



STRENGTHENING HIV/AIDS services for MARPs in PNG

QUARTERLY REPORT

July 1-September 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
Q	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 4th quarter (Q4) 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 July 1 to September 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 Q4 results and a financial summary.

QUARTER 4 ACHIEVEMENTS:

- Coordinated and facilitated a visit from Judy Chen, USAID Agreement Officer Representative from the 18th – 21st August, 2014 including visits to all clinics and safe houses, and conducting data quality assessments both in NCD and Madang. FHI 360 team met to discuss progress, challenges and ways forward for the project.
- Executed subaward with Voluntary Service Overseas (VSO) in Madang to implement HIV prevention through outreach services.
- Rolled out an innovative and incentive-driven enhanced outreach approach (EOA) in NCD aimed at encouraging peer educators to reach out to more peers and at the same time make more referrals. The EOA commenced in October. Two training sessions were conducted to orient staff of Four Square Church and Salvation Army in July and piloting was carried out in August.
- Reached 183 key population (KP) members through individual and small-group prevention interventions, a decrease of 64.0% (n=326) from the previous quarter. The number of individual peers reached dropped due to the change in the outreach approach as outreach team required more time to understand and adjust to the EOA. This number is expected to increase in the next quarter.
- Provided HIV counseling and testing (HCT) services to 1151 individuals (461 males and 690 females), including 868 KPs, who received their test results in Q4 of FY14. The number of KPs accessing HCT services increased by 29.2% (n=196) from the previous quarter. Compared to the same time period in the previous year (Q4 of FY13), the numbers of individuals receiving HCT in Q4 of FY14 increased by 311 or 37.0% while the KPs accessing HCT increased by 411 or 89.9%.
- Detected 73 new HIV infections (29 males and 44 females), including 56 among KPs. The number of new HIV cases detected in Q4 increased by 20 from the previous quarter while number of KPs with new case detections increased by 7 from Q3. Case-finding rate among all KPs dropped further from 7.2% in Q3 to 6.5% in Q4. 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.

- Provided STI diagnosis/screening for a total of 379 new individuals (including 201 or 53.6% KPs) Q4 of FY14; an increase of 53 or 16.3% from the previous quarter. In addition the project provided STI management services for 95 individuals (37 males and 58 females) on follow-up visits also representing a marginal increase of 9 or 10.5% from previous quarter.
- Initiated ART treatment for 51 new HIV positive individuals (21 males and 30 females) including 2 children under 15 years old in three ART sites namely KilaKila and Koki Clinics in NCD and Id Inad Clinic in Madang. 7 more HIV positive individuals were initiated on ART in this quarter compared to Q3. A total of 344 clients (128 males and 216 females) including 16 children under 15 years old are currently active on ART at the end of September, 2014, in the three sites; an increase of 52 or 17.8% from Q3 of FY14.
- Provided TA in M&E to FHI 360 Madang and Id Inad Clinic staff to establish proper filing of both soft and hard copies of reports. TA in Madang also included verification of reported data against the source; review of data collection and monthly reporting forms for CD4 tests and HCT to capture HIV case detection by point of testing; data entry and updating of the electronic tracking database for OI/ART and mentoring of FHI 360 and Id Inad Clinic staff how to analyse data for reporting.
- Conducted a review of the National M&E tools to see if they adequately meet the requirements of the new monitoring, evaluation and reporting (MER) indicators. Key issues associated with failure of the national system to meet MER requirements have been identified and documented. FHI 360 has begun lobbying with partners to indirectly pressure the National Department of Health (NDoH) to revise the national M&E tools.
- Maria Au, USAID Strategic Information Advisor from Washington and Joan Atkinson, the USAID Health Advisor based in Port Moresby met with FHI 360 PNG project team on 12th September. The team discussed progress of the project while Maria conducted a training session on the new PEPFAR MER Indicators recommended for PNG.
- Project partners from both Madang and NCD met on 30th September at Lamana Hotel for a one-day workshop to review performance in the first three quarters of FY14. A total of 24 participants from 6 different organizations including 10 FHI 360 staff from NCD and Madang, 3 staff from Salvation Army, 4 staff from Four Square Church, 3 staff from Family Sexual Violence Action Committee (FSVAC), 1 staff from Madang Provincial Health Office (PHO) and 3 staff from Id Inad Clinic.

- Salvation Army and FHI 360 jointly coordinated a community event at Ela Beach where more than 300 individuals accessed general health services and 20 individuals accessed VCT services including information on sexual health and prevention of diseases.
- Implementing agencies in NCD conducted 2 successful edutainment shows at the Chillii Peppers night club. As a result, new contacts were made and key populations referred to the services provided by the project clinics.
- Aired radio talk shows on two NCD-based radio stations on GBV featuring panelists from FSVAC, FHI 360, Department of National Planning, NDoH, Department of Justice and Attorney General, Department of Finance, Family Sexual Violence Unit – Boroko Police Station.
- FHI 360 and partners in NCD conducted two community forums in NCD and sensitized community leaders on stigma and discrimination focusing on key populations.
- Conducted five separate training as part of capacity building for a total of 168 individuals including 77 males and 91 females, which are mostly project staff with a number of staff from other stakeholders also included. These trainings were as follows:
 - 1) IMAI Training for 15 health care workers in NCD funded by Project and facilitated by NDoH
 - 2) Sensitization training of 18 participants including 7 clinicians and 7 case managers (3 males and 14 females, 1TG) in Madang on stigma and discrimination
 - 3) Training sessions on EOA for 43 staff (17 males and 26 females) in NCD
 - 4) Training on UIC for 38 staff (16 males and 22 females) in NCD
 - 5) GBV sensitization training for 19 health care workers (6 males and 13 females) in NCD
- The Madang Provincial Health Office and FHI 360 coordinated and facilitated the HIV/TB seminar with stakeholders on the 21st August at the Madang Lodge Hotel in Madang. The seminar was to inform health care workers, partners, stakeholders and provincial leaders of the current situation of HIV and TB in the province. A total of 33 participants attended the seminar.
- Staff worked with FSVAC to review the electronic database to record incidents of gender-based violence through print media across Papua New Guinea (PNG). FSVAC with assistance from FHI 360 developed a database to capture information from Family Support Centers around the country.

- Recommendations from Dr. Laurent Ferradini, Associate Director – Care & Treatment, on Quality Assurance/Quality Improvement have been addressed at all five health facilities in NCD and Madang. The QA/QI identified gaps for all supported VCT, ART and STI facilities under the MARPs Project in NCD and Madang. FHI 360 staff utilized the performance to standard tool to assess all clinical sites in NCD and gaps identified based on 5 different categories.

