



STRENGTHENING HIV/AIDS services for MARPs in PNG

QUARTERLY REPORT
QUARTER 2
JANUARY 1- MARCH 31, 2015



LIST OF ACRONYMS

AIP	Annual Implementation Plan
AOR	Agreement Officer Representative
APRO	Asia Pacific Regional Office
ART	Antiretroviral Therapy
ARVs	Antiretrovirals
BSP	Bank of South Pacific
BSS	Behavioral Surveillance Surveys
CCM	Country Coordinating Mechanism
CDC	U.S. Centers for Disease Control and Prevention
CHBC	Community and Home Based Care
CMT	Case Management Team
COP	Country Operational Plan
COPCT	Continuum of Prevention to Care and Treatment
CSO	Civil Society Organization
DQA	Data Quality Audit
DSD	Direct Service Delivery
EOA	Enhanced Outreach Approach
EID	Early Infant Diagnosis
FSVAC	Family Sexual Violence Action Committee
FSW	Female Sex Worker
FY	Fiscal Year
GARPR	Global AIDS Response Progress Report
GBV	Gender Based Violence
GOPNG	Government of Papua New Guinea
HBYP	Helpim Bilong Yumi Project
HQ	Headquarters
HRM	High-Risk Man
HRW	High-Risk Woman
HTC	HIV Testing and Counseling
HWW	Hope World Wide
IBBS	Integrated Biological Behavioral Survey
IEA	International Educational Agency
IEC	Information-education-communication
LLHS	Living Light Health Services
MARPs	Most-At-Risk-Populations
MER	Monitoring, Evaluation and Reporting
MTS	Men in Transactional Sex
M&E	Monitoring and Evaluation
NACS	National AIDS Council Secretariat
NCD	National Capital District
NDOH	National Department of Health
NTP	National TB Program
OCIA	Office of Compliance and Internal Audit
OI	Opportunistic Infections
OV	Outreach Volunteer
PAC	Provincial AIDS Council
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PEP	Post Exposure Prophylaxis

PHO	Provincial Health Office
PLHIV	People Living with HIV
PNG	Papua New Guinea
PPTCT	Prevention of Parents To Child Transmission
PSI	Population Services International
PT	Proficiency Testing
PTQA	Program and Technical Quality Assessment
SIMS	Site Improvement through Monitoring System
SBC	Strategic Behavioural Communication
STIs	Sexually Transmitted Infections
TA	Technical Assistance
TB	Tuberculosis
TWG	Technical Working Group
USAID	United States Agency for International Development
VSO	Volunteer Services Overseas
WTS	Women in Transactional Sex

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EXECUTIVE SUMMARY

This report is a synopsis of activities and achievement recorded between the 1st January and 31st March, 2015, representing the second quarter of fiscal year 2015 (FY 15). The report captures major activities carried out by FHI 360 and its implementing partners, collective results, lessons learned, challenges encountered, and program focus for the coming quarter.

FHI 360 devoted a significant amount of time to strengthening relationships and building effective partnerships with national-level stakeholders through active participation in various technical meetings, including the HIV Technical Working Group (TWG), TB TWG, Gender TWG, MARP TWG, the Global Fund CCM, and the Core Working Group for the 2015 Global AIDS Response Progress Report (GARPR). Project officers also prepared the 2015 PEPFAR Country Operational Plan (COP) in collaboration with USAID and CDC, and recruited new staff for the project team.

Despite a slower 'take-off' after the Christmas break, the Program implemented major activities this quarter, including the conclusion of the USAID-led Site Improvement through a Site Improvement through Monitoring System exercise (SIMS) at Kilakila Clinic and development of the 2015 COP. A new Deputy Country Director arrived during this period as well, and the project benefitted from long-term technical assistance (TA) support on Gender-Based Violence (GBV) from FHI 360 headquarters (HQ). The program also received short-term TA on Strategic Behavior Communication (SBC) from the FHI 360 Asia Pacific Regional Office (APRO), and an internal audit by the Office of Compliance and Internal Audit (OCIA). Other major events included a project update meeting with the United States Ambassador to PNG and a visit by the alternate Agreement Officer Representative (AOR) from USAID Manila.

QUARTER TWO ACHIEVEMENTS

Achievements during this quarter include:

- Conclusion of the SIMS exercise in Kilakila Clinic in collaboration with USAID Health Advisor for PNG, Joan Atkinson, Kim Bohince and Abel Yamba from CDC on the 9th of January, 2015. The FHI 360 office received formal feedback and recommendations from the exercise.
- With TA from FHI 360 APRO, the Voluntary Service Overseas (VSO) project team received an orientation on the Enhanced Outreach Approach (EOA) from February 10 to 12. This was followed by a three-day basic peer education and EOA training for PEs between March 13 and 11. A total of **16 PEs** (eight males and eight females) received training.
- In collaboration with the National Department of Health (NDoH), **21** case managers from Kilakila, Koki and Id Inad Clinics, were trained on Basic Counselling between the 23rd and 27th of March.
- A two day program performance review meeting was held with implementing partner organizations on the 3rd and 4th of March, 2015 to review the extent of implementation of planned activities, major achievements, challenges, and lessons from 1st quarter, and to discuss core priorities for the rest of the FY 15.
- Program staff from Implementing Partner Organizations also benefitted from a two-day work plan review workshop on March 5 and 6, designed to increase capacity on work plan development. This helped strengthen their skills in identifying and planning key strategic activities for the rest of FY 15, in line with current program priorities.
- With TA support from FHI 360 HQ, the PNG country office developed a protocol for integrating GBV screening into HIV service delivery points, for provision of psychological first

aid, and referral services for GBV survivors. This will pave the way for clinic-based gender interventions beginning next quarter.

- The Country Office carried out a data quality audit (DQA) on Quarter Two data for all Implementing Partner Organizations in the NCD and in Madang.
- Country office staff supported Implementing Partner Organizations in conducting three peer support group meetings with the participation of approximately 60 beneficiaries.
- Reached **238** key populations (KPs) including 152 WTS, 86 MSM/TG with individual and small group prevention interventions. This achievement represents a 79% increase over quarter 1 results as PEs become more familiar with the EOA.
- **195** other high risk individuals, including 89 high risk men, and 106 high risk women were also reached with minimum preventive intervention package.
- FHI 360-supported programs provided **1,190** individuals with HIV counselling and testing (HCT) services; including 353 KPs and 551 other high risk populations and 286 low risk populations. A total of 83 individuals tested HIV positive, representing an overall program positivity of **7%** for the period under review
- Provided STI management services for **484** new individuals including 89 KPs and 296 other high risk populations and 99 low risk populations. Results show an increase in the uptake of STI services. Another 133 individuals also received follow up management for STI.
- The program recruited a female STI nurse for Kaugere clinic.
- By the end of the quarter a total of **80** people (30 males and 50 females) living with HIV were newly enrolled on antiretroviral Therapy (ART) in the Kilakila, Koki and Id Inad Clinic. This includes 3 children below the age of 15. A total of **435** PLHIV are currently on ART, 173 men and 262 women, including 27 children below the age of 15.
- The program reported achievements for some of the MER indicators for the first time.

CHALLENGES

- Slow start-up of the second-quarter activities, as the majority of Implementing Partner Organization project staff were still on holidays at start of the reporting period thus delaying timely implementation of planned activities. Consequently some activities have been rescheduled for quarter 3.
- An ongoing plan by a Member of Parliament to reconstruct Kilakila Clinic could potentially disrupt clinic services for a year or more. Discussions are ongoing with Four Square Church to consider a mitigation plan.
- The Kaugere Meri Safe House remains closed to clients pending repairs of a collapsed ceiling. A tripartite discussion is still ongoing with Four Square Church, FHI 360, and Digicel to address this.
- Poor documentation of TB clinical screening, especially in Id Inad and Kilakila Clinics tends to pull achievements on TB_SCREEN and CARE_SITE. However, a QI plan will be implemented to improve performance in the coming quarter.

SUMMARY TABLE

Table 1 below summarizes achievements for the quarter by intermediate results (IR).

