IR 2.3 Local capacity of service delivery enhanced | | | | |
| 16. Program Output | Number of trainings provided for building the organizational capacity of local organizations | 4 trainings | There were no trainings conducted in this quarter | Training Reports | Training target was exceeded in Q2 |
| 17. Program Output | Number of project staff trained in service delivery | 190 individuals (30 volunteers, 40 clinical staff, 30 non-clinical staff) | 5 Individuals (2 males and 3 females) completed PIMA training | Training Reports/Trip reports/Monthly updates | PIMA training was conducted from the 27 th – 29 th May 2014 |
| Objective 3. To increase the use of facility and community-based gender and gender-based violence interventions | | | | | |

| | Objectives, Intermediate Results (IR), and Indicators | FY14 targets | Q3 Achievements | Monitoring: data source and periodicity | Justification |
|-------------------------------|---|---------------------|---|---|---|
| 18. PEPFAR Output (Gender) | Number of people reached by USG-funded interventions providing GBV services | 150 | <p>21 GBV survivors received GBV services:</p> <p>16 GBV survivors were counselled at House of Hope Shelter run by the Salvation Army.</p> <p>5 survivors were counseled and sheltered at the Kaugere Women's Resource Centre run by Four Square Church</p> | <p>Clinical, outreach, helpline and shelter daily registers;</p> <p>IA monthly summary forms:</p> <ul style="list-style-type: none"> - Monthly from clinical, outreach, Helpline and shelter records to FHI 360 - Quarterly from FHI 360 to USAID | Once minimum standards are established and staff and peer educators trained, the numbers will increase. Very limited rooms are available in the shelters. |
| 19. Program Output | Number of referrals from HIV-related interventions to GBV services | 50 | 1 PLHIV was referred to GBV services at the House of Hope. 3 GBV survivors were referred from the House of Hope to VCT services. | <p>Clinical, outreach, helpline and shelter daily registers;</p> <p>IA monthly summary forms:</p> <ul style="list-style-type: none"> - Monthly from clinical, outreach, Helpline and shelter records to FHI 360 - Quarterly from FHI 360 to USAID | |

| | Objectives, Intermediate Results (IR), and Indicators | FY14 targets | Q3 Achievements | Monitoring: data source and periodicity | Justification |
|----------------------------|--|---------------------|--------------------------|---|---|
| 20. PEPFAR Output (P6.1.D) | Number of persons provided with PEP | 100 | 13 Male 4 Female 9 | Clinical daily registers; IA monthly summary forms: - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID | The number of people receiving PEP services is increasing. |
| 21. Program Output | Number of clinical providers trained in GBV case management | 15 | 0 | Training reports: - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID | the training for health care workers is planned in quarter 4 |
| 22 Program Output | Number of PEs, OVs, and OWs trained in SBCC messaging for GBV | 30 | 0 | Training reports: - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID | Training was conducted and reported in Q2. Upcoming training will be carried out in Q4. |
| 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) | The indicator will be measured using BSS which will be conducted in 2015 |

| | Objectives, Intermediate Results (IR), and Indicators | FY14 targets | Q3 Achievements | Monitoring: data source and periodicity | Justification |
|---|---|--------------|-----------------|--|--|
| 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) | The indicator will be measured using BSS which will be conducted in 2015 |
| 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 | 20 | FHI 360 training log: - Quarterly from program (FHI 360) records - Quarterly from FHI 360 to USAID | The in service was in the form of supportive supervision. Exceeded annual target by Q2. More training will be conducted in Q4. |

| | Objectives, Intermediate Results (IR), and Indicators | FY14 targets | Q3 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 | Training will be conducted in Q4. |
| 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%). However, they need to be accredited by Central Public Health Laboratory. | Narrative reports: - Program (FHI 360) records - Quarterly from FHI 360 to USAID | The laboratories are not yet accredited by CPHL |
| | 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 | Q3 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 | TA provided to use government system. Computerized system not yet implemented. | FHI 360 drug supply management log: - Program (FHI 360) records - Quarterly from FHI 360 to USAID | |

Result-by-result analysis

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

The Finance Officer provides on-going site mentoring to the implementing agencies on the guidance provided in NUPAS. FHI 360 has developed a finance and administration checklist to make sure that implementing agencies are in compliance with the NUPAS guidelines.