QUARTER 4 CHALLENGES:

- Implementing partners in NCD trialled and rolled out the Enhanced Outreach Approach in August. Trainings conducted have affected outreach coverage among MARPs by the outreach team of IAs. Some of the issues identified included incorrect filling out of the referral booklets, confusion of roles among peer educators, field support officers and M&E officers on data collection and collation. Misinformation and misunderstanding on the incentive based approach resulted in a decrease of individual contacts reached through outreach and some peer educators not performing in the last two months of the quarter.
- Maintaining clinical staff and peer educators has been challenging as the female STI nurse for Kaugere has once again resigned. She was employed for only a few months and this has affected STI services at Kaugere. This results in gaps in knowledge uptake as well as maintaining records and or registers of data. Recruitment of new staff is an added cost to the project as they will have to be trained.
- Commencing home visits to track clients who have either defaulted or are lost to follow-up for monthly checks has been challenging as clients give false or non-specific addresses of their place of residence. Some clients do not have any contacts.

Summary Table

Table 1 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:

Table 1: Achievements by IR

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 1.2.1 Recruit and replace outreach team members		N/A	Recruitment of new cadre of outreach team members will happen in FY15. Work on the selection criteria is in progress.
Activity 1.2.2 Provide training and mentorship to IA staff and outreach team members to reach MARPS with effective approaches.	Number of MARP members reached with individual or small group level preventive interventions that are based on evidence or meet the minimum standards required (PEPFAR – P8.3.D)	5,000	The EOA Manual for outreach team members and clinicians has been developed and printed. Clinicians and outreach team members of IAs in NCD have been trained and orientated on EOA and supported to conduct trial and implement. Number of key population reached reported in next table under correlation to PMP to avoid repetition.

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 1.3.2 Establish coordination meeting with FSVAC and implementing partner organizations		N/A	Established a provincial FSVAC for coordinating all gender-related activities in Madang province. Two meetings have been convened in August and September.
Activity 1.4.3 Advocate and assist in forming a MARPs TWG		N/A	The TWG for KPs is already established and FHI 360 is a member. The SBC Officer has attended two meetings this quarter.
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	The performance to standard tool was used to assess all clinical sites in NCD and gaps identified based on 5 different categories. Recommendations to improve quality of services have been addressed
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	6 supportive supervision visits were conducted and 10 clinical staff including 3 CMTs were involved. 2 monitoring visits on the use of the SOP were made to the House of Hope and Kaugere Women's Centre where 5 staff were involved.
Activity 2.2.2 Provide a suite of specialized training		N/A	15 clinicians were trained in IMAI over a period of four weeks. 3 clinicians were from the USAID MARPS project.

Planned activities	Indicators ¹	Yearly target	Achievement during reporting period
Activity 2.2.3 Provide TA to GoPNG		N/A	Provided TA to GoPNG through UIC technical working group and participated in 2 CCP meetings.
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. One implementing partner organization, Four Square Church in NCD has commenced home visits.
Activity 2.4.1 Conduct regular meetings of the CoPCT-CC		N/A	No CoPCT-CC conducted in this quarter however same individuals convened two meetings for the newly formed Madang FSVAC as reported above.
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. SOP for the formation of a provincial FSVAC in Madang has been developed with partner stakeholders.
Activity 3.1.1 Conduct Media Advocacy		N/A	FSVAC conducted 2 radio talk shows with radio stations NBC and FM100 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 provided TA to two GBV shelters in NCD to endorse and utilize the minimum standards for GBV shelters developed in Q3. 19 health care workers were sensitized on different forms of GBV and the best way to approach a GBV client.
Activity 1.4.2 Continue to participate actively on national gender TWGs		N/A	From the review of the National GBV Strategy in April and May 2014. A Technical Working Group on gender and vulnerable group was established. FHI 360 is a member of the TWG and attended one meeting this quarter. A total of 20 people attended which was chaired by the Acting Secretary for Community Development and co-chaired by the Counselor Gender from the Australian High Commission.
Activity 3.3.2 Continue active involvement in policy-making bodies		N/A	FHI 360 continues to support FSVAC which is involved at the provincial and national level with other policy making bodies.
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: FHI 360 continues to provide on-the-job TA to partner IA staff in NCD and Madang in this quarter. TA visit was conducted in Madang focusing on filing, revision of CD4 and HCT forms and data verification.

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 revision to accommodate changes in PEPFAR MER indicators is pending. FHI 360 assessed national M&E tools to see if PEPFAR MER requirements will be met. Revision of data collection and reporting formats will follow meeting with NDoH surveillance team to avoid developing a parallel system.
Activity 4.1.5 Conduct data quality audit		N/A	Data quality assessments were conducted for Koki and Kilakila clinics in NCD and Id Inad in Madang jointly with Judy Chen of USAID. FHI 360 also conducted separate data verification in Madang.

Correlation to PMP

Table 2 summarizes the PMP indicators and achievements towards FY14 targets in quarter 4 (Q4)

Table 2: Performance Management Plan Indicators and Achievements: FY14, Q4

Objectives, Intermediate Results (IR), and Indicators		FY14 targets	Q4 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	183 individuals (42 WTS, 15 MTS, 19 MSM/TG, 48 HRW and 59 HRM) reached through individual interactions 2673 KPs (713 WTS, 283 MTS, 287 MSM/TG, 578 HRW, 812 HRM) reached in all of FY14.	PE and OV daily dairies: - Weekly from PEs and OVs to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	Number of key populations reached was way below target as the Enhanced Outreach Approach was introduced. Time was taken in training and trialing it out.
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

Objectives, Intermediate Results (IR), and Indicators	FY14 targets	Q4 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	<p>1151 individuals (461 males and 690 females) including 868 KPs (191 WTS, 61 MTS, 15 MSM/TG, 281 HRM and 320 HRW)</p> <p>3873 individuals (1545 m, 2328f) including 2645 KPs (513 WTS, 181, MTS, 70 MSM/TG, 944 HRW and 937 HRM) in all of FY14.</p>	<p>Daily Client register</p> <ul style="list-style-type: none"> - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID 	Project exceeded quarterly target of 500 KPs by 368 or 73.6%. This does not match number directly referred by peer educators indicating that demand for HCT services may have been created using other creative SBC methods such as community events, and edutainment.
4. PEPFAR Output (C2.1.D)	Number of individuals who received STI management services	1,500 individuals	<p>379 individuals (179 males and 200 females) including 201 KPs (36 WTS, 10 MTS, 5 MSM/TG, 150 other high-risk population)</p> <p>In addition: 95 individuals mostly with symptoms were recorded as repeat visits.</p> <p>1280 individuals (593 men, 687 women) including 651 KPs (109 WTS, 21 MTS, 21 MSM/TG, 206 HRW, 294 HRM)</p>	<p>Daily Client register</p> <ul style="list-style-type: none"> - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID 	Reached quarterly target of 375 for the first time in FY14.