Planned activities	Indicator	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 the enhanced outreach approach			The Enhanced Outreach Approach (EOA) was rolled out in Madang after an orientation workshop was conducted for the VSO project team and PEs between the 10 th and 12 th of February. A 3 day Basic Peer Education and EOA training for their PEs was also held between the 11 th and 13 th of March.
Activity 1.1.3 Strengthen prevention intervention.			<p>As a part of an effort to strengthen prevention interventions at the national level, FHI 360 participated in a workshop organized by the National Capital District, Provincial AIDS Council (NCD PAC) on March 24 and 25, at the Kanawi Conference room of the National AIDS Council Secretariat (NACS). The objective of the meeting was to finalize the NCD PAC five-year plan for 2016 to 2020. Although much ground was covered, the document was not finalized during the workshop itself, and participants agreed that the NCD PAC would need to call another workshop with the participation of key government stakeholders and development partners to finalize and endorse the strategic plan before the end of 2015.</p> <p>At the Implementing Partner Organization level, monthly meetings of Implementing Partner Organization team leaders were sustained in order to continuously review progress on all monthly activities and address challenges to implementation. FHI 360 facilitated two meetings, on 6 and one on 6th and 30th of March, respectively. One of the key issues raised was whether or not the clinical coordination meeting should be merged with the quarterly program performance review meeting. It was agreed that the two meetings should continue to hold separately since their objectives and target participants were different. IA team leaders also requested the program to consider increasing the minimum retention period of PEs to 6 months to allow new PEs enough time to improve their output. It was agreed that the 3 months retention period should be sustained for now, but program team will consider the merits a 6 month retention. Participants at the meetings included the project coordinators, clinic team representatives, field support officers, and M&E officers.</p>
Activity 1.2.1 Recruitment of and training			10 PEs (4 males and 6 females) attached to VSO in Madang received a three day basic PE training between the 11 th and 13 th of March. The basic training curriculum is designed to equip participants

of outreach team.			with basic knowledge of HIV and other STIs, to be able to disseminate key messages on STI, to conduct a risk assessment among their peers (key populations), to promote and demonstrate appropriate use of male and female condoms, to promote HIV counselling and testing, and effectively carryout referrals for HIV, STI and other related services.
Activity 1.3.3 Strengthen collaboration with MSM and FSW networks.			On 5 th March, a meeting was held with USAID and CDC to discuss strategies for a more effective engagement with KPs and greater involvement of CSOs in the next COP year. It was agreed that a step wise engagement with CSOs beginning with grass root cells will be more productive. As a follow on to this meeting, FHI 360 participated in a focal group discussion with 3 KP groups (Kapul Champions, Friends Frangipani and Igat Hope) on the 12 th of March. The objective was to gain insights on the extent of collaboration and coordination amongst KP groups, their perceptions and expectations on the current interventions, and figure out how to establish a regular mechanism for communication and information exchange. While the KPs expressed satisfaction with services provided by faith based clinics and PNG DLA, they also wanted HIV services expended to other provinces like Simbu, Western Highlands & Milne Bay. It was agreed that the program will strengthen collaboration with KPs through regular quarterly engagements. The discussion was led by CDC and USAID with the FHI 360 and Salvation Army.
Activity 1.4.1 Conduct targeted stigma and discrimination sensitization.			The 5 day basic counselling training conducted for case managers between the 23 rd and 27 th of March provided opportunity to sensitize case management teams on stigma and discrimination against PLHIV. Targeted sensitization of PEs is planned for the next quarter.
Activity 1.4.2 Continue to participate actively on national gender TWGs.			FHI 360 participated in the March 2015 edition of the National Gender TWG meeting held in the conference room of FHI 360 on the 18 th of March. The main outcome of the meeting was the circulation of the final draft of the National Clinical Practice Guidelines for the provision of Medical and Psychosocial Care for Survivors of Sexual and Gender Based Violence. The Guidelines is the main reference document for the development of a standard protocol for the implementation of routine GBV screening in all five project supported HIV clinics in Madang and the NCD.
Activity.1.4.3 Participate in MARPs TWG.			FHI 360 participated in the MARPs TWG organized by NACS on the 3 rd of March. A key activity at the meeting was the presentation of IEC materials on MARPs communication materials by PSI under the auspices of the NACS.
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		3 clinical sites	During the reporting period, FHI 360 continued to provide continuous onsite mentoring support to Implementing Partner Organization clinic staff to ensure the provision of quality services to clients

services at the clinical sites.			<p>in accordance with national guidelines. A female STI nurse was also recruited for Kaugere clinic. With this development the facility now has personnel requirement to provide quality STIs management services.</p> <p>A protocol for the provision of GBV screening and post GBV care to services is being developed. All clinicians will be trained and provided with TA support to provide these service effective next quarter.</p>
Activity 2.2.4 Refresher Training on OI/ART for clinicians.		N/A	<p>The project is working with NDoH the conduct an OI/ART refresher training for case managers and ART clinicians. This activity will be conducted in quarter 3.</p>
Activity 2.2.8 Provide refresher training and mentoring on the syndromic approach to improve understanding according to STI guidelines.			<p>As part of preparations for the activity, FHI 360 had a series of meetings with the NDoH on the current status of the new national STI guidelines. The outcome of discussions with the STI focal person is the current guidelines was quite obsolete (last update in 2006) and overdue for revision. FHI 360 will facilitate national workshop in an effort to review the guidelines as quickly as possible. The workshop will be held in May 2015. However, while a formal refresher training is being deferred pending the review of the guidelines, STI clinics continued to receive mentoring support on STI management based on the existing guidelines.</p>
Activity 2.3.2 Train all Case Management Team.		N/A	<p>A five day basic counselling training was conducted for case management teams in the three ART clinics. The training was held in 2 batches for NCD and Madang participants on the 23rd – 27th of March. The purpose of this training was to equip participants with basic counselling skills to support ART clinicians in the provision of quality care and treatment services to PLHIV accessing services. The training covered sessions on basic HIV/AIDs information, client self-awareness, modern and traditional ways of counselling, different counselling skills, case management, and adherence counselling. The training also provided opportunity to sensitize case management teams against stigma and discrimination against PLHIV.</p> <p>A total of 17 participants (5 males and 12 females) including 6 members of the case management teams were trained in NCD and 21 participants (5 males and 16 females) including 7 case managers in Madang. Having gone through this, case management teams are better positioned to effectively support clinic activities and provide quality counselling services to clients on care and treatment.</p>
Activity 2.5.1 Building capacity of local organizations		N/A	<p>The Capacity Building Officer conducted a series of field visits in the NCD to provide onsite mentoring support to Implementing Partner Organizations on various accounting processes, financial documentation and reporting, including sub award financial reports (SFR), budgeting, cost allocations, bank reconciliations, and internal control systems. The mentoring support will be extended to Madang Implementing Partner Organizations in the next quarter.</p>

Activity 3.1.2 Identification and selection of new implementing partner organizations to implement gender and GBV services.		N/A	<p>In an effort to identify a suitable implementing partner to lead community based gender interventions and coordinate the provision of post gender based services to survivors, FHI 360 held a series of meetings with two local organizations, Lifeline PNG and Hope Worldwide PNG. The objectives were to have some preliminary assessment of their capacity and to discuss the possibility of a partnership with one of the organizations. Findings from interactions with these organizations revealed that both were already receiving other funding support to implement GBV related services and attribution of results might be a challenge. With TA support from FHI 360 gender specialist (from HQ), the project is now focusing on building the capacity of existing Implementing Partner Organizations to create awareness on gender norms, conduct routine GBV screening and provide post GBV care, including referral linkages to survivors. Once this strategy has been fully implemented the program will no longer have the need to recruit additional Implementing Partner Organization.</p>
Activity 3.2.3 Conduct gender sensitization training.		N/A	<p>This activity will be conducted in the next quarter as part of the gender training for outreach and clinic teams.</p>
Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery			
Activity 4.1.1 Carry out Behavioural Surveillance Survey (BSS) in Madang.		N/A	<p>The draft protocol for the implementation Behavioural Surveillance Survey (BSS) in Madang was submitted to FHI 360 APRO technical review and feedback reviewed. However, with plans by the National Department of Health (NDoH) to conduct a national level Biological and Behavioural Survey under Global fund support, the Madang survey will have to align with that of the national. On the other hand there are indications that FHI 360 may not be allowed to conduct the IBBS in Madang as part of the National IBBS.</p>
Activity 4.1.2 Development of new data collection tools and align with government tools		N/A	<p>Working off the GoPNG versions, the data collection tools have been revised to support new PEPFAR reporting requirement. The draft versions will be finalised, printed and rolled out in the next quarter. Training of Implementing Partner Organization project staff on the revised tools will also be conducted next quarter.</p>
Activity 4.1.5 Conduct data quality audit		N/A	<p>The routine quarterly DQA exercise was conducted on the 16th and 17th of March, for Id Inad clinic in Madang, and on the 31st of March for the NCD clinics. The key issue identified in Id Inad clinic was confusion on classification of walk in clients into the different KP groups. Onsite mentoring on the use of the decision tree tool was provided. In the NCD, there was incorrect filling of registers and the ART tracking log was not updated consistently. Onsite mentoring was provided on the spot and Implementing Partner Organization M&E officers requested to provide guidance to clinicians on how to correctly fill the registers.</p>

