



STRENGTHENING HIV/AIDS services for MARPs in PNG

QUARTERLY REPORT
QUARTER 1
OCTOBER 1-DECEMBER 31, 2014



ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
BSS	Behavioral surveillance survey
CAP-TB	Control and Prevention of Tuberculosis
CIMC	Consultative Implementation and Monitoring Council
CMT	Case management team
CoPCT-CC	Continuum of Prevention to Care and Treatment Coordination Committee
CPHL	Central Public Health Laboratory
EOA	Enhanced Outreach Approach
FSW	Female Sex Workers
FSVAC	Family and Sexual Violence Action Committee
FY	Fiscal year
GBV	Gender-based violence
GoPNG	Government of Papua New Guinea
HCT	HIV counseling and testing
HIV	Human Immunodeficiency Virus
HRM	High Risk Men
HRW	High Risk Women
IA	Implementing agency
IEC	Information Education Communication
IMAI	Integrated Management of Adult and Adolescent Illness
IR	Intermediate Results
KP	(Member of a) Key population
MARP	Most-at risk population
MDS	Men with diverse sexuality
M&E	Monitoring and evaluation
MP-FSVAC	Madang Provincial Family 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
OI	Opportunistic infection
OV	Outreach volunteer
OW	Outreach worker
PE	Peer educator
PEP	Post exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PEPFAR MER	President's Emergency Plan for AIDS Relief Monitoring, Evaluation Report
PLHIV	People living with HIV
PMP	Performance management plan
PwP	Prevention with Positives
Q	Quarter
SBC	Strategic behavior change
S&D	Stigma and Discrimination
SIMS	Site Improvement Monitoring System
SOP	Standard Operation Procedure
STI	Sexually transmitted infection
TA	Technical assistance
TB	Tuberculosis
TG	Transgender
TWG	Technical working group
UIC	Unique Identification Code
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
VSO	Voluntary Service Overseas
WTS	Women in transactional sex

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EXECUTIVE SUMMARY

This is the first quarter report for fiscal year 2015 (FY15), which covers the performance period from 1st October – 31st December, 2014. Below is a summary of the quarter's major achievements and challenges:

QUARTER 1 ACHIEVEMENT:

- Coordinated and supported the first Site Improvement Monitoring System (SIMS) assessment at Kilakila clinic with Joan Atkinson, USAID Health Advisor from the 10th – 12th December, 2014.
- Reached **294** individuals at risk for HIV including 133 key populations (KPs) and 161 other high-risk population members through individual and small group prevention interventions. This number represents a **60.7% (n=111)** increase from the previous quarter. The number of referrals made by outreach team was **483** which was an increase of 320 (196.3%) from previous quarter propelled by the use of Enhanced Outreach Approach (EOA). EOA is a performance based strategy that allows a peer educator to receive some incentive for completed referrals.
- The Madang Provincial Family Sexual Violence Action Committee (MP-FSVAC), FHI 360 and partners organized a successful 'International Day for the Elimination of Violence Against Women' with more than **400** people participating in the event.
- FHI 360, in collaboration with FSVAC and other partners in NCD coordinated and participated in the International Day of Human Rights through a global community event dubbed, '*Orange Day*', on the 10th of December, 2014 to mark the 20 Days of Activism on Human Rights issues.
- Provided HIV counseling and testing (HCT) services to **1,190** individuals (491 males and 699 females), including 254 KPs and 635 other high risk populations and 301 low risk populations. The number of individuals accessing HCT services increased by **3.5% (n=39)** compared to the previous quarter mainly as a result of increased testing among high-risk populations, and could possibly be attributed to the EOA.
- Detected **71** HIV positive cases (28 males, 43 females) including 3 infections among children under 15 years of age. The number of HIV positive cases detected in Q1 decreased marginally by 2 from the previous quarter. The case finding rate among all individuals tested remained unchanged from previous quarter at **6.0%**, while the rate among KPs, other high risk populations and low risk populations was 7.9%, 5.7% and 5.0%, respectively in this reporting period. The low risk group are mostly pregnant women attending ante natal services, their husbands may be involved in high risk behaviors and this could raise their positivity rate. FHI 360 will monitor this trend over the next quarter to understand the pattern.
- Conducted STI diagnosis/screening for **372** new individuals (136 males and 236 females) including 50 KPs and 172 other high risk populations. Additionally, **150** individuals (51 males and 99 females) were provided STI Management services on follow up visits.

- Initiated ART treatment for **53** new HIV positive individuals (24 males and 29 females) including **2** children below 15 years of age in the three ART sites located in NCD and Madang. The number of clients initiated on ART remained high as in the previous quarter with an increase of 2 clients. The number of HIV positive individuals currently active on ART rose to **365** individuals (145 males and 220 females) including **27** children below 15 years of age as at the end of December 2014.
- Recruited **2** lab technicians; one for Koki clinic in NCD and Id Inad Clinic in Madang, respectively.
- FHI 360 distributed a total of **5,690** communication materials promoting HIV and GBV prevention messages in various forms including risk message cards, posters, pamphlets, T-Shirts, and brochures to project partners in Madang and NCD.
- Implementing agencies in NCD successfully conducted **3** edutainment shows at the Chilli Peppers club. Peer educators conducted condom pop game and Jumbo Dice game and distributed IEC materials during the edutainment shows.
- FSVAC organized discussion show focusing on the 20 Days of Activism on Human Rights on Air One Radio talk show on FM100.
- Participated in the World Aids Day event with partners and stakeholders in NCD and facilitated a quiz show as part of the event. Supported the distribution of IEC materials to the general public.
- Voluntary Service Overseas (VSO) in Madang recruited three project staff to implement HIV prevention interventions.
- Two representatives from the Global Fund, including the Senior Fund Portfolio Manager South & East Asia Team from Global Fund visited the Kilakila clinic on the 13th November, 2014 to observe the types of clinical services provided to MARPs and how MARPs access the services. They voiced that they were very impressed with the services and paid compliments to FHI360.

QUARTER 1 CHALLENGES:

- Commencing home visits to track clients who have either defaulted from treatment or are lost to follow-up¹ for monthly checks remains challenging as clients give false or non-specific addresses of their places of residence coupled with logistical challenges for the team to track the clients. FHI 360 will continue to support partners to use mobile phone technology through Frontline, computer Software that is used to send and receive short messages for individuals or large groups, to send reminders to clients to take their drugs, and return in time for their re-supply. This

¹ The definition of Lost to follow up (LFTU) refers to clients who have not honored their ART refill for 3 months or more from the last scheduled appointment and are not known to have died, transferred out to another clinic or stopped treatment for medical/social reasons. From inception of the care and treatment services at Id Inad Clinic in 2008, there are 659 people registered out of **521** PLHIV that have ever received ART and **295** are still active on ART. 138 people are not on ART, 73 died, 51 transferred out and 102 are loss to follow up.

intervention is expected to reduce number of clients defaulting while at the same time reinforce the need for confidentiality and trust during ongoing adherence counselling.