Objectives, Intermediate Results (IR), and Indicators		FY14 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
5. Program Output	Number of individuals sensitized on S&D	17 individuals	43 individuals including 18 Health Care Workers (3 men, 1 TG, 14 women) in Madang and 25 community leaders (16 males, 1 TG, 6 females) in NCD were sensitized on stigma & discrimination	Daily Client register - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	Overachieved target due to the need for both health care workers and community leaders to be sensitized.
6. Program Output	Number of condoms distributed	300,000 condoms	45,450 condoms (38,321 cola scented male condoms and 7129 female condoms) distributed to KPs by IAs In the four quarters a total of 291, 473 (261 057 cola scented male condoms and 30, 416 female condoms) condoms and, 209 472 lubricants have been distributed.	Daily OV/PE Dairies: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Outreach activities have been affected with introduction of the new enhanced approach to conducting outreach interventions. The recruitment of peer educators with a new IA in Madang is yet to happen which has also contributed to target for this quarter not being reached.
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	Q4 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	344 HIV-positive individuals (128 men and 216 women) including 16 children were active on ART 279 (104m, 175f) from Id Inad Clinic 36 (14m, 22f) from Koki Clinic 29 (10m, 19f) from Kilakila Clinic	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Exceeded annual target by 94 or 37.6% due to higher number of clients than expected being registered in 2 new ART sites in NCD and fewer deaths and lost to follow-up recorded.
8. Program outcome	Percent of adults and children lost to follow-up during the reporting period	TBD	0.21 % of HIV-positive individuals (2 individuals, adult females) 2/965 = 0.21% are loss to follow up	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Lost-to-follow in Id Inad clinic in Madang dropped due to tracking by CMT. Kilakila and Koki clinics in NCD reported none for this quarter
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	90 % (numerator 121, Denominator 135) <i>The data is only for Id Inad as clients at Kila Kila and Koki Clinic have not yet reached 12 months time frame.</i>	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Tracking log established will help to calculate this. Awaiting this to be updated.

IR 2.2 Coverage of HIV/AIDS services improved

Objectives, Intermediate Results (IR), and Indicators		FY14 targets	Q4 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	366 HIV-positive individuals (122 males and 244 females)	<ul style="list-style-type: none"> - Monthly from IA & FHI 360; - Quarterly from FHI 360 	Shows good coverage by CMT who are deployed in all three sites providing clinical care.
11. PEPFAR Output (C1.1.D)	Number of eligible adults and children provided with a minimum of one care service	500 clients	413 clients (152 males and 271 females, including 16 children)	Client Records/ART Registries: <ul style="list-style-type: none"> - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID 	Home base care and care for orphans and vulnerable is not provided, thus number is the same as the number for clinical care (see next indicator).
12. PEPFAR Output (C2.1.D)	Number of eligible adults and children provided with a minimum of one clinical care service	500 clients	413 clients (152 males and 271 females, including 16 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 only in the health facility and not in homes.

Objectives, Intermediate Results (IR), and Indicators		FY14 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
13. PEPFAR Output (C2.2.D)	Number of HIV-positive persons receiving co-trimoxazole prophylaxis.	120	129 clients (44 males and 85 females including 2 children under 15 years old)	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Data collected is from Id Inad and 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%	60 clients (20 males and 40 females) screened for TB (14.5% of clients being cared for this quarter) 129 clients screened for TB in FY14 (58 males, 71 females) including 3 children under the age of 15.	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Improvement from last quarter. Recommendations from the PTQA and Dr. Laurent's TA have been addressed to improve referral and screening for TB of HIV-positive individuals, however more needs to be done to monitor this indicator.
15.PEPFAR Output (T1.1.D)	Number of adults and children with advanced HIV infection newly initiated on ART	100 clients	51 new clients (21 males and 30 females) including 2 children) initiated on ARV. Cumulative total of 148 individuals (65 m and 83 f) including 11 children initiated on ART in FY14	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Exceeded target due to increased detections of HIV in all five testing sites.

Objectives, Intermediate Results (IR), and Indicators		FY14 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
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	4 trainings conducted in Q4 (including 1 on EOA, 1 on UIC, 1 on IMAI, and 1 on GBV).	Training Reports	Training target was exceeded in Q2 and subsequent training thereafter. Target has been exceeded in this quarter.
17. Program Output	Number of project staff trained in service delivery	190 individuals (30 volunteers, 40 clinical staff, 30 non-clinical staff)	15 Individuals (6 men and 9 women) completed IMAI training A total of 142 Individuals trained in various areas in FY14	Training Reports/Trip reports/Monthly updates	IMAI training was conducted from the 11 th August – 5 th September 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	Q4 Achievements	Monitoring: data source and periodicity	Justification
18. PEPFAR Output (Gender)	Number of people reached by USG-funded interventions providing GBV services	150	31 GBV survivors were counselled at GBV shelthers in NCD (including 20 at House of Hope Shelter run by the Salvation Army and 11 at Kaugere Women’s Resource Centre run by Four Square Church). Total 59 GBV survivors counseled in FY14.	Clinical, outreach, helpline and shelter daily registers; IA monthly summary forms: - Monthly from clinical, outreach, Helpline and shelter records to FHI 360 - Quarterly from FHI 360 to USAID	Minimum standards established for the safe houses and staff and community leaders from the outreach sites trained. A slight increase from previous quarter. Very limited rooms are available at the shelters.