CORRELATION TO PMP

Table 1: Performance Management Plan Indicators and Achievements: FY15, Q2

Objectives, Intermediate Results (IR), and Indicators	FY15 targets	Q2 Achievements	Monitoring: data source and periodicity	Justification	
Objective 1: To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families					
IR1.1 Improve knowledge attitudes and practices					
1. PEPFAR output (KP_PREV)	# 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	238 individuals (152 WTS, 86 MSM/TG (including 46 MTS reached)) Koki – 71 Kilakila – 58 Kaugere – 33 Id Inad – 76.	PE and OV daily dairies: Weekly from PEs and OVs to Implementing Partner Organization - Weekly from PEs and OVs to Implementing Partner Organization - Monthly from Implementing Partner Organization to FHI 360 - Quarterly from FHI 360 to USAID.	KPs reached increased by 79% over quarter 1 results, but still short of the quarterly target of 950. Outreach team in Madang just received EOA training in mid- March and rolled out trial for 2 weeks.
2. PEPFAR output (GP_PREV)	# of target populations who completed standardized HIV prevention interventions including the minimum components during the reporting period.	2,700 individuals	195 individuals (106 HRW and 89 HRM) reached.	PE and OV daily dairies: - Weekly from PEs and OOs to Implementing Partner Organization - Monthly from Implementing Partner Organization 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)	% of female and male sex workers reporting the use of a condom with their	75% among WTS and MTS.	Yet to be determined.	BSS report from FHI 360	There are indications that FHI 360 may not be allowed to conduct the IBBS in Madang as part of the

P9.2.N but not in MER)	most recent client.				National IBBS. However, results from the NDoH led IBBS in NCD will provide information on this indicator. The program is considering conducting some operations research as an alternative.
IR 1.2 Improved health seeking behavior					
4. PEPFAR Output (HTC_TST)	# of individuals who received counselling and testing services for HIV and received their test results.	4,500 individuals.	1,190 individuals (485 males and 705 females) 353 KPs (231 WTS, 122 MSM/TG (including 101 MTS)) 551 - other high risk population (262 HRM, 289 HRW) 286 - low risk populations (185 LRW, 101 LRM). Koki – 113 (16 +ve) Ela Beach –266 (14 +ve) Kilakila –332 (20 +ve) Kaugere – 302 (13 +ve) Id Inad – 177 (20 +ve). 83 tested HIV Positive.	Daily Client register - Monthly from HCT counsellors to Implementing Partner Organization - Monthly from Implementing Partner Organization to FHI 360 - Quarterly from FHI 360 to USAID.	Project exceeded quarterly target of 1,125 by 65 (5.8%) KPs tested increased by 99 (39%) over Q1 achievements. 7% tested HIV positive. Koki clinic continues to record a relatively higher positivity rate because of its proximity to a major settlement (Two mile) within its catchment area.
5. PEPFAR Output (Additional Indicator).	# of individuals who received STI management services.	2,000 individuals	484 individuals (195 males and 289 females) 89 KPs (59 WTS, 30MSM/TG (including 27 MTS))	Daily Client register - Monthly from HCT counselors to Implementing Partner Organization - Monthly from Implementing Partner	There is a 30.1% increase over Q1 results as Kaugere Clinic now has an STI nurse that resumed in March. Results were also 16 individuals short of the quarterly target of 500.

			<p>296 other high-risk populations, 99 low risk populations. Kilakila – 130 Koki – 99 Kaugere – 74 Id Inad – 181.</p> <p>133 repeat visits.</p>	<p>Organization to FHI 360 - Quarterly from FHI 360 to USAID.</p>	
6. Program Output	# of condoms distributed.	350,000 condoms	<p>28,384 condoms (24,353 male condoms and 4,031 female condoms) distributed to KPs by Implementing Partner Organizations.</p>	<p>Daily OV/PE Dairies: - Monthly from Implementing Partner Organization & FHI 360; - Quarterly from FHI 360.</p>	<p>Although results falls short of the quarterly target of (87,500) there is a slight increase (24%) over Q1 results.</p>
Objective 2. To increase supply of HIV/AIDS care, treatment and support services for MARPs					
IR 2.1 Quality of HIV/AIDS services improved					
7. PEPFAR Output (T1.2.D/ TX_CURR)	# of adults and children with advanced HIV infection currently active on ART.	400 clients	<p>435 (173 males and 262 females) including 27 children active on ART. Id Inad - 316 (126 males, 190females) including 27 children Koki - 50 (21 males, 29 females) Kilakila - 69 (26 males, 43 females).</p>	<p>Client Records/ART Registries: - Monthly from Implementing Partner Organization to FHI 360; - Quarterly from FHI 360 to USAID</p>	<p>Number increased by 80 and FY15 target already exceeded. This achievements is probably due to increase in number of clients eligible for ART with the implementation of the new CD4 eligibility criteria of <500 in all Implementing Partner Organization clinics.</p>
8. PEPFAR Outcome (TX_RET)	% of adults and children known to be alive and on treatment 12 months	85% overall rate	<p>89% Males – 96% for</p>	<p>Cohort analysis from ART Register: - Quarterly from</p>	<p>Retention of pregnant women is low because small numbers are involved (6 out of 9).</p>

	after commencement of ART.		Females – 83% for Children <15 – 100% Pregnant – 67%	Implementing Partner Organization to FHI 360; - Quarterly from FHI 360 to USAID	
9. PEPFAR Outcome (TX_SITE)	% of PEPFAR supported ART sites achieving a 75% ART retention rate.	100%	100% Koki - 80% Kilakila – 96% Id Inad – 83%	Cohort analysis from ART Register: - Quarterly from Implementing Partner Organization to FHI 360; - Quarterly from FHI 360 to USAID	
IR 2.2 Coverage of HIV/AIDS services improved					
10. PEPFAR Output (CARE_CURR)	# 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	389 clients (149 males, 239 females and 1TG) Koki -57 (23 males, 54 females) Kilakila – 55 (18 males, 37 females) Id Inad – 277 (108 males, 168 females, and 1 TG)	- Monthly from Implementing Partner Organization & FHI 360; - Quarterly from FHI 360	All PLHIV enrolled into HIV care and treatment program at the least receive WHO staging at every clinical visit. Follow up CD4 evaluation is also done when the client is due for one.
11. PEPFAR Output (CARE_NEW)	# of HIV-infected adults and children newly enrolled in clinical care during the reporting period and received at least one of the following at enrolment: clinical assessment (WHO staging) OR CD4 count OR viral load).	250 clients	96 clients (38 males and 58 females) Koki -26 (8 males, 18 females) Kilakila – 24 (9 males, 15 females) Id Inad – 46 (21 males, 25 females)	Client Records/ART Registries: - Monthly from Implementing Partner Organization to FHI 360; - Quarterly from FHI 360 to USAID.	All newly identified PLHIV receive WHO staging and CD4 evaluation at enrolment/registration into the HIV care and treatment program.