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

Financial and program staff provided onsite mentoring and monitoring at all clinical sites (focusing on VCT and ART services) on quality financial and narrative reporting.

Environmental Mitigation and Monitoring Plan (EMMP)

FHI 360 and partner organizations disaggregate and treat health care waste (HCW) at source to minimize environmental impacts and conduct proper management, storage and disposal of expired medications and other commodities. All the clinics use non-puncture sharp disposal bins for needles and other sharp items. In the reporting period, Dani Newcomb from the Office of Environmental, Energy and Climate Change visited Koki Clinic and Ela Beach VCT center and commended these waste management protocols.

FHI 360 engaged the services of Total Waste Management, a private company, to incinerate 35,000 expired female condoms. In collaboration with partner organizations FHI 360 removed all expired HCT testing kits and STI/ART medicines from the clinics. As per government regulations, all expired medicines and kits are returned to the area medical store.

PROGRAM MANAGEMENT AND DEVELOPMENT

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

A total of 20 peer educators from Salvation Army and Four Square Church continued to conduct outreach intervention among key populations in NCD to disseminate HIV/STI prevention messages and promote uptake of clinical and GBV services. Peer educators reached a total of 509 KPs (155 Women in Transactional Sex [WTS], 66 Men in Transactional Sex [MTS], 72 MSM/TG, 94 High-Risk Women [HRW] and 122 High-Risk Men [HRM]) through one-on-one contacts. This represented a 32.2% increase in project coverage (n=124) in comparison to the previous quarter. Peer educators additionally reached 1,182 individuals

through small group interventions, which was also an improvement from the previous quarter.

The current 20 peer educators in NCD continued their work in Q3, however, it has been a challenge for the project to exceed or even reach the coverage achieved during the first quarter because there is currently no partner organization in Madang.

Distribution of Prevention Commodities

FHI 360 continued to distribute boxes of cola-scented male condoms, female condoms and lubricant to implementing partners in NCD for redistribution either directly to beneficiaries during individual and group sessions or indirectly through outlets. A total of 37 boxes of cola-scented male condoms (111,000 sachets), 12 boxes of female condoms (36,000 sachets) and 116 boxes of lubricants (348,000 sachets) were distributed to partner organization partners supported by USAID. Partner organizations distributed 54,571 condoms (41,242 male condoms and 13,329 female condoms) and 10,043 packets of lubricant to members of the target population. This represents a 24.2% increase in the number of condoms distributed during the previous quarter. However, during this quarter FHI 360's supply of female condoms expired and were safely disposed of. The project obtained additional female condom supplies from Businesses Against HIV/AIDS (BAHA) and distributed to partners.

Strengthening SBC Approaches

FHI 360 received final, printed English and Pidgin versions of the Male and Female Risk Cards on the last day of June and distributed them in early July. Numbers will be reported in the 4th quarter report. Meanwhile, FHI 360 received feedback on the final art work for the STI information booklet from the HIV Garamut Committee through the Marketing and Alliance Unit of the National AIDS Council Secretariat (NACS). FHI 360 also shared copies with head of the HIV/STI Section of NDoH, but has yet to obtain feedback. In addition, the FHI 360 SBC officer has drafted a "Choose Your Own Adventure"-style STI Comic Book story line which will be used to develop male and female comics in both English and Pidgin.