Objectives, Intermediate Results (IR), and Indicators		FY14 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
19. Program Output	Number of referrals from HIV-related interventions to GBV services	50	None reported this quarter	<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 	
20. PEPFAR Output (P6.1.D)	Number of persons provided with PEP	100	23 individuals including 3 individuals (2 men, 1 woman) for partner treatment at Kilakila clinic and 20 individuals, all women (19 for sexual assault and 1 for needle prick) reported for Id Inad clinic.	<p>Clinical daily registers;</p> <p>IA monthly summary forms:</p> <ul style="list-style-type: none"> - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID 	

Objectives, Intermediate Results (IR), and Indicators		FY14 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
21. Program Output	Number of clinical providers trained in GBV case management	15	19 Health Care Workers were sensitized on different forms of GBV and the best way to approach a GBV client.	Training reports: - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID	
	Number of PEs, OVs, and OWs trained in SBCC messaging for GBV	30	No training conducted for PEs this quarter	Training reports: - Monthly from program (FHI 360) records - Quarterly from FHI 360 to USAID	Training was conducted and reported in Q2. PEs were trained on the Enhanced Outreach Approach.
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	Q4 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 The EOA also has included questions of GBV during screening which will give percentages.
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	168 individuals (77 men and 91 women) attended following training 15 (4 m and 11 f) - IMAI training 19 (6 m, 13f) – GBV sensitization 43 (17 m, 26 f) – EOA orientation 38 (16 m, 22 f) – UIC orientation 53 (34 m, x f19) – Sensitization on KP	FHI 360 training log: - Quarterly from program (FHI 360) records - Quarterly from FHI 360 to USAID	Exceeded annual target by Q2. Peer educators were also trained together with clinicians on EOA and UIC.

Objectives, Intermediate Results (IR), and Indicators		FY14 targets	Q4 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	Only mentorship was provided in Q4. Formal training will be conducted in FY15.
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 laboratories are not yet accredited by CPHL. Accreditation is in progress.
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	N/A

Objectives, Intermediate Results (IR), and Indicators		FY14 targets	Q4 Achievements	Monitoring: data source and periodicity	Justification
30. Program Output	Number of health care workers and service managers trained in medicines inventory management	10	TA provided to the clinics from Dr. Laurent's recommendations on inventory and order processes	FHI 360 Training Log: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	All clinics have an effective system of drug supply and inventory.
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

PROGRAM MANAGEMENT AND DEVELOPMENT

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

FHI 360 program staff introduced the Enhanced Outreach Approach (EOA) to both the clinical and outreach staff of Salvation Army and Four Square Church during two separate two-day training sessions. During the first training, held on July 9-10, FHI 360 staff introduced EOA to 43 participants (17 males and 26 females). Clinicians from both IAs were divided into two groups to allow one group to continue to operate clinical services while the other group attended the training. The training helped the participants understand the concepts of EOA, and have an understanding of the roles and responsibilities of each team member and be familiar with the new tools/forms that will be used as part of the EOA. The training also helped participants understand how the peer educators will be incentivised.

The second training, conducted on 24th and 25th July, focused on the unique identification code (UIC). A total of 38 participants (16 males and 22 females) were trained to allocate UIC codes to clients at outreach intervention and clinical services. FHI 360 and partners adopted the National UIC code that was in the process of being developed and piloted by a national UIC working committee set up by the Strategic Information Technical Working Group (SITWG). Two other organizations, Save the Children and Tingim Laip, will officially pilot the UIC.

Following the trainings, Salvation Army and Four Square Church teams trialled the EOA in July, 2014. This was followed by the rollout of the EOA by both organizations in NCD in August and September. The project reached 183 key population (KP) members including 42 WTS, 15 MTS, 19 MSM/TG, 59 high risk men and 48 high risk women through individual and small-group prevention interventions. There was a decrease of 64.0% (n=326) from the previous quarter, which is attributed to the change in the outreach approach as peer educators took more time to adjust to the new approach. FHI 360 team took time also to study the EOA and make the necessary refinements to the monitoring and tracking tools before orientating the IA staff.

The number of individual referrals made in Q4 was 163 with most of the referrals in Q4 being for HCT (82.2%) followed by STI (15.3%), GBV (0.6%) and Others (1.8%). Number of referrals dropped from 235 in Q3. In Q4, 89.1% of new KPs reached by peer educators were referred for health care services which was a dramatic improvement compared to 46.2% of KPs referred in Q3. This improvement in rate of referrals may be attributed to EOA.

Distribution of Prevention Commodities

FHI 360 continued to distribute cola-scented male condoms, female condoms and lubricants to implementing partners in NCD and Madang. The condoms and lubricants were distributed either directly to beneficiaries during individual and group sessions or indirectly through condom outlets and establishments, which are also hot spot sites. During this reporting period, partner organizations distributed 45,450 condoms (38,321 male cola-scented condoms and 7,129 female condoms) and 36,342 packets of lubricants to members of the target population. The total number of condoms distributed in Q4 dropped by 9,121 or 16.7% from the number distributed in the previous quarter. The drop was due to a decrease in outreach activity associated with introduction of EOA.

Strengthening SBC

FHI 360 introduced new communications materials as outlined in the FY13-14 Strategic Behavioral Communications Strategy. FHI 360 printed and distributed 800 English and Pidgin versions of the male and female risk message cards to the outreach teams in NCD. FHI 360 also developed a draft copy of the male and female versions of the STI comic book in English.

During this reporting period, FHI 360 distributed a total of 3,400 communication materials to project partners as well as partners outside of the project, such as the DFAT-supported projects and the general public during community events. This was an increase in the distribution of IEC materials as compared to the previous quarter. Table 3 provides information on the IEC materials distributed in Q4.

Table 3: IEC Materials

Communication materials	Partner/Organization/ Project	Number of communication materials
STI Risk message cards	Salvation Army & Four Square	800
Clinical Referral cards	Salvation Army & Four Square	50
Condom Posters (NACS, PNG Forestry)	NACS PNG Forest Authority	70
PEP Poster (NACS, PNG Forestry)	NACS PNG Forest Authority	70
PEP Poster (DFAT MARPS – Mt Hagen)	DFAT MARPS – Mt Hagen	50

Communication materials	Partner/Organization/ Project	Number of communication materials
Enhanced Outreach Approach booklets (Salvation Army Outreach)	Salvation Army Outreach	250
Enhanced Outreach Approach booklets (Four Square Outreach)	Four Square Outreach	250
Referral slips 3 – EOA (Salvation Army & Four Square)	Salvation Army & Four Square	250
IEC materials distributed during community event at Ela Beach	Community Event	1570
IEC materials distributed as prizes during edutainment	Edutainment show	40
Total		3400

Employing Creative Channels to Reach Key Populations

Frontline SMS is a digital tool used to send out adherence messages to ART clients in Madang. The messages are disaggregated by messages for 1) all clients on ART, 2) clients newly enrolled on ART, 3) clients who have been on ART for a long period of time and 3) all clients. The messages focus on reminding clients of next appointment, taking medicine on time and asking them about their overall well-being which is followed by a phone call if there are issues to address. FHI 360 Senior Program Officer in Madang and a staff of VSO conducted a training on August 28 for 11 participants on how to use this tool and its benefits. Participants included FHI 360 staff and staff from Id Inad clinic. The training focused on the following:

- 1) Different functions of the tool
- 2) Use of the software
- 3) Hands on experience using Frontline SMS
- 4) Applicability of the tool and benefits to line of work

Salvation Army and FHI 360 staff jointly conducted a community event at Ela Beach on September 26th 2014. A total of 382 people (165 men, 217 women) attended. Twenty individuals at the event (11 men, 9 women) accessed VCT service and received their results, including 18 people from key populations (9 HRW, 9 HRM). All 18 people tested HIV positive. During the community event, the project in NCD distributed a total of 1570 IEC materials including risk message cards, PEP brochures and posters, self-care cards, HIV & AIDS

brochures, condom use brochures, HIV & Law brochures, GBV related information brochures and posters on GBV.