- Reaching more MARPs through second and third wave of the EOA has been challenging for peer educators. Peer educators have no control over the referral processes for the second and third wave. There has been no replacement of the female STI nurse at the Kaugere clinic, which is affecting the overall STI management service performance. Four Square Church with support from FHI 360 have prioritized this and are in the process of recruiting new STI nurse.
- FHI 360 lost its program officer responsible for prevention interventions. FHI 360 will start the recruitment process for a replacement in the second quarter.

SUMMARY TABLE

Table 1 below summarizes achievements by IR during the reporting period. Activities listed are based on those outlined in the revised FY15 work plan; a separate table is included listing start-up activities undertaken during this period:

Table 1: Achievements by IR

Planned activities	Indicators ²	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 1.1.2 Strengthen implementation of enhanced outreach approach			<p>The EOA Manual for outreach team members and clinicians has been distributed for implementation. Clinicians and outreach team members of IAs in NCD have been re-oriented on EOA and supported to implement.</p> <p>Number of key population reached reported in next table under correlation to PMP to avoid repetition.</p>

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

Planned activities	Indicators ²	Yearly target	Achievement during reporting period
Activity 1.1.3 Strengthen prevention intervention			22,878 condoms (19,604 cola and strawberry scented male condoms and 3,274 female condoms) distributed to KPs by IAs. Key messages on risk message cards distributed promotes condom negotiation tips which contributes to increase self-efficacy for requesting condom use in a relationship. STI booklets distributed promotes the importance of regular HIV testing, encouraging partners to go for testing and explains the process of HIV testing.
Activity 1.2.1 Recruitment of and training of outreach team			Recruitment and training of outreach team members in Madang will commence in Q2 of FY15.
Activity 1.3.2 Strengthen peer registration			A Peer registration database will be developed in Q2. Peer registration is currently included in the mobile data collection tool called CommCare.
Activity 1.3.3 Strengthen collaboration with MSM and FSW networks			1 support group meeting conducted for FSW, 1 support group meeting for MSM/TG conducted in October in NCD. The program team in Madang convened a meeting with Men with Diverse Sexuality and Transgender people to introduce the MARPS project and how the project can work with them.

Planned activities	Indicators ²	Yearly target	Achievement during reporting period
Activity 1.4.1 Conduct targeted stigma and discrimination sensitization			No targeted stigma and discrimination sensitization conducted. Trainings were conducted for clinicians and community leaders in Q4 of FY14.
Activity 1.4.2 Continue to participate actively on national gender TWGs			FHI 360 attended Technical Working Group on Gender and Vulnerable Group and the Gender forum meetings. Key outcome from the meeting was the follow-up on the action plan for the sorcery-related violence conference held in Eastern Highlands Province in 2013
Activity.1.4.3 participate in MARPs TWG			FHI 360 is a member of the MARPS TWG which is headed by NACS. The SBC Officer attended one combined MARPS TWG and HIV Garamut meeting during the quarter to review IEC materials developed by PSI as part of the National MARPS Communication Strategy.
Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families			
Activity 2.1.1 Provide consolidated services at the clinical sites.		3 clinical sites	Recommendations from Dr Laurent Ferradini's TA in FY14 to improve quality of services have been addressed through 10 mentoring and supervisory visits provided to clinical sites in NCD. TA visit will be provided to Id Inad in Madang in Q2.

Planned activities	Indicators ²	Yearly target	Achievement during reporting period
Activity 2.1.2 Strengthen monitoring all referrals of newly diagnosed HIV infected persons to OI/ART	Number of project staff trained in service delivery	100	10 supportive supervision visits were conducted with 11 clinical staff including 3 CMTs. A clinical performance review meeting conducted for Salvation Army and Foursquare clinicians. The main issues discussed include ways of improving the quality of clinical services given to clients and TB/HIV referral linkages, and how to make the Enhanced Outreach Approach more effective.
Activity 2.2.4 Refresher Training on OI/ART for clinicians		N/A	The Integrated Management of Adolescent and Adult Illness (IMAI) Refresher training will take place in Q2. IMAI is a simplified WHO standardized guidelines for ARV therapy. Its training modules cover chronic HIV care including ARV therapy, acute care (including the management of opportunistic infections and when to suspect HIV, linking to testing and counselling), palliative care (symptom management at home), and general principles of good chronic care (to support the health system transition from acute to chronic care).

Planned activities	Indicators ²	Yearly target	Achievement during reporting period
Activity 2.2.8 Provide refresher training and mentoring on the syndromic approach to improve understanding according to STI guidelines			STI Training will take place in Q2. 3 Supportive supervisory visits were conducted with 4 clinicians. A clinical performance review meeting was conducted for Salvation Army and Foursquare clinicians. The main issues discussed include ways of improving the quality of clinical services given to clients and TB/HIV referral linkages and how to make the Enhanced Outreach Approach more effective.
Activity 2.3.2 Train all Case Management Team		N/A	The CMT established in all three ART sites in NCD and Madang. The Madang CMT started home visits to track treatment defaulters and those lost to follow-up. Four Square Church in NCD has commenced home visits. Case managers will be trained on basic counseling which also includes adherence counseling in Q2.
Activity 2.4 Strengthen CoPCT Co-ordination Committees		N/A	No CoPCT Coordination Committee meetings were conducted in this reporting period as members of the committee (same people) were involved in MP-FSVAC meetings.
Activity 2.5.1 Building capacity of local organizations		N/A	Capacity Building Officer has been recruited and he will focus on the addressing recommendations from the NUPAS assessment. The findings from the assessment indicated that the financial management systems including procurement systems are inadequate.

Planned activities	Indicators ²	Yearly target	Achievement during reporting period
Activity 3.1.2 Identification and selection of new implementing partner organizations to implement gender and GBV services		N/A	One new implementing partner will be selected in Q2 to implement community based gender and GBV activities in NCD, while FHI 360 continues to provide on-going support to FSVAC in the continuum of monitoring the media. FSVAC conducted 1 radio talk show with FM100 radio station on the 20 Days of Activism on Human Rights.
Activity 3.1.3 Expand 16 Days of Activism leading to World Aids Day			FHI 360 continues to support FSVAC in NCD and Madang. These organizations are involved at the provincial and national level on gender issues. We are working with these two FSVAC to organize the 20 days of activism in both provinces.
Activity 3.2.3 Conduct gender sensitization training.		N/A	FHI 360 provided TA to two GBV shelters in NCD to support implementation of the SOP for the minimum standards for GBV shelters. 12 health care workers (F-9, M-3) and 14 community leaders (F-4, M-10) participated in the Gender and Gender Based Violence training.
Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery			

Planned activities	Indicators ²	Yearly target	Achievement during reporting period
Activity 4.1.1 Carry out Behavioural Surveillance Survey (BSS) in Madang		N/A	The Research Protocol for Behavioural Surveillance Survey (BSS) as well as Integrated Biological and Behavioural Survey (IBBS) either one of which will be conducted in Madang in 2015. The IBBS Research Protocol was submitted to FHI 360 APRO for further revision as APRO recommended IBBS instead of BSS.
Activity 4.1.2 Development of new data collection tools and align with government tools	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	No DQA was conducted this quarter but it will be conducted for clinics in NCD and Id Inad in Madang in Q2.