During this reporting period, FHI 360 distributed a total of 1,225 communication materials to project partners as well as partners outside of the project, particularly the DFAT-supported projects. The following is the breakdown information of the IEC materials distributed in Q3:

Table 1: distribution of communication materials

| Communication materials | Numbers of communication materials |
|---|------------------------------------|
| STI Brochure (NACS) | 200 |
| HIV/AIDS Brochure (NACS) | 200 |
| Self-care Booklets (FHI 360) | 60 |
| Condom Posters (FHI 360) | 250 |
| PEP Poster (FHI 360) | 195 |
| PEP Brochure (FHI 360/DFAT GBV Project) | 190 |
| GBV Poster (FSVAC) | 30 |
| GBV Brochure (FSVAC) | 100 |

Employing Creative Channels to Reach KPs

The FHI 360 Madang team developed a creative brief for reaching KPs through Frontline SMS and is currently analyzing feedback from recipients of a series of test messages. Monthly messages will be disaggregated by treatment status (newly enrolled vs. long-term clients) and will focus on reminding clients of upcoming appointments and encouraging treatment adherence. Clients will also receive messages asking about their wellbeing, which will be followed up by phone call if there are issues to address.

The Madang team has developed a consent form to enroll existing and new ART patients, and, in June, delivered dongles and SIM card-equipped mobile phones to the Madang PHO and Id Inad Clinic. Training by the M&E officer and Admin Clerk is proposed for August 15th.

The Madang PHO has also adopted the Frontline SMS software and will be using it for activities such as sending out meeting reminders and notices.

Addressing stigma and discrimination and creating a supportive environment

In May and June, the Four Square and Salvation Army outreach teams conducted two monthly support group meetings for MSM/TG and WTS to contribute to an enabling environment for HIV prevention. In May, the meetings were held at Country Women's Association (CWA) Hall – facilitated separately by a female nurse and male field support officer – and focused on male and female sexual health. The focus of the June support group meetings for MSM/TG and women in transactional sex was basic concepts of HIV/AIDS.

Improving project coordination and collaboration

The FHI 360 SBC officer distributed 550 referral cards (including 200 clinical referrals cards and 350 outreach referral cards) to partners in NCD and Madang. Health care workers are

using the cards to refer clients to other clinical services, while outreach team members are using the cards to refer clients to health facilities.

FHI 360 supported the Madang PHO to strengthen coordination of TB/HIV and GBV services in Madang. In a meeting held on June 25th, representatives from Madang service organizations agreed to establish two separate committees: the Continuum of Prevention to Care and Treatment - Coordination Committee to coordinate the HIV response; and the Madang Family and Sexual Violence Action Committee to coordinate GBV work in the province. Members discussed the terms of reference for both committees and also proposed a logo competition for FSVAC.

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

FHI 360 PNG CO conducted a quality assurance (QA) exercise to identify any quality gaps in HCT, STI and ART facilities under the MARPs project. Dr. Laurent Ferradini, Associate Director – Care & Treatment, from the FHI 360 Cambodia Country Office provided technical assistance from May 17-30 and visited all project clinical sites in NCD and Madang. Dr. Ferradini met with the FHI 360 team and revised/adapted QA tools for each activity (STI, VCT and ART) to the PNG context according to national guidelines. A gap analysis report and key programmatic recommendations have been submitted to USAID and shared with all partners. The FHI 360 team and IAs have also discussed action items and a planned delivery schedule for quality improvement. The following issues/gaps were identified:

- Insufficient TB infection control for PLHIV visiting the Kaugere and Koki clinics, where STI, VCT and TB (DOTS) activities are happening in common storage/triage areas
- Confidentiality and privacy for STI and VCT rooms in Kaugere, where examination rooms have no ceilings and are blocked only by an easily movable curtain
- Koki OI/ART nurse has not completed IMAI course or received training on ART adherence support and evaluation and needs clearly defined role and responsibilities
- TPHA syphilis test kit not available at Koki STI Clinic or Ela beach VCT Centre, limiting availability of STI screening
- Lab register books not available at all sites

FHI 360 program and technical staff continued to provide supportive supervision and mentoring to clinical staff at the Salvation Army and Four Square Church clinics and VCT centres. The team also provided support to project clinical staff before, during and after the QA evaluation and gap analysis conducted by Dr Ferradini. On June 5-6, the FHI 360 Program

Officer for Four Square Church and the Salvation Army met with the IA project coordinators came up with a plan of action to address QA recommendations.