Four Square and Salvation Army conducted two edutainment shows successfully at the Chili Peppers night club in the reporting period. Peer educator contacted a total of 12 key population members (3 MSM, 4 TGs and 5 WTS) during the night intervention. All clients reached were referred to access clinical services at the project clinics. During the edutainment shows Peer Educators distributed condoms and IEC materials to individuals.

Addressing stigma and discrimination and creating a supportive environment

The outreach teams of Four Square and Salvation Army conducted two support group meetings for MSM/TG and WTS at the Country Women's Association. The focus of the support group meetings for MSM/TG and WTS were reproductive health and family planning and basic concepts on managing finances and budgeting. A total of 20 females attended the WTS (Meri Helpim Meri) support group meeting. There were a total of 32 participants (18 men and 14 women) who attended the "Money Minded" program on managing finances facilitated by FHI 360. The sessions included the following topics:

- 1) Planning for the future: Explain how goal setting and budgeting can help people reach their savings goals
- 2) Making the money last until payday: Water Bucket Story; Difference between needs and wants; Prioritize spending and the eagle story
- 3) Budget: Describe what a budget is and how it can help; Preparing your own budget
- 4) Being Assertive: How to say "NO" when you want to in order to maintain relationships

There were two community forums held at the Ela Beach Hotel on the 14th and 17th July facilitated by FHI 360. 38 community leaders from the outreach catchment areas participated. The focus of the forum was to sensitize them on issues affecting key populations and stigma and discrimination associated with these target populations. The topics discussed at the forum included:

- 1) What is MSM? What is transgender
- 2) What is sex work?
- 3) Stigma and discrimination
- 4) Alcohol and drug use
- 5) Community involvement and leadership
- 6) Human Rights and Public Health
- 7) Clinical services provided by FHI360
- 8) Top 10 social issues

Improving project coordination and collaboration

Two IA team leader meetings were held at FHI 360 conference room on the 15th July and 11th September to discuss major activities for the quarter such as:

- Updates on Monthly Coordination meetings with Hot spot Establishments and review annual schedule for these meetings.
- Edutainment Shows for the rest of this quarter.
- Agree on topics for Monthly MSM/TG and WTS Support Group Meetings for the rest of this quarter.
- Reschedule activities that were not carried out in the last quarter

Eric Stephen, Technical Advisor from FHI 360 APRO, visited the PNG Country office on September 22-26 for a consultation visit with the FHI 360 MARPs program team and implementing partners in NCD to introduce the application of Commcare mobile phone application. Mr Stephen made a presentation on the use, features, application, and benefits and how this digital data collection tool is utilized in other programs such as the USAID-funded CAP-TB program in Myanmar.

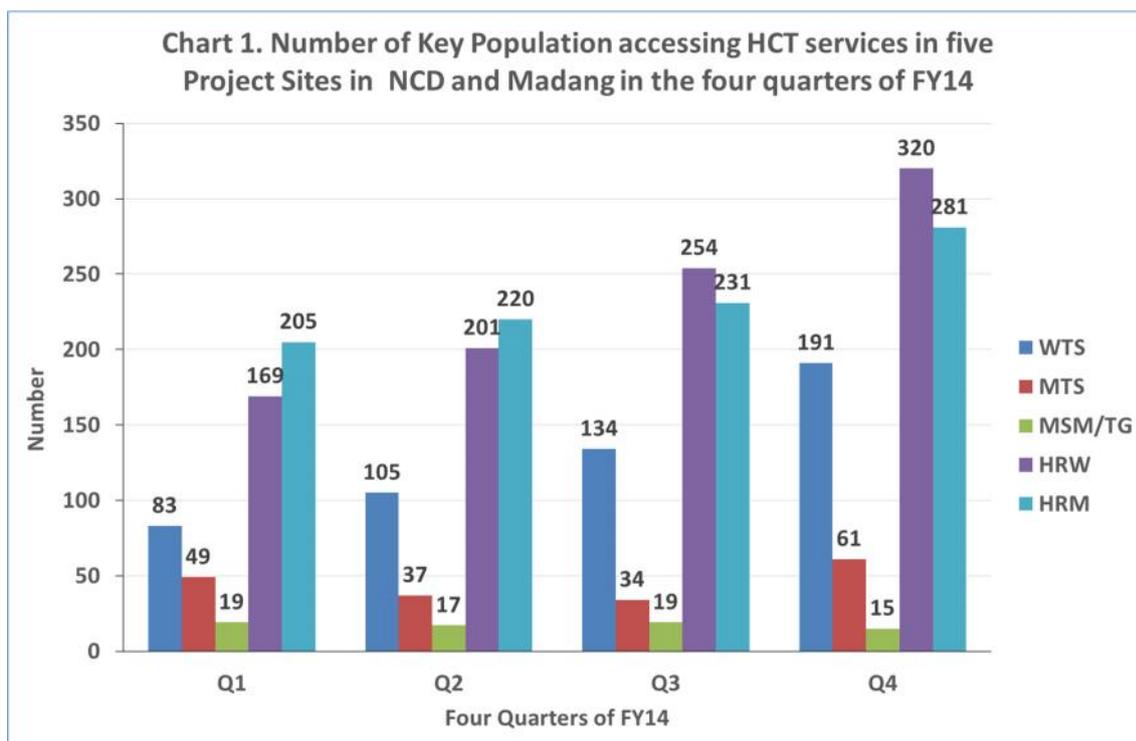
OBJECTIVE 2: To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families

Diagnosis and Treatment of Sexually Transmitted Infections

In Q4, 379 new individuals (179 males and 200 females) including 201 KPs (36 WTS, 10 MTS, 5 MSM/TG, 150 other high risk population) received STI diagnosis and treatment services in NCD and Madang. This represented an increase of 53 persons or 16.3% from the previous quarter and an increase of 202 or 114.1% from the corresponding quarter of FY13. The accomplishments this quarter indicated that more key populations are accessing STI services as a result of increased awareness of the available services through peer outreach interventions, edutainment, community events and IEC materials distributed. In addition the project provided STI management services for 95 individuals (37 males and 58 females) on follow-up visits, a marginal increase of 9 or 10.5% from the previous quarter.