CORRELATION TO PMP

Table 2: Performance Management Plan Indicators and Achievements: FY15, Q1

Objectives, Intermediate Results (IR), and Indicators	FY15 targets	Q1 Achievements	Monitoring: data source and periodicity	Justification	
Objective 1: To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families					
IR1.1 Improve knowledge attitudes and practices					
1. PEPFAR output (KP_PREV/P8.3.D)	Number of key populations reached with individual or small group level preventive interventions that are based on evidence or meet the minimum standards required,	3,800 individuals	133 individuals (83 WTS, 29 MTS, 21 MSM/TG reached)	PE and OV daily dairies: - Weekly from PEs and Ovs to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	KPs reached increased this quarter. However, this was far less than the required quarterly target of 950 due to EOA requiring more interaction on one-to-one basis prior to referrals. Start of outreach by VSO in Madang in Q2 will improve this indicator.

Objectives, Intermediate Results (IR), and Indicators		FY15 targets	Q1 Achievements	Monitoring: data source and periodicity	Justification
2. PEPFAR output (GP_PREV)	Number of target populations who completed standardized HIV prevention interventions including the minimum components during the reporting period.	2,700 individuals	161 individuals (94 HRW and 67 HRM) reached.	PE and OV daily dairies: - Weekly from PEs and Ovs to IA - Monthly from IA to FHI 360 Quarterly from FHI 360 to USAID.	Far less than the required quarterly target of 675 due to same justification as above.
3. Program Outcome (PEPFAR P9.2.N but not in MER)	Percentage of female and male sex workers reporting the use of a condom with their most recent client.	75% among WTS and MTS.	Yet to be determined.	Report from FHI 360	BSS for key populations will be conducted in 2015. The protocol is in development.
IR 1.2 Improved health seeking behavior					
4. PEPFAR Output (HTC_TST/P11.1.D)	Number of individuals who received counseling and testing services for HIV and received their test results.	4,500 individuals	1,190 individuals (491 males and 699 females) including 254 KPs (161 WTS, 77 MTS, 16 MSM/TG) and 635 other high risk population (287 HRM, 348 HRW) and 301 low risk populations (190 LRW, 111 LRM)	Daily Client register - Monthly from HCT counselors to IA - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	Project exceeded quarterly target of 1,125 by 65 (5.8%). The number of KPs and other high risk populations tested increased from Q4 of FY14 possibly due to EOA.

Objectives, Intermediate Results (IR), and Indicators		FY15 targets	Q1 Achievements	Monitoring: data source and periodicity	Justification
5. PEPFAR Output (Additional Indicator).	Number of individuals who received STI management services.	2,000 individuals	372 individuals (136 males and 236 females) including 50 KPs (43 WTS, 3 MTS, 4 MSM/TG), and 172 other high-risk populations, and 150 low risk populations. In addition, 150 individuals 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.	Quarterly target of 500 for this reporting period was not reached because Kaugere Clinic did not have an STI specific clinical staff and slowdown of activities during holiday seasons in December. There was an increase of 55 individuals recorded as repeat visits compared to Q4 of FY14
6. Program Output	Number of condoms distributed.	350,000 condoms	22,878 condoms (19,604 cola and strawberry scented male condoms and 3,274 female condoms) distributed to KPs by IAs.	Daily OV/PE Dairies: - Monthly from IA & FHI 360; - Quarterly from FHI 360.	Target for this quarter has not been reached. Recruitment of peer educators in Madang in Q2 will help increase distribution of condoms.

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		FY15 targets	Q1 Achievements	Monitoring: data source and periodicity	Justification
7. PEPFAR Output (T1.2.D/ TX_CURR)	Number of adults and children with advanced HIV infection currently active on ART.	400 clients	365 HIV-positive individuals (145 men and 220 women) including 27 children were active on ART: 286 (116 males, 170 females) including 27 children from Id Inad Clinic 31 (12 males, 19 females) from Koki Clinic 48 (17 males, 31 females) from Kilakila Clinic	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID	Expected to exceed annual target by Q2 due to increased number of clients being registered in 2 additional ART sites in NCD, and fewer deaths and lost to follow-up were recorded.
8. PEPFAR Outcome (T1.3.D/ TX_RET)	Percentage of adults and children known to be alive and on treatment 12 months after commencement of ART.	85% overall rate	66.7% (60% for males and 75% for females) <i>The data is only for Id Inad as clients at Kilakila and Koki Clinic have not yet reached the 12 months' time frame.</i>	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	More males lost to follow-up in Id Inad then females.
9. PEPFAR Outcome (TX_SITE)	Percentage of PEPFAR supported ART sites achieving a 75% ART retention rate.	100%	0%	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Koki and Kilakila clinics have not been operational for 24 months yet as required. Result for Id Inad is under 75% At Id Inad The retention rate for females is 75 % while retention rate for male is 60 %.

IR 2.2 Coverage of HIV/AIDS services improved

Objectives, Intermediate Results (IR), and Indicators		FY15 targets	Q1 Achievements	Monitoring: data source and periodicity	Justification
10. PEPFAR Output ((CARE_CURR, New MER/replacing PEPFAR C2.1.D))	Number of HIV positive adults and children who received at least one of the following clinical assessment (WHO staging) or CD4 Count or viral load during the reporting period.	400 clients	Yet to be measured.	<ul style="list-style-type: none"> - Monthly from IA & FHI 360; - Quarterly from FHI 360 	Data collection tools for capturing this indicator will be rolled out in Q2. All patients on care and treatment receive at least WHO staging and CD4 evaluation (when due), at every clinic encounter. However, measuring this indicator with the current set of registers will result double counting of some individual who may have more than one visit during the reporting period. FHI 360 will deploy a longitudinal register in the next quarter to help use measure this indicator more accurately without double counting.

Objectives, Intermediate Results (IR), and Indicators		FY15 targets	Q1 Achievements	Monitoring: data source and periodicity	Justification
11. PEPFAR Output (CARE_NEW, a new indicator)	Number of HIV-infected adults and children newly enrolled in clinical care during the reporting period and received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load).	250 clients	65 clients (29males and 36 females) received WHO clinical staging 7 in Koki (1 males, 6 females) 27 in Kilakila (15 males, 12 females) 31 in Id Inad (13 males, 18 females)	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID.	All new clients registered at HIV Care and Treatment sites receive WHO staging as a requirement. The achievement for Q1 was slightly above the quarterly target of 63 by 2 (3.2%).
12. PEPFAR Outcome (TB_SCREEN /C2.4.D)	TB/HIV: Percent of HIV-positive persons who were screened for TB in HIV care and treatment settings.	65%	15.7% of clients being cared for this quarter (75 clients (32 males and 43 females) including 3 children under the age of 15 screened for TB).	Client Records/ART Registries: - Monthly from IA to FHI 360; - Quarterly from FHI 360 to USAID.	Improved referral and screening for TB of HIV-positive individuals this reporting quarter by 15 clients compared to previous quarter but still below target. Recommendations for improvement in Dr Ferradini TA in FY14 are being addressed.