Diagnosis and Treatment of Sexually Transmitted Infections

In the third quarter, the four project-supported clinics in NCD and Madang provided STI services for 326 individuals (145 men and 181 women), an increase of 6.9% (n=21) from the previous quarter. Of all STI clients, 54.0% (n=176) were key populations (30 WTS, 8 MTS, 5 MSM/TG, 61 high-risk women, 72 high-risk men) which was an improvement from 45.6% (n= 139) in Q2. The remaining 150 individuals (90 women and 60 men) were categorized as low risk based on the decision tree tool used to categorize individuals into different risk groups. Of all the clients accessing STI services for the first time, 239 presented with signs and symptoms, 86 were asymptomatic, and 1 client was a GBV survivor. The number of asymptomatic clients visiting the clinic for the first time increased by 53.6% (n=30) from the previous quarter. These are positive indications that key populations are responding to outreach messages encouraging regular STI check-ups.

The three project clinics in NCD also provided STI management services for 86 repeat visitors including 8 returning for asymptomatic check-ups, 61 presenting with signs or symptoms of a new infection, and 17 receiving follow-up checks/treatment for a previously diagnosed infection. There were 65.4% more repeated visitors (n=34) in Q3 compared with Q2. ID Inad Clinic uses its own STI registry book instead of the one developed and printed by FHI 360 although copies of the registry books were provided. STI data reported from Id Inad clinic therefore does not adequately address repeat visits by same individual. This is currently being rectified to improve future reporting.

HIV Counselling and Testing

The five project HCT sites provided HCT services for 946 individuals (390 males and 556 females) including 13 children under 15 years old in Q3. This was 61 individuals (6.1%) fewer than the number served in the previous quarter; however, the number of KPs served increased by 8.6%, from 593 to 678. In Q3, KPs accounted for 71.6% of all clients served, up from 57.6% in Q2.

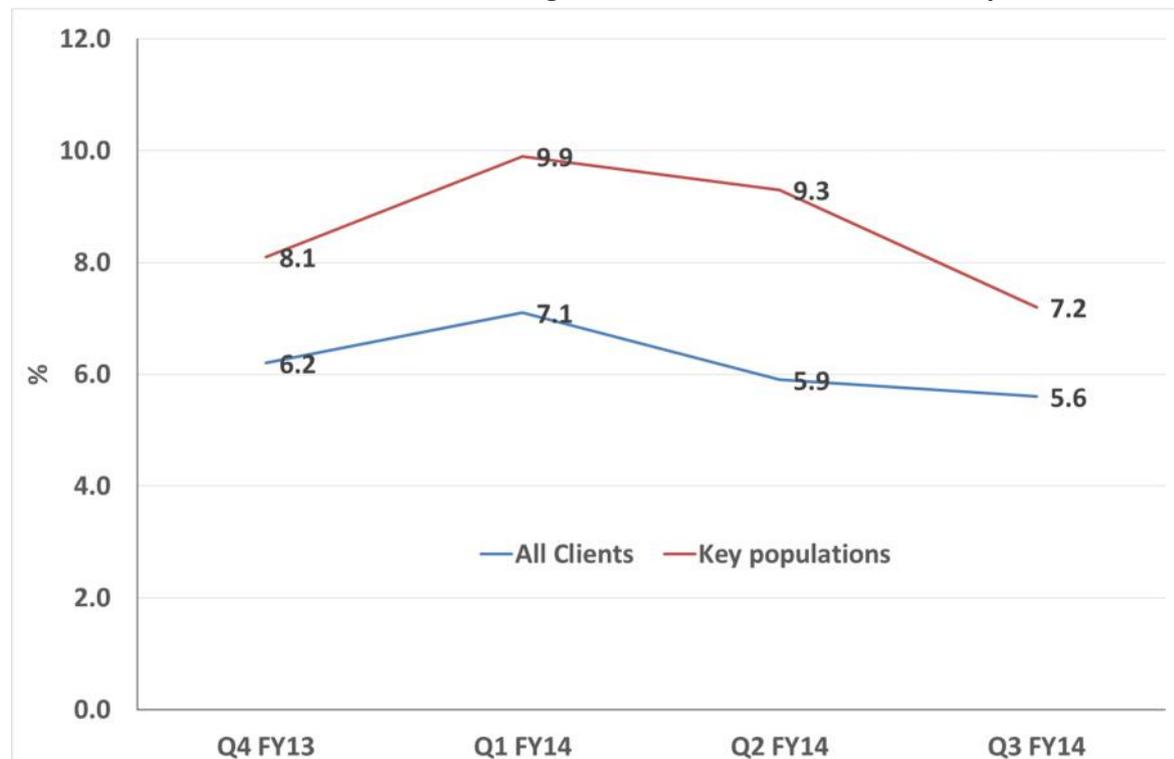
During this period, 53 HCT clients (5.6%) tested positive for HIV, a decrease in case detection rates from 7.1% and 5.9% in the first and second quarters, respectively. The HIV case detection rate was highest among MTS (11.4%) and WTS (11.2%) followed by MSM/TG (8.7%) and high-risk women (7.1%) as shown in Table 2.