12. PEPFAR Outcome (TB_SCREEN/C2.4.D)	TB/HIV: % of HIV-positive persons who were screened for TB in HIV care and treatment settings.	65%	29% of clients Koki - 89% Kilakila – 27% Id Inad – 16%	Client Records/ART Registries: - Monthly from Implementing Partner Organization to FHI 360; - Quarterly from FHI 360 to USAID.	Documentation of TB clinical screening is responsible for the low performance in Id Inad and Kilakila Clinics. A QI plan will be implemented to improvement documentation during the coming quarter.
13. PEPFAR Outcome (CARE_SITE)	% 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%	33.3% Koki - 84% Kilakila – 25% Id Inad – 7%	Client Records/ART Registries: - Monthly from Implementing Partner Organization to FHI 360; Quarterly from FHI 360 to USAID.	Most clients did not qualify to be counted under this indicator because of the TB component. A QI plan will be implemented to improvement documentation of TB clinical screening in Id Inad and Kilakila Clinics.
14. PEPFAR Output (TX_NEW)	# of adults and children with advanced HIV infection newly initiated on ART.	150 clients	80 new clients (30 males and 50 females) including 3 children) initiated on ARV. Koki - 24 (7 males and 17 females) Kilakila - 25 (9 males and 16 females) Id Inad - 31 (14 males, 17 females) including 3 children.	ART Registry: - Monthly from Implementing Partner Organization & FHI 360; - Quarterly from FHI 360	Exceeded quarterly target of 37 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					
15. Program Output	# of staff trained in service delivery.	150 individuals	47 Individuals trained.	Training Reports/Trip reports/Monthly updates	Results exceed quarterly target of 37 individuals. Most of the trainings

(Additional Indicator)			HIV Prevention - 14 EOA & UIC - 17 Basic HIV counselling and testing - 16 .		were targeted at VSO project staff and PEs to enable they commence outreach services.
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.		At the moment there are no strategies on ground to ensure services are provided in conformity with the minimum requirement to attributed results under this indicator. However, the project is working on an appropriate way to address this gap and commence counting in the next quarter.
17. Program Output	# of referrals from HIV-related interventions to GBV services.	150 clients	2 reported this quarter	Clinical, outreach, helpline and shelter daily registers; Implementing Partner Organization monthly summary forms: - Monthly from Implementing Partner Organization to FHI 360 - Quarterly from FHI 360 to USAID	There was no standard protocol to guide the screening and provision of psychological first aid and other services to victims of GBV, hence screening and referral was not routinely practiced by clinicians. A protocol has now been developed and clinicians will undergo appropriate training to commence routine screening and referral in the coming quarter.
18. PEPFAR Output (GEND_GBV)	# of people receiving post – GBV care.	400 individuals	Yet to be measured.	Clinical daily registers; Implementing Partner Organization monthly summary forms: - Monthly from Implementing Partner Organization to FHI 360 - Quarterly from FHI 360 to	The development of a standard protocol for GBV screening and introduction of routine GBV screening in all HIV services delivery points achievements is expected to increase significantly in the next quarter. A new set of GBV registers have

				USAID.	been developed to support complete documentation and reporting.
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)	# of PEPFAR supported testing facilities with capacity to perform clinical laboratory tests.	2	2	Program Updates, Monthly Reports from Implementing Partner Organizations to FHI 360 and Quarterly report from FHI 360 to USAID.	Only 2 laboratories are supported by the project.
20. PEPFAR output (LAB_ACC/ H1.2.D)	# 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	
21. PEPFAR output (SITE_SUPP)	# of PEPFAR-supported DSD and TA sites	10	5 sites 3 ART (3 DSD) 5 HCT sites (1 TA only and 4 DSD) 3 Lab sites (1 TA2 DSD) 3 CD4 Count Services (3 DSD)	Narrative reports: - Program (FHI 360) records Quarterly from FHI 360 to USAID	The program has 5 PEPFAR-supported DSD and TA sites.
22. PEPFAR output (QI_SITE)	% of PEPFAR-supported clinical service sites with quality improvement activities implemented	80%	33.3%	Narrative reports: - Program (FHI 360) records Quarterly from FHI 360 to USAID.	This is QI system has been piloted in Madang and will be scaled up to other sites in the coming quarter.

	that address clinical HIV program processes or outcomes and have documented process results in the last 6 months.				
23. PEPFAR output (LAB_PT)	% of PEPFAR-supported laboratories and testing sites that participate and successfully pass in a proficiency testing (PT) program.	50%	To be determined.	Narrative reports: - Program (FHI 360) records Quarterly from FHI 360 to USAID.	Samples were collected by the Central Public Health Laboratory unit of NDOH, from all HTC sites, but reports are still expected.
IR 4.2 Supply chain management improved					
24. Program Output	# 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.
25. Program Outcome. (CS_TRAIN)	% 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.	Training has yet to be conducted since this is a new MER indicator.
26. Program Output (Additional)	# of facilities using computerized reporting for drug supply management.	4	2	FHI 360 drug supply management log: - Program (FHI 360) records - Quarterly from FHI 360 to USAID	

RESULT BY RESULT ANALYSIS

Program Management and Development

After a long wait due to delays in securing an entry visa to PNG, the new Deputy Country Director, Dr. Ignatius Mogaba finally reported for duty on the 26th of January, 2015, to provide technical and management support to the program. He now leads program implementation, technical engagements with NDOH and other key stakeholders.

Program Update Meeting with US Ambassador to PNG

On the 17th of February, 2015, the program team received the US Ambassador to PNG, Ambassador Walter North. The objective of his visit was to have a sense of the progress and results achieved, the current status, and future direction of the program. While expressing satisfaction with the results recorded so far, the Ambassador requested FHI 360 to do more on gender issues and gender based violence, especially amongst key populations. The ambassador also wanted some explicit justification for FHI 360's preference to work in Madang compared with other provinces with higher HIV prevalence. A written justification was subsequently submitted to USAID, but there is has been no documented feedback on this.



US Ambassador, Walter North and Karen Klimowski (Alternate AOR) during a project update meeting With FHI 360 team.

Visit by Alternate Agreement Officer Representative (USAID, Manila).

The Ambassador's visit to FHI 360 office coincided with the visit of Karen Klimowski, the Alternate Agreement Officer Representative (AOR) from USAID, Manila, between the 16th to the 20th of February. The purpose of the AOR's visit was to get familiar with the operational structure of the program, and to provide programmatic and technical support to the team in country. While here, a series of meetings were held with stakeholders including, the Implementing Partner Organization program leads, PEs, clinic staff and GoPNG personnel. Sustainability was the main focus of discussion during a meeting with officials of NCD Health Services on the 20th of February. The outcome of the discussion was that FHI 360 should work more closely with NCD health in the planning and implementation of project activities, and to share progress reports in order to facilitate better

understanding of what it takes to sustain HIV services for key populations. Sites visited include, Koki Clinic, Ela Beach Clinic and Kilakila Clinic. She also visit the two UASID support shelters, 'Meri Safe House' and 'House of Hope', and witnessed one of the monthly 'edutainment' sessions at 'Chilli Pepper', one of the hotspots covered by PEs attached to Salvation Army.

The AOR also expressed satisfaction with the quality of the program while reiterating the US Ambassador's call for the program to do more on GBV intervention, and to show more visibility in TB/HIV collaboration.



Karen Klimowski (Alternate AOR) inspecting drugs in Koki Clinic during her visit to PNG.

National HIV and TB Technical Working Group Meetings

Through regular participation in the National HIV TWG meetings, MARPS program team remains informed on the direction of the national HIV program and provides technical support to GoPNG on the implementation of HIV services, while ensuring PEPFAR supported clinics continue to receive ARVs, RTKs, laboratory reagents and other medical supplies and consumables. The program team was represented in all three monthly HIV TWG held during the reporting, on January 13, February 10, and March 10th, respectively.

Following initial briefings with Dr Shalala Ahmed of WHO and Dr. Paul Aia, manager of the National TB Program (NTP) on FHI 360's TB/HIV activities and community structures under PEPFAR support, the MARPS team was admitted into the National TB TWG during the reporting period. Our first appearance at the meeting was on the 24th of February. Regular participation at this meeting offers a good opportunity to strengthen our collaboration with the NTP and TB/HIV services under the MARPS program.

As a member of the Global Fund CCM, MARPS program team was also represented at the quarterly meeting held on the 13th of March.