Objectives, Intermediate Results (IR), and Indicators		FY15 targets	Q1 Achievements	Monitoring: data source and periodicity	Justification
13. PEPFAR Outcome (CARE_SITE, new MER indicator)	Percentage of PEPFAR-supported clinical care sites at which at least 80% of PLHIV received all of the following during the reporting period: 1) clinical assessment (WHO staging) or CD4 count or viral load, and 2) TB screening and 3) if eligible, cotrimoxazole.	67%	Yet to be measured.	Client Records/ART Registries: - Monthly from IA to FHI 360; Quarterly from FHI 360 to USAID.	Data collection tools for capturing this indicator will be rolled out in Q2.
14. PEPFAR Output (TX_NEW/T1.1.D)	Number of adults and children with advanced HIV infection newly initiated on ART.	150 clients	53 new clients (24 males and 29 females) including 2 children) initiated on ARV. 11 in Koki (4 males, 7 females) 18 in Kilakila (8 males, 10 females) 24 in Id Inad (12 males, 12 females)	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	Exceeded quarterly target of 38 due to high number of detections of HIV in all five testing sites in this and the previous quarter.

IR 2.3 Local capacity of service delivery enhanced

Objectives, Intermediate Results (IR), and Indicators		FY15 targets	Q1 Achievements	Monitoring: data source and periodicity	Justification
15. Program Output (Additional Indicator)	Number of staff trained in service delivery.	150 individuals	A total of 73 Individuals (26 on GBV, 20 on Gender Analysis and 27 on EOA & UIC) were trained.	Training Reports/Trip reports/Monthly updates	Achievement has exceeded the target of 38 individuals. Refresher training on IMAI is planned to take place in Q3 and STI training in Q2.
Objective 3. To increase the use of facility and community-based gender and gender-based violence interventions					
16. PEPFAR Output (GEND_NORM)	Gender Norms within the Context of HIV/AIDS: Number of people completing an intervention pertaining to gender norms that meets minimum criteria.	70	Yet to be measured.	ART Registry: - Monthly from IA & FHI 360; - Quarterly from FHI 360	FHI 360 will set strategies for meeting the minimum criteria and systems for measurement. FHI 360 gender expert will be providing TA support on this in the next quarter.
17. Program Output	Number of referrals from HIV-related interventions to GBV services.	150 clients	7 reported this quarter	Clinical, outreach, helpline and shelter daily registers; IA monthly summary forms: - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID	An improvement from previous quarter where no referrals were made. With the Enhanced Outreach Approach, PEs are now making referrals for GBV for KPs through their outreach interventions.

Objectives, Intermediate Results (IR), and Indicators		FY15 targets	Q1 Achievements	Monitoring: data source and periodicity	Justification
18. PEPFAR Output (GEND_GBV)	Gender Based Violence (GBV) Care: Number of people receiving post – GBV care.	400 individuals	21 GBV survivors were counselled at GBV shelters in NCD (including 18 at House of Hope Shelter run by the Salvation Army and 3 at Kaugere Women’s Resource Centre run by Four Square Church).	Clinical daily registers; IA monthly summary forms: - Monthly from IA to FHI 360 - Quarterly from FHI 360 to USAID.	More awareness on the availability of services will be carried out in Q2 in order to increase output.
Objective 4. To strengthen health systems for HIV/AIDS service delivery					
IR 4.1 Monitoring and evaluation improved					
19. PEPFAR Output (LAB_CAP / H1.1.D)	Number of PEPFAR supported testing facilities with capacity to perform clinical laboratory tests.	2	2	Program Updates, Monthly Reports from IAs to FHI 360 and Quarterly report from FHI 360 to USAID.	Only 2 laboratories are supported by the project.

Objectives, Intermediate Results (IR), and Indicators		FY15 targets	Q1 Achievements	Monitoring: data source and periodicity	Justification
20.PEPFAR output (LAB_ACC/H1.2.D)	Number of PEPFAR supported testing facilities (laboratories) that are recognized by national, regional or international standards for accreditation or have achieved a minimal acceptable level towards attainment of such accreditation.	2	0	Narrative reports: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	Accreditation is in progress. A representative from CPHL has visited the laboratories on the 12 th November 2014. An assessment report has been provided for IAs to implement recommendations.
21.PEPFAR output (SITE_SUPP, new indicator)	Number of PEPFAR-supported DSD and TA sites	10	10 sites 5 HCT sites (1 TA and 4 DSD) 2 Lab sites (2 DSD) 3 CD4 Count Services (3 DSD)	Narrative reports: - Program (FHI 360) records Quarterly from FHI 360 to USAID	All 10 sites remain constant throughout project span.

Objectives, Intermediate Results (IR), and Indicators		FY15 targets	Q1 Achievements	Monitoring: data source and periodicity	Justification
22. PEPFAR output (QI_SITE)	Percentage of PEPFAR-supported clinical service sites with quality improvement activities implemented that address clinical HIV program processes or outcomes and have documented process results in the last 6 months.	80%	80%	Narrative reports: - Program (FHI 360) records Quarterly from FHI 360 to USAID.	Target achieved through follow-up visits by FHI 360 staff addressing recommendations from TA visit by Dr Laurent Ferradini in FY14 focusing on QA/QI evaluation.
23. PEPFAR output (LAB_PT)	Percentage of PEPFAR-supported laboratories and testing sites that participate and successfully pass in a proficiency testing (PT) program.	50%	100%	Narrative reports: - Program (FHI 360) records Quarterly from FHI 360 to USAID.	FHI 360 supported laboratories participate in the regular external quality assessment survey (EQAS) DBS is done for every 20th test done at VCT sites. 2 sites participated last quarter.
IR 4.2 Supply chain management improved					
24. Program Output	Number of facilities reporting no stock out of ART, OI and STI drugs in the last three months.	5	5	Monthly program updates	None of the clinics reported stock out this quarter.

Objectives, Intermediate Results (IR), and Indicators		FY15 targets	Q1 Achievements	Monitoring: data source and periodicity	Justification
25. Program Outcome. (CS_TRAIN)	Percentage of individuals who received competency-based, certificate, or higher-level training to conduct or support supply chain, inventory management, supportive supervision or distribution activities.	50%	0%	Training Reports/Trip reports/Monthly updates.	We are yet to commence these trainings.
26. Program Output (Additional)	Number of facilities using computerized reporting for drug supply management.	50%	0%.	FHI 360 drug supply management log: <ul style="list-style-type: none"> - Program (FHI 360) records - Quarterly from FHI 360 to USAID 	All sites have computers for data management and reporting. A drug supply management system using Microsoft Excel has been distributed. Project staff will be trained to use the system in FY15.