Table 2: HIV testing and case detection rate

| Category of key populations | Number tested | Case detection rate (%) |
|------------------------------|---------------|-------------------------|
| Women in transactional sex | 134 | 11.2 |
| Men in transactional sex | 35 | 11.4 |
| MSM/TG women | 23 | 8.7 |
| High-risk women | 254 | 7.1 |
| High-risk men | 232 | 4.3 |
| Total key populations | 678 | 7.2 |
| Low risk women | 168 | 1.8 |
| Low risk men | 100 | 1.0 |
| Grand Total | 946 | 5.6 |

Chart 1 shows the trend in HIV case detection rates among key populations as well as among all clients tested (including key populations) over the last four quarters. After registering an increase from the fourth quarter of FY13, the rate continued to decline to 5.6% among all HCT clients and 7.2% among KPs.

Chart 1. HIV Case Detection Rates among individuals tested since fourth quarter of FY13



In the reporting period, 90 people were referred from STI to HCT in Madang and 1 was HIV positive while in NCD 70 people were referred from STI services to HCT and 2 were HIV positive. 66 people were referred from TB services to HCT in NCD and 7 were tested HIV positive. In Madang the TB services are provided by the TB Clinic which is part of the main Modilon General Hospital and most TB referrals to HCT sent to testing center in the main hospital. Thus Id Inad Clinic has not received referrals from the TB clinic.

HIV Care and Treatment

The Koki Clinic in NCD reported data for OI/ART for the first time in this reporting period following the commencement of OI treatment in December and ART in mid-March. Though the clinic still lacks a certified ART prescriber, Dr. Gideon Nano, HIV/AIDS and STI Coordinator for Southern Region, National Department of Health (NDoH), closely supervises treatment of HIV-positive clients. FHI 360 has organized an IMAI training to be held in August for 16 participants, including 4 project staff, 2 from the Church Medical Council, 2 from CHAI and the rest from NCD Health. This will address the issue of Koki Clinic not having a certified ART prescriber.

During Q3, the three ART sites supported by the project provided clinical care and support services for 310 HIV-positive individuals (117 men and 193 women, including 22 children less than 15 years of age).

The three clinics initiated ART treatment for 44 new clients (18 men and 26 women) in Q3, an increase of 69.2% (n=18) from the previous quarter. Of these, 18.2% (n=8) initiated treatment at Koki Clinic, 70.4% (n=31) at Id Inad, and 11.4% (n=5) at Kilakila. In total, the three clinics registered 292 HIV-positive individuals (113 males and 179 females, including 22 children under 15 years of age) as being active on ART at end of June 2014. The number of active ART patients increased by 17.4% (n=44) from the previous quarter. Of these, Koki and Kilakila clinics are treating 16 and 20 clients respectively, while Id Inad Clinic in Madang is treating the remaining 256.