Engagement with GoPNG on PPTCT and Early Infant Diagnosis (EID)

As part of effort to expand the range of services offered to KPs in PEPFAR supported clinics, MARPS program team met with the HIV and STI Program Manager in NDoH, Dr Nick Dala, on the 26th March, to discussed requirements for PEPAFR supported clinics to commence PPTCT services including EID for HIV exposed babies. As an initial step it was agreed that the HIV and STI unit and the Family Health unit of NDoH to conduct a joint site assessment of Koki and Kilakila Clinics before the facilities can be linked to the national EID network. The site assessments will be conducted in the next quarter.

Program performance Review Meeting and Workplan Review Workshop

As part of effort to regularly review implementation progress and program results with Implementing Partner Organizations , a two day program performance review meeting was held at the Holiday Inn, Port Moresby, on the 3rd and 4th of March. The objectives of the meeting were to review the extent of implementation of plan activities, major achievements, challenges, and lessons learnt from 1st quarter, and to discuss core priorities for the rest of FY 15. FHI 360 program team, Implementing Partner Organization Project coordinators, M&E Officers, Clinicians and PEs participated actively at the meeting. After carefully reviewing results, participants agreed that even though the program was doing well with some indicators, there is need to improve in a number of areas including referral linkages, especially for STI management, and to have a clear strategy for providing gender and GBV services to KPs. The meeting also provided opportunity to discuss recommendations from a number of technical assessments including, the SIMS exercise and PTQA, and TA visits from FHI 360 HQ and APRO.



Project coordinator for Four Square Church, Josephine Pandi Mamis presenting at the Program Performance Review Meeting.

The program performance review meeting was followed by, a two day activity planning workshop on the 5th and 6th of March, at Paddy's Hotel in Port Moresby. The objectives of the workshop were to build the capacity of implementing partner organization program staff on workplan development, while refocusing and planning key strategic activities aimed at addressing gaps identified during the program performance review meeting, and in alignment with current program priorities. Participants were mainly FHI 360 program team and Implementing Partner Organization team leaders.

Implementing Partner Organization team leaders meeting

FHI 360 continued to facilitate the regular Implementing Partner Organization team leaders' meeting for NCD Implementing Partner Organizations. This meeting serves as forum to review Implementing Partner Organization monthly activity plans, and to discuss and address challenges. During the reporting period, two meetings were held on the 6th of February and 30th of March, respectively. The January edition of the meeting did not take due to slow take up of project activities after the Christmas Holiday.

PEPFAR Country Operational Plan

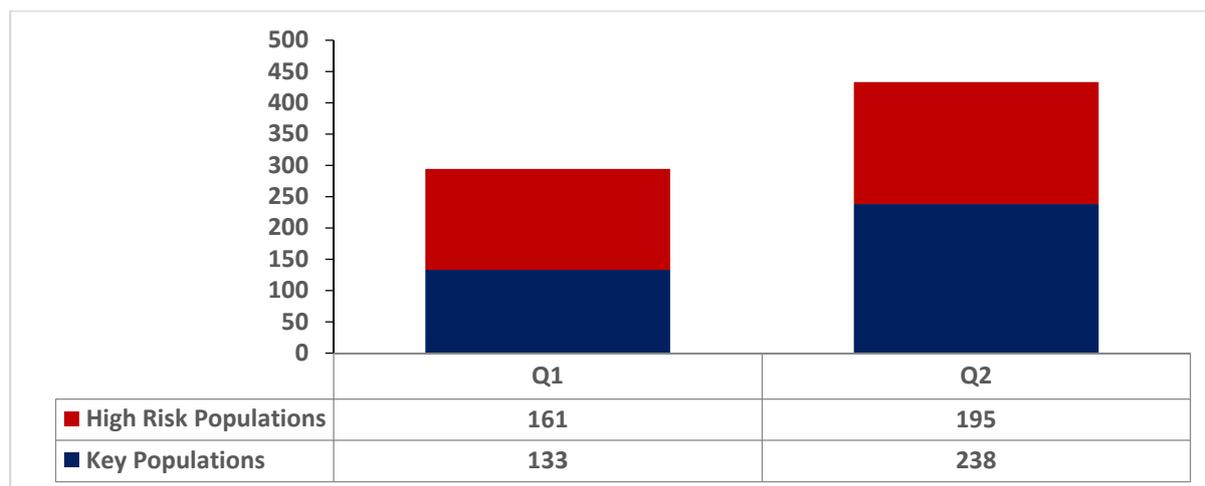
FHI worked in close collaboration with USAID and CDC to prepare the 2015 PEPFAR Country Operational Plan for PNG. FHI 360's role was to provide relevant information and data analysis products for the finalization of the document. While the approved the FY 15 targets remained unchanged, they had to be disaggregated by site, while changes were made to FY 16 and 17 targets. Target projections for FY 16 and 17 were based largely on achievements for 2014 calendar year period, and site level allocation determined by contributions of different sites to calendar year 2014 results, bearing in the anticipated changes in program strategies within the next two years. Estimating national and sub national level targets was the main challenge with the COP exercise as the program focuses on mainly on KPs with limited geographical coverage within the NCD and Madang. National level statistics on KPs were hardly available to support the process.

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

Deployment of the Enhanced Outreach Approach (EOA) in Madang.

To commence the deployment of EOA in Madang, FHI 360 SBC technical lead from APRO, Matt Avery conducted the EOA orientation for Madang FHI 360 program team, between the 10th and 12th of February. To ensure VSO commenced community outreach services, amongst other program activities during the reporting period, FHI 360 team in Madang subsequently facilitated the timely recruitment of key project staff including a project coordinator, an M&E officer, and a finance officer. Ten (10) PEs and 5 community volunteers were also recruited to support community outreach and home based care services, respectively. The PEs promptly received basic PE training and orientation on EOA between 11th and 13th of March. Other project staff also received M&E tools training.

These set of activities did not only paved the way for PEs attached to VSO to commence outreach services and referral linkages to clinics during the quarter, but also contributed to the increase in the number of KPs reached with preventive intervention services compared with quarter 1. Across all sites, a total of **238** KPs (152 WTS, 86 MSM/TG) were reached with individual or small group level preventive interventions that are based on evidence or meet the minimum standards required. This translates to 113% increase over last quarter's achievement.



of individual reached with preventive interventions Q1 Vs Q2

Distribution of prevention commodities and IEC materials

FHI 360 continued to distribute 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 that are also hotspot for MARPS. A total of **28,384** condoms (**24,353** male condoms and **4,031** female condoms) to members of the target population during the reporting period. Table 3 below provides a breakdown of the condoms and lubricants distribution to Implementing Partner Organization.

Table 3: Condom and Lubricants distributed to Implementing Partner Organizations

Organization	Quantity (Cartons)	
	Strawberry Scented male condom carton	Water based lubricant carton
Four Square Outreach	1	0
Salvation Army-Ela beach VCT & Outreach	2	6
Salvation Army-Koki	1	3
FHI Reception Outlet	0	3
Total	4	12

FHI 360 also pre-tested first prototype of Motu and Tok Pisin version of the PEP posters. 10 women participated in the Tok Pisin version, and 8 women participated in the Motu version of the pre-test sessions. This activity led to the finalization of the PEP poster. The poster will now be shared with NDoH and NACS for comments and feedback before finalization.

A hundred copies of the English, Motu and Tok Pisin versions of the STI booklets were also distributed to outreach teams to aid the dissemination of information on STI and promote linkages to clinical services. Refer distribution list in table 4 below.

