



STRENGTHENING HIV/AIDS services for MARPs in PNG

QUARTERLY REPORT
QUARTER 3
APRIL 1- JUNE 30, 2015



LIST OF ACRONYMS

AIP	Annual Implementation Plan
APRO	Asia Pacific Regional Office
ART	Antiretroviral Therapy
ARVs	Antiretrovirals
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
DFAT	Department of Foreign Affairs and Trade
DQA	Data Quality Audit
DSD	Direct Service Delivery
EOA	Enhanced Outreach Approach
FSVAC	Family Sexual Violence Action Committee
FSW	Female Sex Worker
GBV	Gender Based Violence
HQ	Headquarters
HRM	High-Risk Man
HRW	High-Risk Woman
HTC	HIV Testing and Counseling
IBBS	Integrated Biological Behavioral Survey
MARPs	Most-At-Risk-Populations
MER	Monitoring, Evaluation and Reporting
MSF	Medecins Sans Frontieres
MTS	Men in Transactional Sex
M&E	Monitoring and Evaluation
NACS	National AIDS Council Secretariat
NCD	National Capital District
NDOH	National Department of Health
NUPAS	Non-US Organization Pre-Award Survey
OI	Opportunistic Infections
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
PT	Proficiency Testing
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 summary of the activities implemented and achievements during the quarter, 1st April to 30th June, 2015, representing the third quarter of fiscal year 2015 (FY15). The report provides a synopsis of the major achievements, key challenges encountered during the period, lessons learnt and focus for quarter 4. More than 75 percent of activities in the approved Annual Implementation Plan (AIP) have been implemented by the end of the reporting period.

A significant amount of key personnel time was devoted to finalizing the Country Operational Plan for 2015 (COP 15) in collaboration with USAID and CDC. In response to the new PEPFAR strategic direction of delivering the right services, in the right places, at the right time, the program initiated a number of activities that will ultimately result in a seamless exit from Madang and expansion of technical assistance support within the National Capital District (NCD) towards achieving the global 90: 90:90 target. A series of meetings were also held with relevant key population (KP) Civil Society Organizations (CSO) as part of the effort to increase the involvement and support of KPs in the program.

The Project recruited a new Senior Technical Officer who has provided quality technical assistance to Government of Papua New Guinea through FHI 360's participation in various Technical Working Group (TWG) meetings, including HIV, TB, Gender, MARPs and the Global Fund CCM. The technical team also made significant contribution to the review and finalization of the National HIV Care and Treatment Guidelines and the National Clinical Practice Guidelines for Gender Based Violence (GBV). Peer Educators (PEs) and clinicians of implementing partners continued to benefit from quality trainings and mentoring support from program staff during the reporting period. The program also received technical assistance support from FHI 360 HQ and APRO in the areas of GBV, care and treatment, and strategic behavior communication (SBC).

At the request of the National Department of Health (NDoH) and Madang Provincial Health Office, the program, through ART doctor in Id Inad Clinic extended human resource and technical assistance support to Gaubin Rural Hospital in Karkar District of Madang. The ART doctor in Id Inad Clinic provided the technical support and filled the gap in the rural hospital.

QUARTER THREE ACHIEVEMENTS

- Developed a GBV screening protocol and trained 23 providers (clinicians and counsellors of safe houses) and staff from Port Moresby and Madang on GBV screening and provision of psychological first aid care to survivors of GBV. This was done in two batches held from April 20 to May 1. This training will pave the way for routine GBV screening for all clients accessing service in HIV and STI services delivery points within the program.
- Supported the HIV and STI Division of NDoH to finalize the revision of 2014 HIV care and treatment guidelines. The revised guidelines takes into account key recommendations from the 2013 version of the WHO treatment guidelines especially as it relates to ART and Cotrim eligibility, viral load assessment and threshold for treatment failure. The revised guidelines provides for *'test and treat'* amongst KPs. The program is also printing **500 copies** of the new guidelines.