HIV Counselling and Testing

HIV counseling and testing (HCT) sites in NCD and Madang provided HCT services to 1151 individuals (461 males and 690 females), including 868 KPs (191 WTS, 61 MTS, 15 MSM/TG, 320 HRW, 281 HRM) who received their test results in Q4 of FY14.



The number of KPs accessing HCT services increased by 29.2% (n=196) from the previous quarter. Compared to the corresponding quarter in FY13, the number of individuals receiving HCT in Q4 of FY14 increased by 311 or 37.0% while the KPs accessing HCT services increased by 411 or 89.9%. The introduction of the EOA did not appear to slow down the HCT serves but may have had a positive effect.

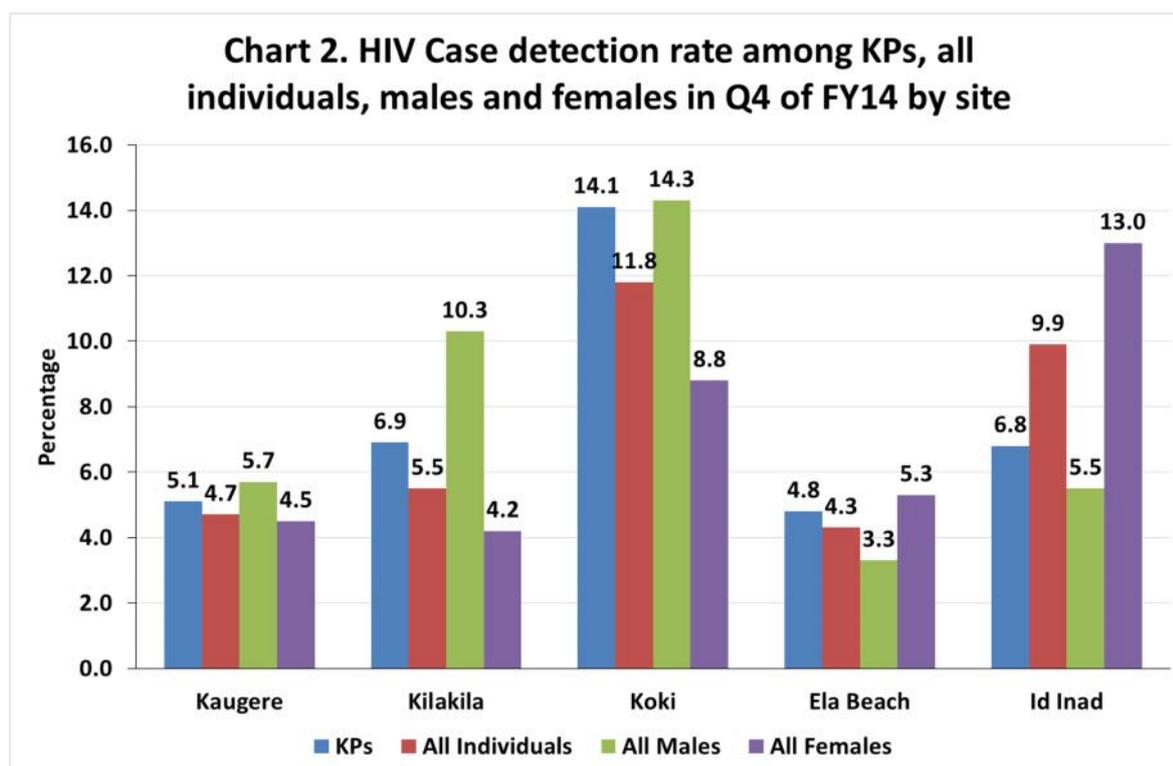
During Q4 of FY14, the five HCT sites recorded 73 new HIV infections (29 males and 44 females), including 56 among KPs. The number of new HIV cases detected in Q4 increased by 20 from the previous quarter while number of KPs with new case detections increased by 7 from Q3. Case-finding rate among all KPs dropped from 7.2% in Q3 to 6.5% in Q4. The drop in HIV detections despite increasing numbers of KPs receiving counseling and testing might be related to peer educators reaching peers more than once including increased number of clients being tested repeatedly. The number and rate of detection among each target population is presented in Table 4.

Table 4: HIV testing and case detection rate

Category of target populations	Number tested	Case detection rate (%)
Women in transactional sex	191	7.3
MSM/TG women (incl. WTS)	76	17.1
High-risk women	320	5.3
High-risk men	281	4.3

Category of target populations	Number tested	Case detection rate (%)
Total key populations	868	6.5
Low risk women	179	7.3
Low risk men	104	3.8
Grand Total	1151	6.3

Chart 2 shows the rate of detection in Q4 for each of the five HCT sites reflecting high rates among key populations as well as among the low risk population in all sites. The graph also shows that Koki Clinic being one of the newest clinics registered under NCD Health is making a huge impact in the lives of people living in the Koki and Badili area of Port Moresby South electorate. Koki and Badili areas did not have any health care service before.



HIV Care and Treatment

FHI 360 funded an IMAI training from the August 12 to September 5 at the Laguna Hotel in NCD, facilitated by Dr Gideon Nano and co-facilitated by Dr Peniel Boas and Dr Nick Dala, all from NDoH. The training involved two weeks of theory in a classroom setting and two weeks of practical at Heduru Clinic. A total of 15 clinicians (4 males and 11 females) including 3

staff from the project were trained including the ART nurse from Koki clinic. The other 12 clinicians were from NCD Health Services.

Prior to the IMAI training, Koki clinic received support from Dr. Gideon Nano, HIV/AIDS and STI Coordinator for Southern Region, National Department of Health (NDoH) as the clinic lacked a certified ART prescriber. He provided supervision on treatment of HIV-positive clients. Koki, Kilakila and Id Inad Clinic initiated ART treatment for 51 new ART clients (21 men and 30 women including 2 children below the age of 15) an increase of 7 clients compared to previous quarter. As at end of September 2014, 344 HIV-positive individuals (128 men, 216 women including 16 children under 15 years of age) are active on ART in Madang and NCD. The number of active ART patients has increased from previous quarter by 17.8% (n=52). The extra client was a transfer from Id Inad clinic.