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 staff re-oriented clinical and outreach staff of Salvation Army and Four Square Church on the Enhanced Outreach Approach (EOA) at three separate three-day training sessions. **27** participants (7 males, 6 transgender males and 14 females) were re-orientated on the concepts of EOA, their roles and responsibilities and the performance based incentive. The re-orientation was conducted to address issues raised by project staff and peer educators of Four Square Church and Salvation Army. Listed topics were included following consultation with partner organizations for the re-orientation sessions. The following were topics discussed during the refresher training:

- 1) The Enhanced Outreach Approach – an overview
- 2) The direct referral slip. How it works?
- 3) The pass it on slip and how it works. When it is given out
- 4) Conditions of payment based on the performance based incentive package
- 5) Understanding the PE EOA Handbook
- 6) Understanding the Clinician EOA Handbook
- 7) Targets for EOA referrals per month
- 8) Condoms
- 9) How to record the UIC – Outreach
- 10) How to record the UIC – Clinical
- 11) How to conduct a good screening with a peer
- 12) VCT and screening

Salvation Army and Four Square Church teams used the EOA in first quarter of FY15 to reach **294** individuals at risk for HIV including 133 key population (KP) members (including 83 WTS, 29 MTS, 21 MSM/TG) and 161 high risk populations (including 94 high risk men and 67 high risk women through individual and small-group prevention interventions). The number of KPs and other high risk populations reached increased by 75.0% (n=57) and 50.5% (n=54), respectively, from the previous quarter. These increases resulted from peer educators becoming more familiar with the EOA approach.

The number of individual referrals made in Q4 was **483**, which was an increase of 320 (196.3%) from the previous quarter. The majority of the referrals were for STI check-up (61.3%) followed by referrals for HCT (38.5%), unlike in the previous quarter when 82.2% of the referrals were for HCT and only 15.3% for STI. The increase in number of referrals may be as a result of the EOA which is an incentive based approach contributing increased

successful referrals. The increase in number of referrals of STI clients is significant improvement from previous quarters.

Distribution of Prevention Commodities

FHI 360 continued to distribute male scented condoms (cola and strawberry 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 or group sessions or indirectly through condom outlets and establishments which are also hotspot sites and during major events such as the World AIDS day. During this reporting period, partner organizations distributed **22,851** condoms (19,604 male cola and strawberry scented condoms and 3,247 female condoms) and **15,375** packets of lubricants to members of the target population.

Strengthening SBC

FHI 360 introduced new communications materials as outlined in the FY13-14 Strategic Behavioral Communications Strategy. It printed final product of 500 English, Pidgin and Motu versions of the male and female STI booklets. A draft copy of the male and female versions of the STI comic book in English was also developed. During this reporting period, FHI 360 distributed a total of **5,690** communication materials to implementing partners and the general public during international, national and community events. There was an increase in the distribution of IEC materials compared to Q4 of FY14.

Table 3: IEC Materials

Communication materials	Partner/Organization/ Project	Number of communication materials
Risk message cards (Key messages on sexual health) – Male/Female, English & Tok pisin versions	NACS (Marketing & Alliance Unit)	16
Risk Message Card set (31 Risk images, facilitator’s guide, risk labels)	NACS (PNG National Games)	1
Risk Message Card set (31 Risk images, facilitator’s guide, risk labels)	FHI 360 Program	1
Condom Posters	NACS (PNG National Games, Marketing & Alliance Unit)	150
Condom Posters	FSVAC (PNG National Games)	30
Condom Posters	Four Square & Salvation Army combined Edutainment – Chilli Peppers club	14

Communication materials	Partner/Organization/ Project	Number of communication materials
PEP Posters	NACS (PNG National Games, Marketing & Alliance Unit)	150
PEP Posters	FHI 360 – Madang Office	50
Enhanced Outreach Approach Handbooks – Clinical	Salvation Army & Four Square Church	413
Clinical Referral cards	Salvation Army & Four Square Church	500
Client appointment cards	Salvation Army, Four Square & Modilon General Hospital	3,000
CIMC Brochure (Wife beating, Rape, Incest, Child abuse, What to do about rape, PNG Law, FSVAC)	Madang Office	250
NACS Brochure (STI,HIV/AIDS)	Madang Office	200
IEC materials distributed as prize packs during edutainment (various materials)	Salvation Army & Four Square Church	48
Various IEC Materials	Salvation Army & Four Square Church – Through outreach interventions	13
IEC Materials distributed on World Aids Day – 01st December 2014		
Condom Posters	Combined activity with partners – Salvation Army & Four Square Church	50
PEP Posters	Combined activity with partners – Salvation Army & Four Square Church	50
Outreach Referral Cards	Combined activity with partners – Salvation Army & Four Square Church	100
Self-Care booklet & card	Combined activity with partners – Salvation Army & Four Square Church	40
Prevention Campaign Flyers (Multiple Concurrent Partners, Condom, HCT)	Combined activity with partners – Salvation Army & Four Square Church	150

Communication materials	Partner/Organization/ Project	Number of communication materials
Coasters (with condom message)	Combined activity with partners – Salvation Army & Four Square Church	14
Orange T-shirts (with HCT message)	Combined activity with partners – Salvation Army & Four Square Church	30
NACS Brochure (HIV & Law, Testing, Work, Facts, Telling people you are HIV positive, STI facts)	Combined activity with partners – Salvation Army & Four Square Church	280
CIMC Brochure (What to do about rape, Rape, Incest, Child Abuse)	Combined activity with partners – Salvation Army & Four Square Church	40
FHI 360 Fact sheet	Combined activity with partners – Salvation Army & Four Square Church	50
USAID MARPS Project fact sheet	Combined activity with partners – Salvation Army & Four Square Church	50
Total		5,690

Employing Creative Channels to Reach Key Populations

FHI 360 continues to use Frontline SMS to send out adherence messages to ART clients in Madang. Reminders were sent to clients to take their daily medication and on time. Clients have also been expressing their gratitude towards this service, demonstrated from this SMS received from a client: “Thank yu long taim na concern blong yupla. Mi stap orait na namba blong FHI mi gat. Ta!. God bless.” (Thank you for your time and concern. I am okay and I have FHI number thank you. God bless)

Salvation Army and Four Square Church conducted **3** edutainment shows successfully at the Chili Peppers night club this quarter. The first one was held on 29th October and was witnessed by more than **113** individuals. Peer educators contacted a total of **13** key population members who were referred to access clinical services at the project clinics.

Addressing stigma and discrimination and creating a supportive environment

FHI 360 Senior Program Officer and Program Officer in Madang convened a meeting with Men with Diverse Sexuality (MDS) and Transgender people (TG people) on the 27th October at the Madang Lodge. MDS is a new acronym used by Kapul Champion which is the National MSM/TG Organization to refer to MSM with intention of reducing stigma. The project team in Madang met with the group to introduce the project and how the project can work with them.

A support group meeting was conducted for FSW and MSM/TG separately on the 7th October at the Country Women's Association in NCD. The topics discussed were Gender Based Violence for FSW and TB for MSM/TG. A combined support group meeting for WTS and MSM/TG was held in NCD on the 4th November 2014 at the Country Women's Association, which focused on reviewing outreach performance, achievements and challenges in FY14 and discussed ways forward for FY15. The meeting was facilitated by the FHI 360 SBC officer and co-facilitated by the Salvation Army Field Support Officer and attended by 7 peer educators and 1 field support officer.