A team of 9 PLHIV volunteers (including 4 males and 5 females) worked as case management team alongside the clinicians in Madang and NCD to provide pre-ART and adherence counselling and positive prevention services for HIV positive clients. Six of the CMT members (3 males and 3 females) worked in Id Inad Clinic in Madang while 2 CMT members (1 male and 1 female) worked in Koki Clinic and 1 female CMT member worked in Kilakila Clinic. CMT members in Madang have developed checklists and commenced home visits to track clients who have either defaulted or are lost to follow-up for monthly check-ups. Of the three clients lost to follow-up who were visited by members of the CMT, two

have subsequently returned for check-ups. No CMT visits were made in June due to re-scheduling of clinical operations following the TA and gap analysis by Dr Laurent Ferradini.

FHI 360 in collaboration with Central Public Health Laboratory (CPHL) conducted a three-day training (May 27-29) for 7 participants (2 males and 5 females) on the use of PIMA point-of-care CD4 analysis machines. The training was funded by FHI 360 while the travel cost of two staff members from Id Inad Clinic in Madang was shared by the PNG government.

In this reporting period, Id Inad Clinic has conducted a total of 115 CD4 tests, including 70 tests for HIV-positive individuals (21 males and 49 females), 10 repeat tests and 32 PIMA control tests and 3 proficiency test. A total of 50 individuals or 43.5% of the HIV-positive clients exceeded the 350 CD4 benchmark.

In NCD, Koki Clinic has conducted 4 (females) CD4 tests, all of which were below the 350 CD4 benchmark. KilaKila Clinic conducted 22 CD4 tests, including (14 females and 8 males). A total of 10 (9 females and 1 male) HIV-positive clients (45.5%) exceeded the 350 CD4 benchmark.

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

FHI 360 continued to support FSVAC to conduct media advocacy by implementing a media watch and participating in a radio talk show. FSVAC continued to monitor GBV cases reported in the media using an electronic data management system established in the previous quarter. Programmatic and technical assistance provided by FHI 360 has resulted in the creation of a quarterly Media Watch Reports beginning in Q2. The Media Watch Report for Q3 reported a total of nine GBV stories with negative reporting and five stories reported positively.

A one-hour talk show on GBV and its link to HIV was held on June 17th 2014 at the National Broadcasting Corporation (NBC) from 9am – 10am. The following are topics that were discussed:

- 1) What is GBV and how is it related to HIV?
- 2) How is GBV experienced in HIV?
- 3) Is being stigmatized with HIV a form of GBV?
- 4) How do GBV and HIV affect health/job/relationships?
- 5) How to protect and care for GBV survivors?
- 6) What laws are there to protect survivors/victims/GBV/HIV?

Panelists included Emmanuel Aua (Pastor and community leader, Sabama, Joyce Bay), Sebastian Roberts (Gender Desk Technical Assistant, National Department of Health), Anna Naemon (Research Fellow, National Research Institute), and Leslie Menei (Research CIMC/FSVAC).

On 20th May, 2014, FHI 360 conducted a meeting with staff from Four Square Church and the Salvation Army to introduce and discuss the Standard Operating Guideline (SOP) for GBV shelters operated by the two organizations. A total of 11 participants (9 females and 2 males) participated in the consultation. All the participants agreed that there should be minimum standards to help identify those in need of shelter. The SOP will also guide partner organizations' staff in dealing with serious cases and provide information to survivors who are admitted to the shelter. The Minimum Standards have been verbally approved by the management of the two organizations and are currently being piloted at House of Hope.

FHI 360 will continue to provide mentoring and technical assistance in the use of the minimum standards and facilitate their fine-tuning before they are officially launched.