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- Supported the Family Health Services unit of NDoH to finalize the National Clinical Practice Guidelines for Gender Based Violence (GBV). A major contribution to the document was the harmonization of the protocol and drug regimen for Post Exposure Prophylaxis (PEP) following sexual violence with the provision of the care and treatment guidelines. Both documents now recommend that (i) PEP should be initiated for all survivors (including KPs) who present themselves within 72 hours, even if they decline provider initiated counselling and testing (PICT), and (ii) Triple combination of Tenofovir, Lamivudine and Efavirenze for PEP. The recommendation that PEP be accessible even if the survivor does not accept HIV testing brings PNG in line with WHO guidance per the 2014 Consolidated Guidelines, and the new guidelines specify that HIV testing will be offered at follow up visits, including the 3 month follow up after the window period.
- Conducted a joint supportive supervision visit to Madang in partnership with NDoH, represented by Dr Nick Dala. A key recommendation from the visit was the need for the province to decentralize ART services to ANC and TB clinics throughout the Districts in the Province as it would help decongest Modilon General Hospital and take integrated care closer to people.
- Trained **26** members of the Female Sex Workers (FSW) networks in NCD on 'Money Minded' on May 5. The objective was to educate PEs and their peers on the basic principle and importance of budget and expenditure as a financial enhancement tool, on the logic that individuals who sell sex as an economic survival strategy will have less need to seek clients, and greater negotiating power for condom use with the clients they do seek, if their financial situation is improved.
- Carried out a clinical audit of all IA clinics between May 4 and 15, with external TA support from Dr Laurent of FHI 360 Cambodia. Dr Laurent reviewed the progress of the ART, STI and HCT services in all five health facilities using indicators used as baseline in 2014. All the five clinics showed improvement in all indicators. Dr Laurent also gave recommendation to optimize the ARV guideline revision (VL threshold < 1,000, TasP, CTX) and support refresher IMAI trainings, support NDOH to implement VL for all NCD sites in collaboration with CHAI, discuss the implementation of Active Case Management¹ in NCD, advocate and pilot for finger prick HIV testing using peer educators and promote on site treatment for STI patients.
- Held a quarterly program Performance Review Meeting on June 17, with all IAs. For the first time there was participation from NDoH and two KP CSOs (Kapul Champion and Friends Frangipani) with a total of **31** participants. Besides reviewing program performance, challenges and current priorities, participants were also introduced to the global 90:90:90 target. Some recommended strategies for achieving the targets include strengthening outreach teams through refresher EOA orientation and supervision, regular reviewing of hotspots and increased testing through mobile HCT in the communities.
- Piloted the revised data collection tools after an orientation for STI nurses, ART nurses, VCCT counsellors and IA M&E officers on 18 May. The tools were adapted for (1) prompting for better quality of care, (2) facilitation of data collection, and (3) to properly record referrals for tracking. Clinic staff and M&E officers were involved in every step of the revision so that the new tools would meet their needs, questions were answered, and they took ownership. During

¹ Active Case Management: A centralized system for quickly recognizing and tracking missing/LTFU clients.

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the pilot, health care workers proactively provided feedback on the tools and helped to clarify certain areas. All feedback was exceedingly positive and the tools are fully integrated.

- Reached **498** key populations (KPs) including **314** WTS, **184** MSM/TG with individual and small group prevention interventions. This achievement represents a 109 percent increase over quarter 2 results as outreach activities pick up under VSO and is highest quarterly achievement this FY.
- **370** other high risk individuals, including **128** high risk men, and **242** high risk women were also reached with minimum preventive intervention package. This represents 89.7 percent increase over quarter 2 results.
- FHI 360-supported programs provided **1,200** individuals with HIV counselling and testing (HCT) services; including 314 KPs and 557 other high risk populations and 329 low risk populations. More individuals were tested this quarter compared with the previous quarters with a progressive increase in the number of KPs tested over the three quarters of FY 15. **66** individuals tested HIV positive, representing an overall program positivity of **5.5** percent for the period under review. This is lowest positivity rate compared with the previous quarters (6 percent, and 7 percent for quarters 1 and 2, respectively).
- Provided STI management services to **582** new individuals including 168 KPs and 279 other high risk populations and 135 low risk populations. Results show an increase in the uptake of STI services. More KPs received STI management this quarter (88.8 percent increase over Q2 results). Another 103 individuals also received follow up management for STI. The program recruited a male STI nurse for Ela Beach clinic.
- A total of **75** PLHIV (33 males and 42 females) were newly registered into the HIV care and treatment program.
- By the end of the quarter a total of **49** people (25 males and 24 females) living with HIV were newly enrolled on antiretroviral Therapy (ART) in the Kilakila, Koki and Id Inad Clinic. This includes 2 children below the age of 15. The drop in the number of PLHIV initiated on ART is a reflection of drop in positivity rate number of individuals tested HIV positive. A total of **478** PLHIV are currently on ART, 195 men and 283 women, including 23 children below the age of 15.