Improving project coordination and collaboration

Eric Stephen, Technical Advisor from FHI 360 APRO, visited the PNG Country Office on November 17- 26 to further develop the CommCare applications developed for the project. The program team learned to install the two different applications (Outreach and Clinical), identified issues and suggested modifications to the different components of the two applications. During his visit, Mr Stephen also visited the Madang project site and introduced the Commcare mobile phone application as a tool for digital data collection. The consultation meeting was attended by FHI 360 program staff, staff of Id Inad Clinic and the Madang Provincial Health Office. Mr Stephen made a presentation on the use, features, application and how this digital data collection tool is utilized in other USAID programs such as the Control and Prevention of TB Program in Myanmar.

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

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. Priority recommendations from the gap analysis have resulted in up to date drug inventories and requisition, systematized TB symptom screening and improved referral pathway between TB and HIV, improved client privacy and confidentiality during consultation and counselling, improved follow up and tracking of clients, and implementing detection of treatment failure in ART clients. FHI 360 program officer, Vanessa Kaupa, travelled to Madang to provide technical assistance to Id Inad Clinic and to monitor the progress of implementation of recommendations provided by Dr. Laurent.

TA provided by FHI 360 program team also focused on continued improvement on physical examination for STI, documentation of treatment and actual drug combination for STI and ART services, documentation and implementation of EOA. The team also provided mentoring support on applying the Unique Identification Code and the different referral slips of the EOA at the clinics. The UIC is used as part of the Enhanced Outreach Approach.

A two day clinical review meeting was carried out on the 4th and 5th of November 2014, at the Lamana Hotel in Port Moresby. A total of **18** participants (12 males and 6 females) attended the review meeting. Participants included clinicians, counsellors, case managers, staff of GBV shelters, and a lab technician. The review meeting focused on the performance review of FY14 on the different services provided by the project clinics in NCD, discussed ways forward for improved clinical practices and services, improved and strengthened TB/HIV referral linkages, and improved understanding on roles and responsibilities of clinicians and counsellors on the Enhanced Outreach Approach.

Diagnosis and Treatment of Sexually Transmitted Infections

In this reporting period, 12 gram staining examinations have been done at the Koki clinic for confirmation of gonorrhoea of which 9 were recorded positive and 3 had no organisms detected. All 12 clients were high risk men.

A total of **372** new individuals (136 males and 236 females) including 50 KPs (43 WTS, 3 MTS, 4 MSM/TG), 172 other high risk populations (86 men and 86 women) and 150 low risk populations (107 men and 43 women) received STI diagnosis and treatment services in NCD and Madang. The number of new other high risk populations accessing STI services increased by **14.7%** (n=22), however there was decrease in low risk populations accessing STI services resulting in an overall drop of 7 or 1.8% in all individuals accessing STI services from the previous quarter. The decrease this quarter despite a high number of referrals might be a result of the winding down of project activities to prepare for the holidays period in December.

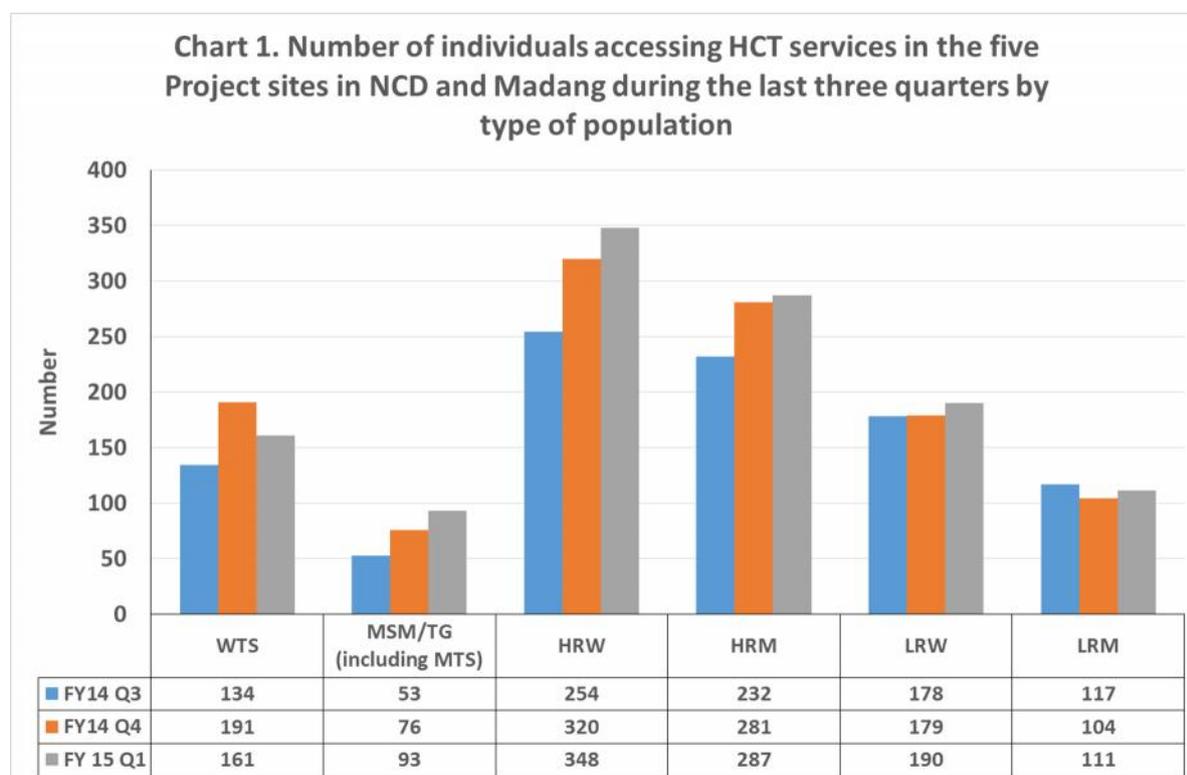
In addition, the project provided STI management services for 150 individuals (51 males and 99 females) on repeat visits. This represented an increase of **55 (57.9%)** from Q4 of FY14 which was result of increased referrals by peer educators.

81.7 % (n=304) of the new STI clients were presented with signs and symptoms of STI, while 18.3%, (n=68) were asymptomatic individuals. Among the 150 old STI clients accessing the project clinics, 63.3% presented themselves for follow-up checks whilst 31.3 % visited the clinics due to new infections (31.3%). 5.3 % of asymptomatic individuals returned for sexual health check-up (5.3%). The fact that a high proportion of individuals at low risk for HIV have

symptoms of STI indicates that these populations are also at increased risk of HIV. This data will be shared with the relevant stakeholders to ensure that prevention measures are taken.