During the reporting period, the Salvation Army's House of Hope GBV shelter served 16 GBV survivors. Five of the women (including three with children) were sheltered for two to three weeks. The other 11 women received trauma counselling and returned to their families. One of the mothers returned to her family after two weeks at their own request, and confirmed via telephone call to the shelter manager that she is happy to be back with her family. Additionally, the Kaugere Women's Resource Center run by Four Square Church served 5 GBV survivors, all of whom received trauma counseling and one of whom received further marriage counseling. All survivors reached their maximum stay at the safe house before returning to their families.

Id Inad clinic provided PEP for 13 clients who were referred from the accident and emergency unit. There were 3 males and 10 female clients who got the services. Out of the 13, PEP was administered for four of the Modilon General Hospital staff due to occupational hazards, including accidental needle prick and blood splash during surgical operations. The remaining nine clients were sexually assaulted. The following table shows the number of clients by age, sex and by exposure type.

Table 3: PEP services by age, sex and by exposure type

| Age | | Sex | | By exposure type | Sex | |
|------|---|-----|--------|------------------|-----|--------|
| < 15 | 4 | 3 | Female | Occupational | 2 | Female |
| | | 1 | Male | | 2 | Male |
| 15 + | 9 | 7 | Female | Sexual Assault | 8 | Female |
| | | 2 | Male | | 1 | Male |

All clients who were sexually assaulted also received STI services while all females except those who were not in their reproductive age and their exposure type being occupational received emergency contraception. All of the clients were given counselling services while those exposed to sexual assault were referred to further counselling from the family sexual violence unit in the Modilon General Hospital. All the clients completed the 28 days treatment but only 4 came back for the week 6 and week 12 review required by the National Care and Treatment Guidelines. The case management team are tracking the 9 clients who did not return for their follow up.

FHI 360 participated in the Review of the National GBV Strategy consultation meetings from April 22nd-25th, April 29th – May 1st, and May 5th – May 7th in Port Moresby. FSVAC organized the meetings, which were facilitated by UNDP and spearheaded by the Department for Community Development. Participants included representatives from FSVAC, Department for Community Development and relevant key line agencies, civil society organizations and tertiary institutions. The strategy review is geared towards the establishment of a 'National GBV Council' which will tackle GBV issues in order to decrease the incidence of GBV in the country. The final strategy will be inclusive of the entire population, including key populations, people living with disabilities and youth. Margie Norbetus, FHI 360 Associate Director for MARPs project, delivered a presentation on the link between key populations and gender-based violence on behalf of the organization.

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

Following a request from staff of FSVAC, FHI 360 provided TA and helped set up an electronic database for the committee to record incidences of gender-based violence across PNG. Following commencement of data entry, staff continued to provide TA to help refine the database and will also help conduct analysis once data entry is completed.

The FHI 360 M&E team refined the electronic ART tracking system established at Id Inad Clinic in Madang and replicated the tracking system at new ART sites in the Koki and Kilakila clinics in NCD. The system triggers alerts to inform the HIV CMT of clients who have either defaulted or been lost to treatment follow-up. The Id Inad Clinic CMT members have used this tracking log since May to carry out home visits, and are planning to use this system to identify clients to be reached with text messages using Frontline SMS.

FHI 360 and USAID conducted a joint DQA from April 10-11 with Four Square Church at the Kilakila Clinic and Salvation Army at Koki Clinic. The indicator selected was Number of individuals who received diagnosis/screening for sexually transmitted infections (STI). Key findings from the assessment include:

- 1) Laboratories in both clinics were not in operation as there were no lab technicians recruited yet. Therefore, no lab samples were collected so it was difficult to determine the type of STI. General clinical examination were done.
- 2) No reagents so no samples collected to send to CPHL hence, STI diagnosis was limited.
- 3) It was difficult for clients to bring in their partners for an STI test as well.