CHALLENGES

- Number of KP reached with minimum preventive intervention in NCD remains low despite the roll out of the EOA, as PEs tend to focus more on reaching and referring peers that are likely to complete referrals. The program is looking to overhaul the EOA by reviewing the TORs, criteria for engagement, incentive package for PEs, and to strengthen supportive supervision for PEs' field activities.
- The implementation of some major activities on the AIP including PICT training, IMAI and STI refresher training continues to be hindered by slow response from NDoH. The PICT training has been delayed by non-availability of certified trainers from the NDoH. Similarly, the IMAI refresher training is contingent on a national TOT on the new ART guidelines, while the STI refresher training is dependent on the review of the STI guidelines. The document was last reviewed in 2006. The program team is working closely with responsible government teams to ensure these trainings take place during the next quarter.
- The implementation of organizational and financial capacity building activities for IAs is still a challenge. The program team is considering engaging the expertise of a management consultancy firm to facilitate this component of the program.

SUMMARY TABLE

Table 1: Summary of achievements for the quarter by intermediate results (IR)

Planned activities	Achievement during reporting period
Objective 1 (IR 2.1): To increase demand for HIV/AIDS services by MARPs, their sexual partners, and their families	
Task 1.1 Improve risk-reduction and health care-seeking behaviors through SBCC	
<p>1.1.1 Development of new SBCC materials.</p>	<p>Tok Pidgin and Motu version of the PEP posters have been finalised and are now with Advantage PNG for artwork development. TB mask posters are being developed to promote and encourage the use of face masks by clients and clinic staff who may be coughing. The poster will be printed and deployed to all supported clinics as part of the TB infection control strategy.</p> <p>Gender specific SBC materials are also being developed and will be finalised in the next quarter.</p>
<p>1.1.2 Strengthen implementation enhanced outreach approach (EOA).</p>	<p>The Program team continued to engage with IA team leaders and PEs to identify current implementation challenges with the EOA. Due to the low productivity of the PEs in NCD, the program team carried out a detailed review of the current PE strategy with a view to identifying barriers to optimal productivity. Lack of commitment by some PEs, limited contact time with peers, poor supervision by field support officers and application of the EOA, were identified as the main gaps. The program is now taking steps to overhaul the EOA by reviewing the TORs, criteria for engagement and incentive structure for PEs, retrain PEs, and strengthen supportive supervision for PE field activities. A refresher training on the EOA will be conducted next quarter.</p>
<p>1.1.3 Strengthen prevention intervention.</p>	<p>In addition to steps taken to strengthen the EOA as part of prevention intervention, the program also engaged an external SBC consultant to support the review of the existing SBC strategy and materials as a fundamental step to strengthening prevention intervention. As a follow up to some of his recommendations, the program in partnership with Prote J (a celebrated musician from PNG), Chin H Meen (CHM) & Rait FM (99.5) developed a radio jingle which will be aired during the pacific games in July, 2015. The goal is to increase awareness on HIV and encourage listeners to go for HTC services during and after the tournament. Other recommendations include the use of road shows and targeted social media network groups to reach and mobilize more KPs for HIV services. A concept paper on mobile HTC and ‘fingerprick’¹ is also being developed as a prelude to the roll of mobile HTC services targeting KPs groups.</p> <p><small>¹ - Fingerprick – Only determine test is done as a screening test for HIV during outreach services. Reactive case are then referred to certified VCT centres for confirmatory test.</small></p>
Task 1.2 Mobilize and train peers and volunteers to increase use of HIV prevention services	
<p>1.2.1 Recruitment of and training of outreach team.</p>	<p>Performance review was done for the outreach teams under Salvation Army on the 6th- 8th of June. New recruitment will be done next quarter to replace poorly performing PEs. However, the main focus is now on revamping the entire PE program to make it more productive. See activity 1.1.2 above. Also see Sections 1.3.2 and 1.3.3</p>