Case managers in NCD and Madang provided pre-ART, adherence counseling and commenced home visits to track clients who have defaulted or are lost-to-follow up. In the team tracked three clients. One of the clients tracked was located after second attempt as she changes her address. The second client died while the third client is not yet tracked.

FHI 360 team provided ongoing mentoring and technical support to partners to improve the quality of services at the clinics in NCD and Madang based on the gap analysis carried out by Dr. Laurent Ferradini, Associate Director – Care and Treatment from the FHI 360 Cambodia Country Office who visited PNG in April 2014. The recommendations from the QA/QI with support from staff of FHI 360 have resulted in improvements in procurement, filing, data management and reporting in ART facilities especially at the Koki clinic.

TA by FHI 360 PNG team focused on the use of standard forms such as the National HIV/ART admission, follow up and adherence forms, WHO staging, eligibility, algorithm and adherence counseling as best practice and to provide quality ART services. This resulted in improved knowledge of ART clinicians to carry out standard best practices in an ART clinical setting. Adherence counseling is provided to clients through weekly Pre-ART adherence sessions prior to commencing ART. Client appointment cards have been developed to improve follow up visits especially for key populations accessing ART as well as STI management and HCT services. The use of standard forms, introduction of the tracking log, appointment cards and proper documentation have improved tracking of OI/ART clients.

TB screening for HIV positive individuals in the reporting quarter improved. In this quarter, a total of 60 individuals were screened for TB, an increase of 33 individuals compared to the previous quarter. The recommendations have also led to the proper documentation of admission and registration of ART clients and screening of TB. Individuals screened for TB at Koki clinic are now referred to Badili clinic for further treatment as there is no TB services for treatment at the Koki clinic. Standardized visits for all ART sites for review of clients are done after every two weeks to strengthen adherence and receive supply for a month to prevent defaulters and lost to follow ups. Improved infection control measures have been

addressed for TB sites at Kilakila and Kaugere and TB screening at Koki clinic. Linkages with TB and HIV have been strengthened where all new TB patients are sent to VCT and VCT clients to TB screening.

Improvements to TB/HIV infection control and referral have been made at Kaugere clinic include switching the TB room and the STI room. All TB patients can now access the TB clinic through a separate back door while the main entrance door is used only for referrals to VCT and STI. Referrals from VCT to the TB room then can be made within the clinic. A shelter has also been built outside the TB clinic as a waiting area for patients. The external structure will reduce infection as there will be enough ventilation.

In this reporting period, with the inclusion of Koki and Kilakila, the clinics have conducted a total of 175 CD4 tests, including 164 tests for HIV-positive individuals (60 men and 104 women), and 11 repeat tests. Out of the 164 tests, 105 HIV – positive individuals (40 men and 65 women) were from Id Inad clinic, 12 HIV – positive individuals (6 men and 6 women) were from Koki clinic and 47 HIV – positive individuals (14 men and 33 women) were from Kilakila clinic. 70 (42 men and 28 women) of the HIV-positive clients have exceeded the 350 CD4 benchmark 89 individuals (33 men and 56 women) were below the benchmark while the remaining 5 individuals were at the 350 benchmark

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

Safe Shelters

FHI 360 team developed a quality checklist for the use of the Standard Operating Guidelines for GBV shelters to ensure adherence to the SOP by the IAs in NCD. FHI 360 Program Officer for GBV conducted two monitoring visits using the checklist to identify gaps and issues and challenges. Some of the gaps identified are mostly administrative and can be easily addressed such as:

- 1) Filing
- 2) Wall charts to be placed on the walls
- 3) Resident agreement to be printed and kept in the manager’s office and filled in at the time of client admission
- 4) Contact lists of the safe house referrals to be recorded

Radio talk shows

FHI 360 supported FSVAC who coordinated the successfully broadcasted radio talk shows on two radio stations, the National Broadcasting Commission on the 19th August and FM 100 on the 27th September in NCD. The focus of the talk show was on “empowering women to overcome GBV”. The discussions were guided with a series of questions. The panelists included representatives from the Department of National Planning, Department of Health,

Department of Justice and Attorney General, Department of Finance and Family Sexual Violence Unit, Boroko Police Station. The second talk show also reinforced and reiterated the theme used in the first radio show on “Empowering women to overcome Gender Based Violence. Again the discussions were guided with series of questions such as the following:

- 1) A reflection on the theme “empowering women to overcome GBV”
- 2) Understanding of empowering women as partners in Nation building
- 3) Describe some aspects of power and control in a relationship and how GBV/FSV occurs as a result?
- 4) What is empowering women through gender equality/equity?

Media monitoring and media watch

FSVAC continued to monitor print media on stories reported that are related to GBV. In this reporting period, a total of 22 stories were reported (20 local and 2 international). The type of GBV stories and cases reported in both National papers included:

- 1) Rape – 6 stories
- 2) Sexual assault – 5
- 3) Physical assault – 3
- 4) Psychological/Emotional Abuse – 0
- 5) Forced marriage – 0

Data generated from the media watch database indicated that the relationship of the perpetrator to the survivor that violence is perpetrated mostly by the person (s) with whom the survivor has placed some trust.

GBV sensitization

In this quarter FHI 360 conducted two GBV sensitization trainings for community leaders and health care workers from Salvation Army and Four Square Church were conducted from August 12-13 and from the September 23-24 respectively. A total of 19 health care workers (6 males and 13 females) and 15 community leaders (10 males and 5 females) were trained. The participants were sensitized to differentiate between gender and sex, different concepts in relation to gender particularly sex and sexuality as well as the different forms of Gender Based Violence and the best way to approach a GBV client.

The project supported the establishment of a coordinating body for all gender-related activities which has become a part of FSVAC. Two meetings were held where recruitment of a phone counselor and clinical staff is currently in progress including establishment of a Family Support Centre (FSC) within the Id Inad clinic. The meetings were held on August 6 and September 27 at the Madang Lodge. A total of 14 participants attended by various stakeholders and partners including Modilon General Hospital (Psychiatric Ward – Family Support Centre), Divine Word University, Chamber of Commerce, World Vison, Anglican Church, Country Women’s Association, Madang Provincial Aids Council, Child Protection

Office (Catholic Church), Catholic Children's Ministry, Self Help Creative Centre, St Therese Clinic (Alexishafen – Safe House), Tingim Laip and Madang Provincial Council of Women.