HIV Counselling and Testing

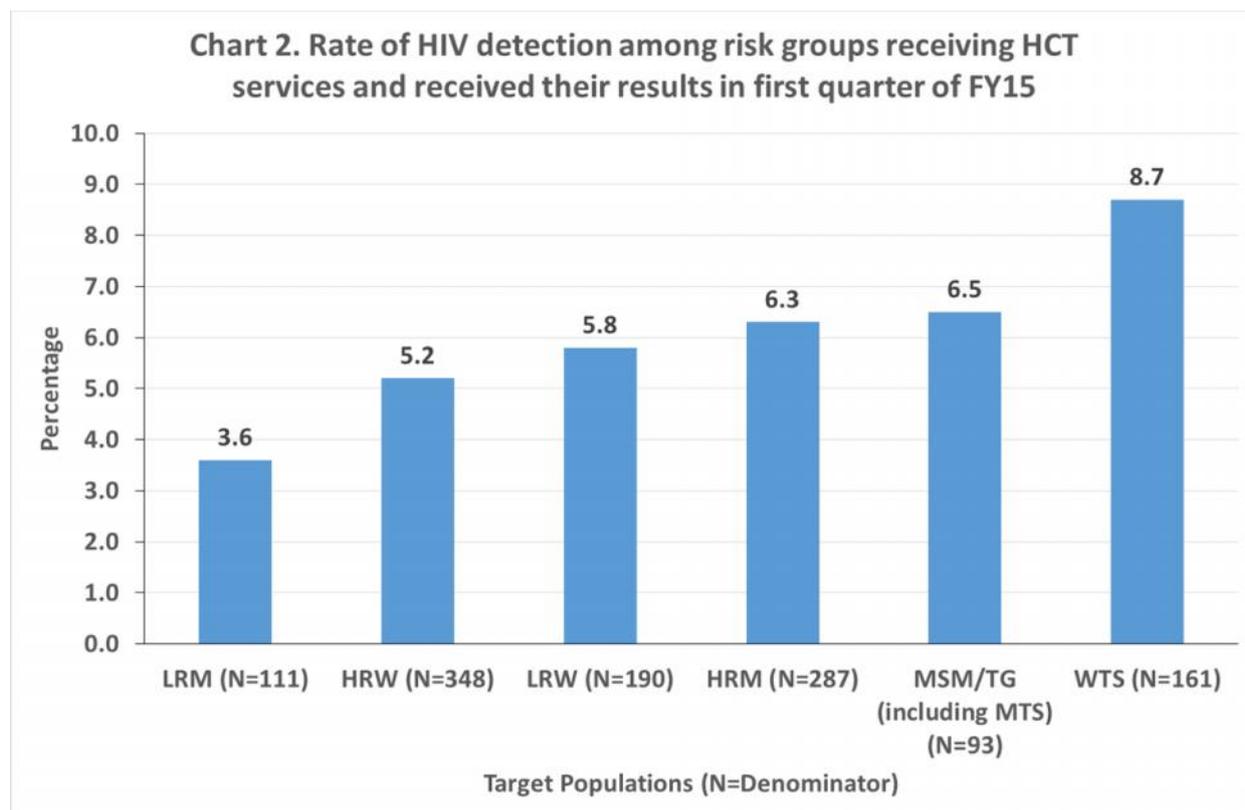
HIV counselling and testing (HCT) sites in NCD and Madang provided HCT services to a total of **1,190** individuals (491 males and 699 females) including 254 KPs (161 WTS, 77 MTS, 16 MSM/TG), 635 other high risk populations (287 men and 348 women) and 301 low risk populations (111 men and 190 women) in Q1 of FY15. The number of KPs accessing HCT services decreased by 13 or 4.9% while the number of high risk populations increased by 34 or 5.7%. The number of low risk populations tested also increased by 18 or 6.4%. There was an overall increase of 39 or 3.5% in the number of individuals tested in Q1 of FY15 compared with Q4 of FY14. The number of individuals accessing HCT services in project sites over the last three quarter is shown in Chart 1.



As shown in the graph the number of MSM/TG accessing HCT service is steadily growing over the last three quarters.

In this reporting quarter, the five HCT sites recorded **71** new HIV infections (28 males and 43 females) including 3 among males under the age of 15 years old. Among the reported positive cases were 20 KP, 36 other high risk population and 15 low risk population members. Compared to Q4 of FY14, the number of new HIV cases detected in Q1 showed

decrease by 2 or 2.7% as a result of a drop in number of cases among low risk populations. The number of new HIV cases detected among KPs and other high risk populations combined remaining same as the previous quarter. Case detection rate among KPs, other high risk populations and low risk populations was 7.9%, 5.7% and 5.0%, respectively. A further breakdown by target populations and overall rate is provided in Figure 2.



HIV Care and Treatment

FHI 360 Program Officer, Vanessa Kapus, met with the NCD Health Service TB/HIV Program Officer and discussed improvement of referral mechanism between TB and HIV at the project clinic sites. NCD Health Service TB team agreed to provide Isoniazid prophylaxis for HIV positive clients at the two ART clinics namely Kilakila and Koki. In different development, two new laboratory technicians were recruited and placed at Koki clinic in NCD and Id Inad Clinic in Madang.

Koki, Kilakila and Id Inad clinics initiated ART treatment for **53** new HIV positive clients (24 males and 29 females) including 2 children below the age of 15, a slight increase by 2 clients compared to Q4 of FY14. Based on data from the three sites collated in December 2014, 365 HIV-positive individuals (145 males and 220 females) including 27 children below the age of 15 are active on ART in Madang and NCD. The number of active ART patients has increased by 21 (6.1%) from the previous quarter. Table 4 shows the number of HIV positive

individuals initiated on ART and the number active on ART during the last three quarters of FY14 and first quarter of FY15.

Table 4. Summary Table of HIV Testing and Care and Treatment

	NCD				Madang	Total
	Kilakila	Kaugere	Koki	Ela Beach	Id Inad	
Number of Individuals receiving HCT services and received their results	175	358	105	365	187	1190
Number of Individuals tested HIV positive during the reporting period	5	11	7	26	22	71
Rate of HIV Case detection during the reporting period	2.9	3.1	6.7	7.1	11.8	6.0
Number of HIV+ individuals Initiated on ART during the reporting period	18		11		24	53
Number of Individuals active on ART as at end of the reporting period	48		31		286	365

As FHI 360 is developing new data collection tools to accommodate recent changes in the indicators for HIV Care by USAID, the three care and treatment sites were not able to provide data for the number of clients currently receiving clinical care. The tools will be fully developed and rolled out in quarter 2 enabling data collection for all indicators. The sites, however, were able to report data on the number of clients newly enrolled in clinical care which was 65 clients (29 males and 36 females). The current monitoring tool captures number of new clients initiated on OI receiving cotrimoxazole prophylaxis. All new clients registered for care are also assessed to determine their clinical staging.

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

Safe Shelters

FHI 360 continued to provide TA on the implementation of the Standard Operating Procedure for the Minimum Standards that was developed in FY14 for GBV safe shelters. FHI 360 staff conducted two monitoring visits this quarter which focused on development of a Terms of Reference for support Group meetings for GBV survivors, referral networks with other service providers, safe house operations, funding and the 20 Days of Activism.

A total of 18 GBV survivors were counselled and sheltered at the House of Hope managed by Salvation Army and 3 survivors were served at Kaugere Women’s Resource Centre managed by the Four Square Church. Kaugere Women’s Resources Centre experienced plumbing problems in the reporting period disrupting the services provided by the centre. Out of the 18 GBV survivors, 11 reported physical assault, 6 reported both physical assault and emotional abuse and 1 reported both physical and sexual assault.

The first GBV Support Group meeting was held on the 11th November 2014 at the House of Hope managed by Salvation Army. The meeting was facilitated by the House of Hope Manageress, Major Ridia Nenewa and GBV Coordinator Guannah Kihi with the theme 'Stop Violence Against Children'. A total of 21 GBV survivors attended the meeting.