Planned activities	Achievement during reporting period
Task 1.3 Strengthen linkages and referral mechanisms between HIV and GBV services	
1.3.1 Strengthen tracking of referrals from outreach to clinical services.	The M&E team with remote support from APRO devoted a significant level of effort in finalizing the CommCare, the mobile data application intended to facilitate tracking of referrals. The EOA forms have been uploaded on the mobile application and translations into Tok Pidgin and Motu completed. The official launch of the application is scheduled for next quarter. The EOA system includes EOA booklets that are separated to keep record at the clinics as well as provide a referral slip to the individual. This system has continued to be used and the M&E officer maintains the information in a database.
1.3.2 Strengthen peer registration.	A peer registration tool was developed for outreach teams. 20 PEs from the NCD received orientation on the tool on April 21. Orientation for Madang PEs will be conducted in the next quarter.
1.3.3 Strengthen collaboration with MSM and FSW networks	As an initial step towards more involvement of KP CSOs in the implementation of program activities a meeting was held with Kapul Champions and Igat Hope on May 8, to discuss the new program focus (expanding services in the NCD towards achieving the 90:90:90 target) and possible areas of collaboration with the groups. It was agreed in principle that Kapul Champions could use its social media and their regular meetings to facilitate access to their members in addition to mobilizing interested members for the PE program. Community Home Base Care and active case management was identified as a potential area of collaboration with Igat Hope. Both CSO groups and Friends Frangipani will participate in a friendliness assessment of the program being planned for next quarter. The program also supported 3 support group meetings conducted for KP groups in the NCD. Two separate meetings were organised for FSWs and MSM/TGs on April 7. The focus of the meeting for FSW was on GBV sensitisation while that of MSM/TGs was on STI awareness. 26 FSW and 23 MSM/TGs participated in the meetings. 26 FSWs in NCD also received a 'Money Minded' training focusing on the basic principle and importance of budget and expenditure as a financial enhancement tool on May 5, while 23 MSM/TGs also held discussions on basic HIV/AIDS including clarification on myths surrounding transmission through oral sex, on the same day. On the 9 th of June, 21 FSW held discussions on basic life skills (making meri blouse), while 21 MSM/TGs participated in discussion on use of condoms and lubricants. Also see 4.1.4 for CSO engagement in Quarterly Program Meeting.
Task 1.4 Promote an enabling environment	