To ensure overall quality of the MARPs project, from June 23-July 7 FHI 360 carried out an extensive Program and Technical Quality Assessment (PTQA), supported by a team from HQ, APRO, Botswana and Cambodia. The PTQA team members included:

- Dr. Johannes van Dam, Director, Program Sciences, Global Health Population and Nutrition (GHPN) to review technical strategy;
- Amy Weissman, Associate Director, Prevention, FHI 360 Cambodia to review HIV prevention;
- Dr. Mike Merrigan, Regional Technical Advisor, SI/M&E, Program Sciences, GHPN, FHI 360 Botswana to review M&E;
- Sutinee Charoenying, Program Manager, Program Management Unit, FHI 360 APRO to review Program Management.

The team used the Program Management, Technical Quality Assessment Tool (PMTQAT), to assess key technical and program management components of the MARPs Project. The team visited the PNG Country Office, IAs, local government partners and key stakeholders in Port Moresby and Madang.

The final reports will be shared with USAID, key findings and recommendations will be reflected in the prioritized responses and included in the implementation plan moving forward. The priority recommendations were to:

- Institute regular, systematic program performance reviews, at all levels, against objectives and deliverables – and link to QA/QI
- Realign project indicator framework to new PEPFAR indicators, include 2-3 behavioral outcomes, and align data collection tools to support changes
- Address human resources management needs in the project

Financial summary

| Period Budget | Period Actuals | Remaining Balance | Explanation |
|--|----------------|-------------------|--|
| Objective 1 (IR 2.1): To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families | | | |
| 174,736 | 162,255 | 12,481 | Printing of STI communication materials were postponed to next quarter as there were some more comments from NACS. Printing of materials for roll out of enhanced outreach approach was postponed as further training and refining of SOP was needed. |
| Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families | | | |
| 175,306 | 156,411 | 18,895 | Laboratory services are not fully functional as laboratory staff members at both Kila Kila and Koki clinics are not employed. |
| Objective 3 (IR 2.3): To increase use of facility- and community-based gender and GBV interventions | | | |
| 169,281 | 154,049 | 15,232 | Consultancy services for GBV was cancelled for the quarter and discussions started to get technical assistance from FHI 360 Headquarter. |
| Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery | | | |
| 142,222 | 141,505 | 718 | |
| Total Indirect Cost | | | |
| 170,570 | 161,047 | 9,523 | |



SNAPSHOT

Development and Utilization of Minimum Standard Operating Procedures for Safe Shelters

House of Hope Shelter providing service for survivors of gender based violence



Salvation Army and Four Square Church, with technical assistance from FHI 360, have successfully developed Minimum Standard Operating Procedures (SOP) for Safe Shelters for women experiencing violence. This is a major step toward the promotion of gender-based violence (GBV) work, the recognition of the needs of women experiencing violence and the implementation of a systematic approach to respond to the needs of affected populations. The SOP provides guidance on how to operate a safe shelter for women GBV survivors and accompanying children. It includes information on day to day operations as well as technical information and guidance from the point of admission of the client to other services or legal aid until the departure of the client.

An orientation meeting was held in May 2014 to introduce the SOP to the staff of the two safe shelters – The House of Hope (managed by the Salvation Army) and the Kaugere Women's Resource Centre (managed by the Four Square Church). Following the introduction, both partner organizations staff refer to the SOP to identify survivors in need of shelter and provide information to survivors who are admitted to the shelter on available services and referral services the shelter can offer. Staffs have utilized relevant tools and document client's information. Client flows and wall charts on centre's rules have been put up in the safe shelters to assist clients.

Major Ridia Nenewa, Manager of the House of Hope, commented a week after the SOP was introduced, that after following the SOP, it has really assisted her with the steps of admitting a client at the shelter.

FHI 360 will continue to provide technical assistance to ensure smooth operation of the existing shelters and integrate GBV-related activities to HIV service delivery.

Telling Our Story

U.S. Agency for International Development
Washington, DC 20523-1000
<http://stories.usaid.gov>