The House of Hope organized a GBV literacy program for GBV survivors and their children in November which involved educational exercises and activities including life skills such as cooking and sewing. The program is held every Tuesdays for four weeks. A total of 89 adult female GBV survivors and their children (86 children) attended the GBV literacy program in November.

Radio talk shows

In this reporting period one radio talk show was coordinated by FSVAC with support from FHI 360 on the radio station FM 100. The radio talk show focused on the 20 Days of Activism on Human Rights. Panellists comprised of representatives from organizations in three different cluster groups who were invited to participate. Representatives were from the following cluster group and organization:

- Children's Day Cluster – World Vision
- Elimination of Violence Against Women Cluster- World Vision
- World AIDS Day – NCD Provincial Aids Council

The panelists stressed on the significance of the various days which were commemorated through large-scale community events involving partners and stakeholders.

GBV sensitization

FHI 360 Program Officer facilitated a two day sensitization training on gender and gender based violence for health care workers in Madang on the 21st and 22nd of October, at the Coastwatchers Hotel. A total of 11 participants (4 males and 7 females) attended the training. The program officer also conducted a separate training at the same venue on the 23rd October for community leaders. Total of 14 (10 males, 4 females) attended the training. The training helped the HCWs and community leaders better understand, identify and differentiate between sex and gender, forms of GBV and their causes and effects, how to deal with cases of GBV and clearly disseminate correct information on sex, sexuality and gender.

Gender analysis training

Maryce Ramsey, FHI 360 Senior Gender Advisor from Gender Department in Washington DC conducted a two days training on gender analysis for FHI 360 staff and its implementing partners. A total of **20** participants (15 females and 5 males) learnt about understanding and reaching out to sexual and gender minorities who often bear a high burden of HIV. It covered sexual orientation, gender concepts and terminology and was also focused on the

PEPFAR gender strategy it was focus on linking the relationship between gender and sexual minorities' risk of HIV infection.

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

A representative from Central Public Health Laboratory (CPHL) visited the Laboratory at Koki clinic on the 12th November and conducted an assessment which is required before granting accreditation. Salvation Army Management will address recommendations from this assessment before formal recognition of the laboratory by CPHL.

FHI 360 M&E team provided supportive supervision and mentoring to partners in NCD and Madang. TA provided focused on:

- Co-facilitation of UIC refresher training for peer educators and clinicians during the EOA refresher training.
- Provided assistance to revise the ART tracking log to include pill count and Isoniazid preventive therapy (IPT) prophylaxis.
- Provided hands on mentoring and TA to staff of Koki clinic on the ART Tracking log
- Facilitated TA provided by Eric Stephen on Commcare.

In addition to providing TA to partners, FHI 360 M&E team was also involved in the following activities:

- Conducted a site monitoring visit at Salvation Army Ela Beach site and assessed progress in relation to the management and reporting of outreach data following the piloting of the EOA approach. A brief summary of the main findings together with recommendations for improvement were reported to project team.
- Conducted a full revision of the Performance Management Plan (PMP) for FY15, which was approved by USAID.
- Drafted the Research Protocol for Integrated Biological and Behavioural Survey (IBBS) which will be conducted in Madang in 2015. The protocol was submitted to FHI 360 APRO for further revision as APRO recommended IBBS instead of BSS. The IBBS will follow the same methodology as the IBBS which will be conducted in three other provinces in PNG. Aligning methodology will contribute understand trends in the country. Final approval will however be given by USAID.
- Represented FHI 360 and attended a meeting for a working group established by NACS to discuss the outcome of the piloting of the UIC by Tingim Laip team on 1st October. Lobbied for participants to support the revision of surveillance tools to incorporate key populations. Also attended follow-up meetings to discuss further progress with the endorsement of the Unique ID Code by relevant authorities.
- Developed a power-point presentation to point out the main issues with the currently revised national HIV surveillance and M&E system and discussion of a

possible solution using M&E tools developed by FHI 360, PNG. This is in anticipation of an invitation to present at the surveillance TOT happening during the week. This did not eventuate however the presentation will still be presented to either the SITWG, the HIV TWG or at a possible national stakeholders meeting when invited.

Capacity Building

FHI 360 has engaged capacity building Officer who is currently working on providing mentoring on Financial management. He is organizing training on financial management which will be delivered in the third quarter.

FINANCIAL SUMMARY

Table 4: Financial Summary

FHI 360 anticipated that the deputy chief of party would commence his duty in PNG in the first quarter. However, due to unusually lengthy visa processing time, he was able to come at the beginning of quarter 2. The delay contributed to lower burn rate than anticipated.

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			
130,537	108,531	22,006	VSO is still in the process of recruiting peer educators. The recruitment and training will be finalized in quarter 2.
Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families			
129,602	91,478	38,123	Planned COPCT coordination committee meetings in Madang were postponed as members were engaged FSVAC coordination meetings. STI nurse at Four Square Church was not employed.
Objective 3 (IR 2.3): To increase use of facility- and community-based gender and GBV interventions			
120,024	89,305	30,123	It was planned to procure all the equipment for phone counseling. However, some of the equipment was not procured during the reporting period as planned as it was out of stock
Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery			
101,202	85,523	15,679	Tool development to accommodate the changes in indicators was postponed to quarter 2. Associated training to provide orientation to implementing partners has also been put off.
Total Indirect Cost			
144,736	121,534	23,202	



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SNAPSHOT



FHI 360 continues to ensure that women and girls have access to health services and justice for acts of violence against women. Communities are mobilized and educated to learn how to develop attitudes of intolerance towards violent behaviors and be more responsive to take action when it occurs. Under our USAID funded project in Madang town, FHI 360 in partnership with Madang Provincial Family Sexual Violence Action Committee organized a day of fun and learning with the theme: “Clothes are not your consent to rape a woman – Clothing cannot give consent”. This event also showed a strong public-private partnership arrangement with support from Madang Lodge, Brain Bell, Coastwatchers Hotel, Guard Dog Security and Able Computing and Modilon Hospital, Police, Divine Word University and community. More than 400 people participated in the event. Men were encouraged to wear a meri blouse on 25 November 2014 to show their support to the cause and also further amplify the message that a women wearing a short skirt is not asking for it. It has been perceived as an immoral behavior by men on women and girls who wear clothes which are short and this is seen as provoking or asking to be attacked or raped.

About 50 men wore a meri blouse from home to work or at the event. One male doctor shared that he wore his wife’s meri blouse at home and got onto the public transportation and came into work. He found it challenging but he kept reminding himself that it’s only for a day and am doing this for my mother, sister and wife. I want to break the silence of men and speak out about the issue of violence against women and girls as it’s not acceptable for us men to hurt people whom we say we care or love.

This event was part of the International Day for the Elimination of Violence against Women. It is also an act of accepting the invitation made by the United Nations Secretary General’s Campaign Unite to End Violence against Women to “orange your neighborhood”. The event in Madang also go great media attention with the story been covered by Guardian online and naWomen PNG magazine.