Planned activities	Achievement during reporting period
<p>1.4.1 Conduct targeted stigma and discrimination sensitization</p>	<p>On the 26th May 2015, FHI 360 supported Salvation Army (House of Hope) in NCD to conduct a GBV support group meeting in collaboration with Well Baby Clinic, to address stigma and discrimination related to HIV/AIDS. A total of 30 participants who were mostly survivors of GBV attended the meeting.</p> <p>A sensitization training for community leaders in NCD was held on June 9, with the participation of 25 (13 females and 12 males) community leaders including, women leaders, ward councilors, youth leaders, mothers' group, men leaders, village court and justice representatives and Christian fellowship groups. The objective was to sensitize community leaders on HIV/AIDS and solicit their support in mitigating stigma and discrimination against PLHIV and other KPs in the community. An analysis of the pre-test and post-test scores of participants showed 50 percent of participants had better understanding on how stigma and discrimination contributes to the spread of HIV/AIDS in the community. Language barrier was a major challenge for Motu speaking participants.</p>
<p>1.4.2 Continue to participate actively on national gender TWGs</p>	<p>The program team was represented in the national gender TWG meeting held in April and a subsequent meeting specifically to revise the clinical portion of the first edition of the National GBV Response Guidelines. FHI 360 technical team provided guidance and technical support to the development, and then played a lead role in the finalization and formatting of the document.</p>
<p>1.4.3 Participate in MARPs TWG</p>	<p>Program team attended the MARPs TWG meeting on May 13. A resolution from this meeting was the need for decriminalization of sex work to pave the way for media sensitization of sex workers. The program team subsequently participated in a national workshop on the decriminalization of sex work held on May 26 and 27, where participants discussed the importance of decriminalizing sex work at the government level, to facilitate the implementation of programs to prevent HIV infection and other STIs, to improve treatment, and to reduce gender-based violence among sex workers.</p>
<p>1.4.4 Continue to share lessons and best practices at other program implementation sites</p>	<p>The EOA was presented to stake holders during the MARPs TWG meeting held in May 13. The presentation was well received and participants lauded the incentive approach. DFAT is considering adopting the EOA for their partners. FHI 360 was requested to conduct an assessment of the EOA and share feedback at the next TWG in August.</p>
<p>Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families</p>	
<p>Task 2.1 Expand program coverage to increase service uptake among MARPs</p>	
<p>2.1.1 Provide consolidated services at the clinical sites</p>	<p>All 5 clinics supported under the program continued to provide HTC services with 4 clinics providing STI management, and 3 providing HIV care and treatment (including TB/HIV) and CD4 services, with technical assistance support and supervision from FHI 360 technical team. All sites offer HTC/PICT on site. An STI nurse has been recruited for Ela Beach Clinic and the clinic is undergoing some structural modification to commence STI services by the next quarter. This service will be well-received by the community, as Ela Beach is located in a hotspot area and CSO's have given feedback that this is the most comfortable site for all KPs to visit for services. Having trained clinicians on the GBV screening protocol, Kila Kila and Koki Clinics will commence routine GBV screening services and provision of post GBV care in the next quarter.</p>

Planned activities	Achievement during reporting period
<p>2.1.2. strengthen monitoring all referrals of newly diagnosed HIV infected persons to OI/ART</p>	<p>Specific referral cards for internal referrals are now being used in the clinics as of Q2, and mentorship is being provided. Existing tools were revised to properly capture referrals at the HCT and HIV clinics. See 4.1.2</p>
<p>2.1.3 Strengthen services to people living with HIV and their families</p>	<p>Visit by external TA Dr. Laurent Ferradini from the FHI 360 Cambodia Country Office, an HIV Care expert, 4-15 May included intensive assessment and mentorship at every clinic with follow up by the technical team to reinforce in targeted areas. A friendliness assessment is being developed to assess sensitivity and appropriateness of services for the target population and will be rolled out in Quarter 4.</p>
<p>Task 2.2 Improve quality of HIV/AIDS services provided</p>	
<p>2.2.1 Strengthen ART Services</p>	<p>ART clinicians continued to receive onsite mentoring support from the technical team to provide quality care and treatment services to all registered PLHIV. During the quarter, the focus was to support clinicians to correctly implement the new ART eligibility criteria, conduct routine TB screening and staging of clients at every visit and to observe correct and consistent documentation of clinical encounters. FHI 360 TA from Cambodia, Dr Laurent, did review of ART sites using indicators that were used in 2014 as baseline. All three sites showed improvement in structure and management, logistics and supply, blood sampling, universal precautions and CD4 count, data collection, HIV services integration, pre ART/ART services delivery.</p>
<p>2.2.2. Improve systematic identification of STI clients eligible for HIV testing</p>	<p>Clinicians received mentoring support to ensure that HIV negative/unknown new STI clients are referred to the VCT unit for HTC services. Returning STI clients are also encouraged to go for HTC every 3 months. Revised tools make decision-making about who needs to be referred simple, and ensures documentation of proper eligibility and referral for services. See 4.1.2</p>
<p>2.2.3. Improve systematic cross referral of HIV clients to STI services</p>	<p>Clinicians are also mentored to ensure clients seeking HTC services are routinely linked to the STI Clinics for STI screening and treatment. Also, revised tools were used in the same way (see 2.2.2, above).</p>
<p>2.2.4 Refresher training on OI/ART for clinicians</p>	<p>FHI assisted in the revision of the National HIV Care and Treatment Guidelines (see 2.2.1 above) and will be supporting the revision of the training materials and Training of Trainers in Quarter 4.</p>
<p>2.2.5 Provide a national Provider Initiated Counselling & Testing training on targeting on MARPs</p>	<p>This activity was initially put on hold as NDoH and CPHL were revising the laboratory component of the PICT training manual. The review was completed during the reporting period, but there were further delays due to non-availability of the certified master trainers from NDoH to facilitate the training. However, arrangements are in place for the training to take place next quarter.</p>
<p>2.2.6 Conduct a national training on sexually transmitted infections (STIs) on presumptive treatment</p>	<p>This training was put on hold pending the revision of the existing STI guideline, which was last reviewed 9 years ago. The program team is now focused on facilitating a review of the STI guidelines. The program has offered to facilitate a technical workshop to kick start the review process, but NDoH is yet to fix a date for the workshop.</p>