Table 4: Distribution of STI Booklets

Materials	Quantity (Booklets)			
	Salvation Army Outreach Team	Four Square Kilakila Outreach Team	Four Square Kaugere Outreach Team	Total Quantity
STI Booklet Male English	50	25	25	100
STI Booklet Male Tok-Pisin	50	25	25	100
STI Booklet Male Motu	50	25	25	100
STI Booklet Female English	50	25	25	100
STI Booklet Female Tok-Pisin	50	25	25	100
STI Booklet Female Motu	50	25	25	100

Meeting with Female Sex Workers in NCD

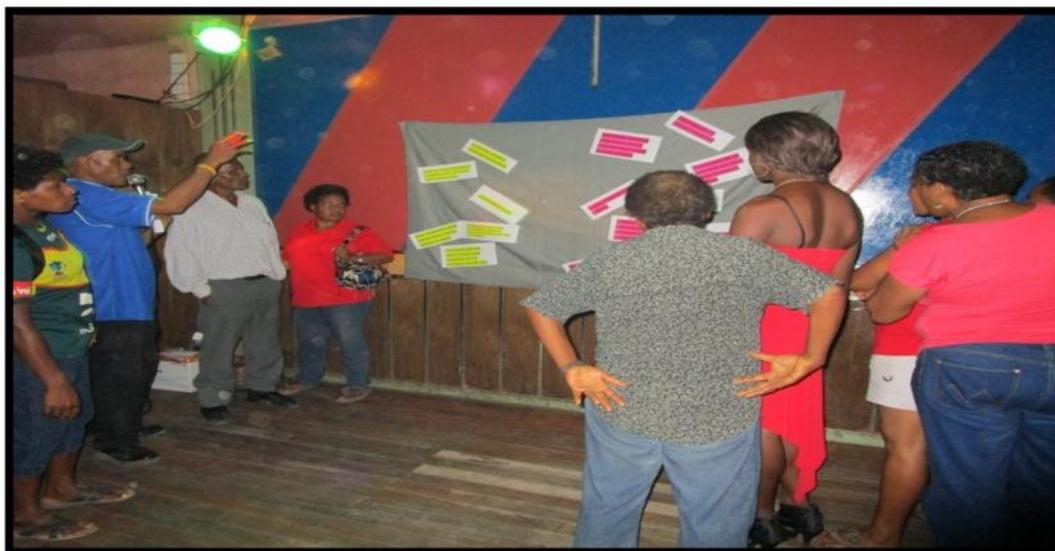
There were two FSW meetings conducted for NCD during the quarter, one on the 12th of January and another on the 10th of February by Salvation Army and Four Square, respectively. A total of 32 FSWs attended the meeting. Delivery in STI's while the second meeting specifically focused on HIV/AIDS.

Focal Group Discussion with KPs

To better understand the perceptions and expectations of various KP groups from the MARP program, FHI 360 participated in a focal group discussion with some members of the 3 main KP groups (Kapul Champions, Friends Frangipani and Igat Hope) on the 12th of March, in the NCD. The objective of meeting which was organised CDC and USAID under the auspices of Local Capacity Initiative, was to gain insights on the extent of collaboration and coordination amongst KP groups and their perceptions about the current interventions and expectations. While the KP groups present expressed satisfaction with the support from PNG DLA and with the service offered them by faith based clinics NCD and Madang under the support of the MARPS program, they wanted HIV services expended to other provinces like Simbu, Western Highlands and Milne Bay where they also good population of their members. Salvation Army was also represented in the discussion. The program will now hold similar discussions with KP groups on a quarterly basis.

Employing Creative Channels to Reach Key Populations

FHI 360 in collaboration with the implementing partner organizations in NCD conducted one edutainment at Chilli Peppers for this reporting period on the 18th of February, to reach out to more key populations and provide onsite condom promotion and distribution services. A clinician was also present to respond to clinical questions from the audience, while creating awareness on the availability of free HIV and STI services at the clinics. A total of 12 people, KPs and other high risk individuals were referred for HTC and STI services from this event.



An Edutainment session at 'Chilli Pepper' Club

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

Supportive Supervision

FHI 360 from the country office visited Madang office on supportive supervision between the 14th and 16th of January and provided onsite mentoring support to Id Inad Clinic staff based on recommendations from previous service quality reviews, including an FHI 360 Program and Technical Quality Assessment (PTQA) review, the USAID SIMS exercise, and technical assistance from Dr. Laurent Ferradini, an FHI 360 regional technical assistance provider for HIV treatment. Similar visits were also made to Implementing Partner Organizations within the NCD between the 2nd and 13th of February. Following from the SIMS exercise, conducted last quarter a corrective action was developed to address gaps that were identified in Kilakila Clinic. Some key gaps identified during the exercise include use of cardboard box for filing client folders, lack of system for tracking external referrals, absence of a written policy on stigma and discrimination for KPs and on patient rights amongst others. FHI 360 is working closely with Four Square project team to implement the corrective action plan, and hopefully establish quality standards that will be replicated in other clinics. Some of the corrective actions implemented so far include, procurement of metal filing cabinets were for the storage of patient records to ensure confidentiality, development of a protocol to GVB screening and post GBV care, and the introduction of tracking codes to help track intra facility referrals. Staff competency records and compilation of job descriptions for all relevant project staff have also be deployed.

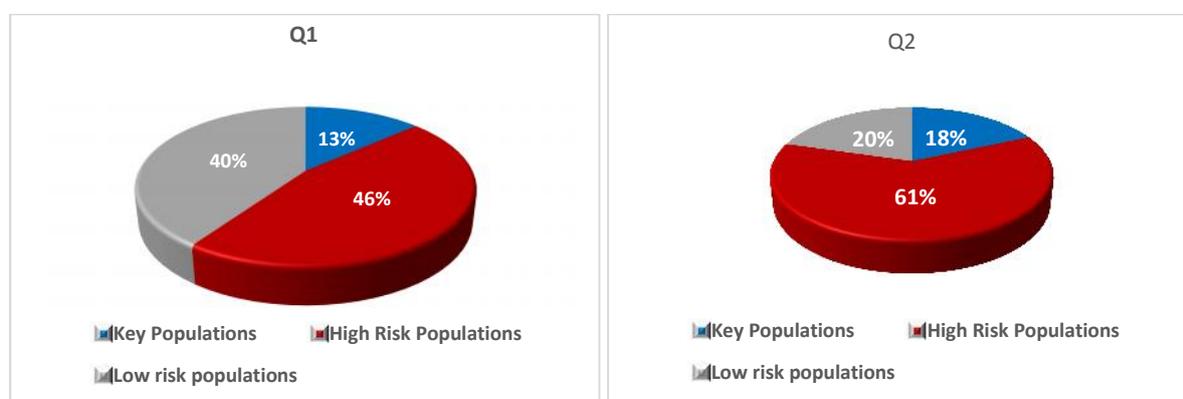
As part of addressing the plans in the EMMP, twelve (12) waste bins were also procured and distributed to all the clinics in NCD as part of the environmental plan on disaggregation of medical waste from the general waste.

Diagnosis and Treatment of Sexually Transmitted Infections

At a meeting with Dr Dala, the HIV and STI Program Manager for NDoH, on the 26th March 2015, FHI 360 program team flagged the frequent stock out of lab reagents for STI experienced by some implementing partner organizations in NCD in quarter 1. NDoH however reassured that even though there was a brief period of stock out of reagents for STI diagnosis during the period, it has been addressed.

The need to review the guidelines for STI management was also discussed since the current guideline was last reviewed about seven years ago. It was agreed that FHI 360 will facilitate a national level workshop to commence the review of the guidelines. To this end, a two day workshop has been agreed for May 2015.

A total of **484** individuals (195 males and 289 females), including 89 KPs (59 WTS, 30MSM/TG) and 296 other high-risk populations, 99 low risk populations, received STI management during the quarter. This represents a 30.1% increase over Q1 results. **133** repeat visits were also recorded.