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

FHI 360 M&E team—William Yeka, Local M&E Consultant and Zola Sangga, M&E Officer—provided supportive supervision and mentoring to partners in NCD and Madang.

The following is a summary of the TA provided:

- 1) Hands on mentoring and TA was provided to two staff from FSVAC staff to help them to modify structure of an excel database and adjust valid codes necessary for data quality control. FSVAC Staff maintain two electronic database to record incidents of gender-based violence. One of the database was to monitor GBV stories reported through print media across PNG while the one database was for entering GBV incidences reported by a number of family support centres (FSC) in PNG.
- 2) Conducted a site visit to Madang from August 12-16 and provided TA to FHI 360 and IA staff to establish proper filing of both soft and hard copies of reports as well as verification of reported data against the source. Other accomplishments during the visit included review of data collection and monthly reporting forms for CD4 tests to capture number of individuals with CD4 counts above and below the 350 CD4 benchmark and revision of HCT form to capture HIV case detection by point of testing; conducted data entry and updating of the electronic tracking database for OI/ART and mentoring of FHI 360 and Id Inad Clinic staff how to calculate retention rate for ART for reporting.
- 3) Conducted a review of the National M&E tools to see if they adequately meet the requirements of the new monitoring, evaluation and reporting (MER) indicators. Key issues associated with failure of the national system to meet MER requirements have been identified and documented. FHI 360 has begun lobbying with partners to indirectly pressure the National Department of Health (NDoH) to revise the national M&E tools.
- 4) Organized and facilitated a one-day workshop for project partners from both Madang and NCD on September 30 at Lamana Hotel to review performance in the first three quarters of FY14. A total of 24 participants from 6 different organizations including 10 FHI 360 staff from NCD and Madang, 3 staff from Salvation Army, 4 staff from Four Square Church, 3 staff from Family Sexual Violence Action Committee (FSVAC), 1 staff from Madang Provincial Health Office (PHO) and 3 staff from Id Inad Clinic to review performance in the first three quarters of FY14.
- 5) Provided advice and TA in the implementation of the EOA and the use of the UIC along with EOA.
- 6) Completed the third quarter progress report and revised the Performance Management Plan (PMP).

In addition to the above, FHI 360 M&E team met with Maria Au, USAID Strategic Information Advisor from Washington and the Joan Atkinson, the USAID Health Advisor based in Port Moresby met with FHI 360 PNG project team on 12th September. The team discussed progress of the project while Maria conducted a training session on the new PEPFAR MER Indicators recommended for PNG.

FHI 360 M&E team also met Judy Chen, Agreement Officer Representative for USAID during her visit in Q4 from August 18-21 and accompanied her to all the clinical sites and safe houses in NCD (Koki, Kaugere, Kilakila clinics, Ela Beach VCT, House of Hope and Kaugere Women's Resource Centre) and Id Inad clinic in Madang. Judy Chen conducted data quality assessment as part of her monitoring visit in all sites and also checked data against the central database kept at the FHI 360 office. In Madang Judy Chen was shown the filing as well as the data quality control procedures established by FHI 360.

Financial summary

Table 5: 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	274,409	(99,673)	FHI 360 has procured vehicle to strengthen the outreach activities in Madang province. Part of the cost of the vehicle procurement is charged under this IR. FHI 360 also started use of mobile technology to strengthen outreach. CommCare has been introduced in the reporting period. TA from Regional office was sought to start the implementation of CommCare.
Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families			
175,306	232,457	(57,151)	FHI 360 in collaboration with NDOH and NCD health Services conducted IMAI training to contribute to strengthening Care and Treatment services. Part of the cost for vehicle procured for Madang office is charged under this IR as the vehicle will be used for strengthening adherence to ART. Vehicle will be used for tracking of clients on ART to reduce loss to follow up.
Objective 3 (IR 2.3): To increase use of facility- and community-based gender and GBV interventions			
169,281	226,298	(57,017)	FHI 360 has increased the level of effort of the gender advisor to strengthen the facility based and community based GBV services.
Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery			
142,222	214,512	(72,290)	As the last quarter of the financial year, more time is allocated for mentoring and supportive supervision to all implementing partner organizations to review their data for the year. With the changes in data collection following the introduction of EOA, more time is spend on supportive supervision for the prevention component of the project.
Total Indirect Cost			
170,570	271,866	(101,296)	



USAID | PACIFIC ISLANDS

FROM THE AMERICAN PEOPLE

SNAPSHOT



Waiting area outside the TB room



Sign pointing to the direction of TB patients to access the TB room through a back door.



Waiting area for STI and VCT clients

Telling Our Story

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

KAUGERE CLINIC RENEWED: INFECTION CONTROL, PRIVACY, AND SAFETY IN PNG

Five months ago, if you walked into the Kaugere Clinic, located in one of the poorer regions of Papua New Guinea’s capital, you would have encountered a health facility that was not only personally uncomfortable, but raised serious concerns for infection control and patient privacy. Your first experience would be of a waiting area that was simply a small, cramped space that forced all patients into close proximity with no ventilation. The patient standing next to you could have active tuberculosis, or could be a person with HIV with a seriously weakened immune system.

You met your nurse in a room only enclosed by mere partitions, and your discussions about your sexual life or HIV status could be overheard by anyone in the adjoining room -- You might well have chosen to leave some facts unsaid. When the clinicians disposed of used syringes, they were left on tables or thrown into the same open wastebaskets as any other refuse.

Today, thanks to the guidance provided by a review under USAID Strengthening HIV/AIDS Services for MARPs in PNG Project, visitors to Kaugere clinic can relax in a safer, and more comfortable, facility. Visitors to the clinic’s TB services enjoy a separate facility entrance, and the waiting area that they use is a sheltered open-air patio that provides excellent ventilation as required for TB infection control. Meanwhile, visitors to the clinic for HIV counselling/testing or STI services have their own dedicated waiting area. And new medical waste containers bring the clinic up to proper standards of sanitation and safety.

The successful renovation of Kaugere Clinic, done collaboratively with funding by Four Square Church, reflects the goal of USAID Strengthening HIV/AIDS Services for MARPs in PNG Project to increase the capacity of Papua New Guinea’s health services to meet the country’s challenges with up-to-date practices and clinical standards. Kaugere Clinic is managed by just one of the project’s six local partners, and this success illustrates how combining close relationships with expert technical guidance can raise the health care standards that Papua New Guineans can expect in their communities.