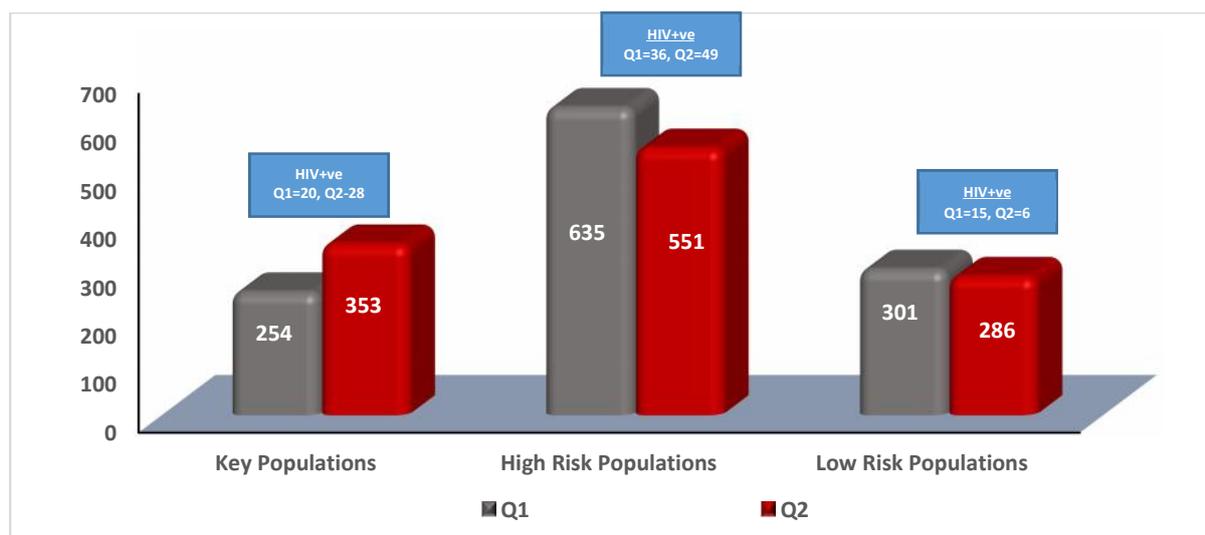


Distribution of Clients who received STI management Q1 Vs Q2 (%)

Following extensive deliberations during the program performance review meeting on the need to improve uptake of STI services amongst clients accessing HTC services, most clinic teams decided to tweak the service flow within clinics such that clients now go through STI screening/management before accessing HTC services. This, in addition to the recruitment of a female STI nurse and resumption of STI services in Kaugere Clinic led to a significant increase in the number of clients that received STI management this quarter compared with Q1 results.

HIV Counselling and Testing

A total of **1,190** individuals (485 males and 705 females) received HIV counselling and testing and received their test results during the quarter. This result includes 353 KPs (231 WTS, 122 MSM/TG), 551 other high risk population (262 HRM, 289 HRW), and 286 low risk populations (185 LRW, 101 LRM). Incidentally, the total number of individuals who received HTC services remain exactly the same as for quarter 1, there was a 39% increase over quarter 1 results for number of KPs that received the service.



Distribution of # individuals who received HTC services

The number KPs who received HTC services is about 148% of individuals (KPs) reached with preventive intervention. The second and third wave referrals by peers from the EOA may account for the outlier.

Overall, 7% (83) of those tested were HIV positive. As expected, positivity varies with different population groups as indicated on the table below.

Table 5: Positivity rates amongst Different population groups (%)

Population Group	Positivity Rate (%)	
	Q1	Q2
WTS	8.7	9.1
MSM/TG	6.5	5.7
High risk	5.7	8.9
Low risk	5.0	2.1
All	6.0	7.0

One of the strategies considered during the program performance review meeting to help increase uptake of HTC services amongst KPs is mobile HTC services. This option was discussed with NDOH during the March 26th meeting with Dr Dala who supported the strategy in principle, but suggested that it should be integrated with STI services. FHI 360 program team is working on a concept paper to be presented to the national HIV TWG for consideration. When fully implemented the strategy is expected to boost the uptake of STI and HTC services amongst KPs.

Care and Support

A five day basic counselling training was conducted for case management teams in the three ART clinics. The training was held in 2 batches for NCD and Madang participants on the 23rd – 27th of March. The purpose of the training was to equip participants with skills on basic counselling to support ART clinicians in the provision of quality treatment services to PLHIV clients accessing services. The training covered sessions on basic HIV/AIDs information, client self-awareness, modern

and traditional ways of counselling, different counselling skills, case management, and adherence counselling. A total of 16 members of the case management team (4 males and 12 females) participated in the training in the NCD, while another 22 were trained Madang including 7 case managers. With this training, case management teams are now better positioned to effectively support clinic activities, and to provide quality adherence counselling services to clients on HIV care and treatment. The training also provided opportunity to sensitized case management teams on stigma and discrimination against PLHIV.

In preparation to start Community Home Based Care (CHBC) services, an HBC consultant was engaged to revise existing CHBC training materials, develop a strategy for rolling out services, and train community volunteers in the NCD and Madang. The responsible Implementing Partner Organizations, VSO and Four Square Church, have already engaged volunteers for this service. Trainings will be conducted and services commenced during the next quarter.

Anti-retroviral Therapy

During the report period, FHI 360 program team met Dr. Nick Dala, Program Manager for HIV and STI at NDOH on the 26th of March to discuss plans to roll out the implementation of the new ART eligibility criteria based on CD4 count of <500. The team was informed that the guidelines have already been revised to reflect the new eligibility criteria, but yet to be printing and distribution due to paucity of funds. To prevent further delays in the roll out of document, FHI 360 is planning to support the cost of printing the guidelines under the MARPS project. As part of the roll out plan, an IMAI refresher training will be conducted next quarter in collaboration with NDOH to update ART clinicians on the new guidelines.

A total of **80** PLHIV (30 males and 50 females) including 3 children <15 years were newly initiated on ART during the reporting period. Number of PLHIV active on ART at the end of March 2015 is **445** (174 males and 271 females) including 30 children. A breakdown of achievements by sites is represented in the table 6 below.

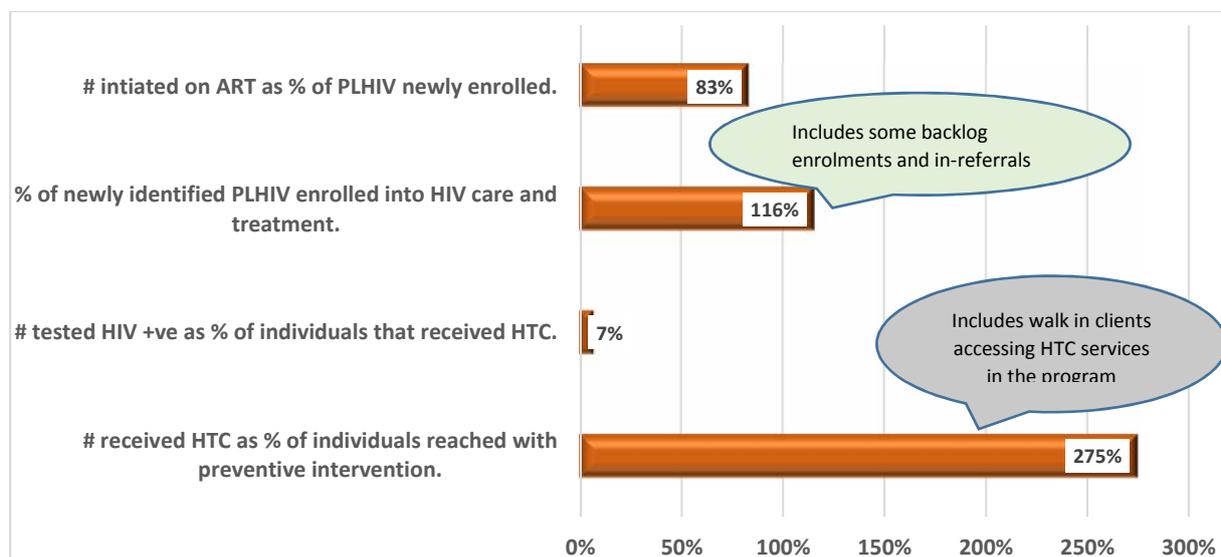
Table 6: ART achievements by site

Site	# New on ART (Jan – March 2015)			# Current on ART (March 2015)		
	Males	Females	All Children<15	Males	Females	All Children<15
Koki	7	17	NA	20	36	NA
Kilakila	9	16	NA	23	42	NA
Id Inad	14	17	3	131	193	30
Total	30	50	3	174	271	30

With these results the FY 15 target for number of adults and children with advanced HIV infection currently active on ART has already been surpassed by 11.3%. The quarter's result for number of adults and children with advanced HIV infection newly initiated on ART increased by 51% over quarter 1 results. Despite the slow pace of activities in quarter 1, the relative increase in this quarter's results may be due to the implementation of the new ART eligibility criteria of CD4 < 500 in all Implementing Partner Organization clinics during the reporting period.

A review of the CoPCT cascade shows that the number of clients accessing HCT services (n=1,190) during the quarter is about 275% of those reached with preventive intervention through PE activities (n=433). The increasing population of walk in clients account for the excess. A total of 83 individuals (7%) tested HIV positive. The number of PLHIV newly enrolled into the care and treatment program (n=96) was 116% of the number newly tested HIV positive during the period. The high proportion is

due to backlog enrolments of PLHIV identified prior to the reporting period, and in-referrals from external HTC centres. Eighty registered PLHIV were initiated on ART, representing 83% of the number enrolled into care during the period. The cascade contains aggregate data and does not represent the same cohort of clients from outreach through ART enrolment.



CoPCT Cascade

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

Safe shelters

As part of the supportive supervisory visit to safe houses, FHI 360 program team visited the ‘House of Hope’ shelter under Salvation Army, on the 22nd of January. The main issues were around the security situation and the poor sanitary state of the shelter. The Salvation Army project team promised to promptly address the issues raised. The program team also visited ‘Meri Safe House’ under Four Square Church at Kaugere, on the 23rd January. The main finding here was the collapsed of the kitchen ceiling caused by faulty plumbing system upstairs for which reason the shelter has been closed for occupation since December, 2014. A tripartite meeting with Four Square Church, FHI 360 and Digicel to discuss the situation was agreed since shelter was donated by Digicel, a telecommunication company as part of their community development program. The meeting Digicel was held on the 24th February, but it was unproductive as Four Square Church was not willing to accept any obligation to report achievements to Digicel as a condition for the partnership since Digicel does not provide regular funding support for the shelter. This decision was taken by the senior management of the Implementing Partner Organization. With TA support from FHI 360 gender specialist from HQ, Maryce Ramsey, the program team conducted a gap analysis of gender and GBV services within HIV programming for all safe houses in the NCD and Madang, between the 25th and 31st of March. Forthcoming results from this analysis will inform the development of more robust and results oriented strategy for gender and GBV interventions and referral pathways.

Media Watch

Through partnership with FSVAC in the NCD, the Media watch is one of the strategies used to sensitize the public and increase awareness on gender and GBV services. Through this partnership,

FSVAC is working with 2 of the national dailies; the National Newspaper and Post Courier to regularly publish articles that promote awareness on gender and gender based violence.

Selection of New Implementing Partner Organization for Gender

In an effort to identify a suitable Implementing Partner Organization to lead community based gender interventions and to coordinate the provision of post gender based services to survivors, FHI 360 held a series of meetings with two local organizations, Lifeline PNG and Hope Worldwide PNG. The objectives were to have a preliminary assessment of their capacity, and to discuss the possibility of a partnership with one of the organizations. Findings from interactions with these organizations revealed that both were already receiving some other funding support from other donors to implement GBV related services and thus, attribution of results may be a challenge. With the TA support from the gender specialist, the project is now focusing on building the capacity of existing Implementing Partner Organizations to create awareness on gender norms, GBV screening and to provide post GBV care, including referral linkages to survivors.

National Gender TWG Meeting

FHI 360 participated in the March 2015 edition of the National Gender TWG meeting held in the conference room of FHI 360 on the 18th of March. The main outcome of the meeting was the circulation of a near final draft of the National Clinical Practice Guidelines for the provision of Medical and Psychosocial Care for Survivors of Sexual and Gender Based Violence. The Guidelines is the main reference document for the development of a standard protocol for the implementation of routine GBV screening in all Implementing Partner Organization clinics in Madang and the NCD.

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

M&E Training

FHI 360 in collaboration with Madang PHO and support from NDoH conducted a training on the national M&E tool on 16th-20th March 2015.

Data Quality Audit (DQA)

The routine quarterly DQA exercise was conducted on the 16th and 17th of March, for Id Inad clinic in Madang, and on the 31st of March for the NCD clinics. Key issue identified in Id Inad clinic was lack of clarity on how to classify walk in clients into the different KP groups using the decision tree. Onsite mentoring on the use of the decision tree tool was provided. In the NCD, there was incorrect filling of registers and the ART tracking register was not consistently updated. Onsite mentoring was provided on the spot and Implementing Partner Organization M&E officer requested to provide guidance to clinicians on how to correctly fill the registers.

Revision of M&E tools

In order to meet donor reporting requirements based on the new MER indicators and as much as possible align with the current national data collection and reporting tools, FHI 360 program team had a series of meetings to revise existing program M&E data collection and reporting tools. The focus is to work off the GoPNG versions of the data collection tools and tweak them to accommodate additional data requirements for PEPFAR MER indicators. The draft versions will be finalised for

printing and rolled out in the next quarter. Training of Implementing Partner Organization staff on the revised tools will also be conducted next quarter.

CommCare will also be updated to provide details on preventive intervention package received by each client.

2015 Global AIDS Response Progress Report Core Working Group

In support of national effort by GoPNG to meet its global reporting requirements to the UNAIDS, the MARPS team provided TA support to the NACS during the preparation of the 2015 GARP report. Working in partnership with other core development partners (including WHO, UNAIDS, UNICEF, NDoH, USAID & CDC) under the platform of a Core Working Group, the MARPS team participated in a series of technical review meetings that culminated in the submission of the final report on the 31st of March. MARPS project was the only source of KP data that was considered in the report preparation.

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			
174,049	147,338	26,712	As the quarter falls within the start of the year, there was slow start of project activities in January 2015
Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families			
172,802	140,386	32,416	National training on STI which was planned with NDOH was put off to third quarter.
Objective 3 (IR 2.3): To increase use of facility- and community-based gender and GBV interventions			
160,032	139,297	20,736	Phone counseling was for GBV survivors was postponed to third quarter as it will be carried out in collaboration with Child Fund and FSVAC.
Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery			
134,936	127,138	7,798	
Total Indirect Cost			
192,982	172,769	20,213	

SNAPSHOT

Koki Clinic: one year of ART service to Papua New Guineans



Prior to October, 2013, Koki Clinic was just another staff clinic providing basic medical services to Salvation Army officers and employees under the Salvation Army Health Services of Koki South Central Divisional Headquarters.. In October, 2013, the health facility commenced the provision of HIV Testing and Counselling, and STI management (screening, diagnosis and treatment) services under technical assistance support by FHI 360, with funding support from PEPFAR through USAID. Since then, the clinic has continued to serve not only key populations and targeted high risk groups referred in by PEs, but also walk in clients from within and around its primary catchment area which includes 2 mile, Koki, Down Town, Konedobu and Hanuabada.

On the 26th of November, 2013, the facility was approved by NDoH to operate as a day clinic. Noting the relatively high seropositivity rate amongst HTC clients in the clinic as well as its neighbour, Ela Beach Clinic, the clinic was assessed, upgraded, and subsequently received accreditation in March 2014 to provide HIV care and treatment services for PLHIV. In the last one year the clinic has recorded a number of achievements in terms of services provide, including

-STI management services to 405 individuals, including 81 KPs, 286 other high risk groups, and 38 low risk groups

- HTC to 371 individuals including 71 KPs, 215 other high risk groups, and 85 low risk groups.

- Tested 40 HIV positive individuals and enrolled 95 PLHIV into HIV care and treatment.

- Initiated 71 people on ART including 27 males and 44 female on ART, and has 50 individuals currently active on treatment.

- Received 12 PLHIV transferred in for care and treatment from other ART clinics.

- Achieved 80% 12 month ART retention rate.



Presently, the clinic has an ART Nurse, 4 HTC counsellors, 2 STI nurses, 2 case management support staff, a laboratory technician, and an M&E officer all working together to provide quality HIV care and treatment services to clients, under the direct supervision of a project Coordinator. A total 10 of PEs and 2 field support officers attached to the clinic also provide outreach and prevention intervention services, referral and tracking support to it and its feeder site, Ela Beach Clinic. Equipped with a Pima machine, the clinic is able to provide same day CD4 evaluation for both new and follow up clients.



2nd Quarter Report for FY15

'...refurbishment and upgrading Koki clinic to an ART site has impacted positively on the people of Koki and its environs as PLHIV no longer have to travel long distance to access care and

treatment services. The CoPCT model adopted by the clinic should be introduced to all HIV treatment sites across the country...' -Samuel Gene, Project coordinator