Planned activities	Achievement during reporting period
2.2.7. Improve STI clinical examination	Towards the commencement of STI management services in Ela Beach Clinic, a male STI nurse has been hired for the clinic. Recruitment process is ongoing for the engagement of a female STI nurse. Meanwhile, the clinic has undergone minor restructuring to create two STI rooms which will be equipped for the use in the next quarter. All clinicians now have access to either disposable speculum or steel speculum and a system for sterilization.
2.2.8 Provide refresher training and mentoring on the syndromic approach to improve understanding according to STI guidelines.	See 2.2.6 above.
Task 2.3 Support case management teams	
2.3.1 Strengthen case management team	After the basic counselling and adherence training conducted for case managers last quarter, the technical team provided follow up mentoring support to case managers to consolidate the proper use of the knowledge acquired. The new ART nurse at Koki Clinic has provided structured mentorship to the CMT there with significant improvement. The CMTs at Kilakila and Id Inad are excellent and well supported. Further work will be done in Quarter 4 to systematize tracking of missing patients.
2.3.2 Train all Case Management Team	This was done in quarter 2.
2.3.3 Expand Community Home Base care	A concept paper has been developed. It will be submitted for NDoH approval. Once approved trainings will be conduct services commenced during the next quarter. The existing set of tools, training materials, TORs, SOPs, and other materials have been reviewed during this reporting period.
Task 2.4 Strengthen CoPCT Coordination Committees (CoPCT-CC)	
2.4.1 Strengthen CoPCT Co-ordination Committees	Madang Provincial Health Office organised a TB/HIV committee meeting on April 24. The main discussion was on the restructuring of the Provincial Health Office to Provincial Health Authority with the exclusion of the laboratory component in the operational structure. It was agreed that the new structure should be revised to cater to public laboratory services. There were 15 participants at the meeting with representation from the PHO, health facilities and clinicians.
Task 2.5 Build capacity of implementing partner organizations	
2.5.1 Building capacity of local organizations	FHI 360 has been providing on-going technical and programmatic support to the implementing agencies in an effort to develop their technical and programmatic capacity using a combination of formal trainings, onsite mentoring and supportive supervision, program performance and IA team leaders' meetings. These activities were sustained during the quarter review. FHI 360 also took steps towards improving its financial and organizational management (human resource and procurement systems) capacity building support to IAs. A meeting was held with KPMG, consultancy firm on June 30 to discuss the possibility of outsourcing both aspects of capacity development to them. Capacity building officers have not demonstrated enough

Planned activities	Achievement during reporting period
	<p>competence in this area, and KPMG has a proven track record in addressing organization and financial capacity gaps. The organization has submitted an engagement letter which is now undergoing internal review. If successful, the firm will conduct NUPAS assessment for the 3 IAs in NCD.</p>
<p>2.5.2 Provide technical assistance to strengthen TB/HIV using the 3Is strategy.</p>	<p>The technical team continued to mentor clinicians to conduct routine TB clinical screening for all registered PLHIV at every clinical encounter and place eligible clients on IPT. This was also a primary focus of the mentorship of the external TA (see 2.2.1, above). TB mask posters are being developed to promote and encourage the use of face masks by clients and clinic staff who may be coughing. The poster will be finalised, printed and deployed to all supported clinics as part of the TB infection control strategy.</p> <p>Intensive on-site training was done at Id Inad clinic on 26 May with the case management team to ensure all CMTs are routinely screening for TB symptoms and know how to refer.</p> <p>TB symptom screening and referral pathways were built into the revised tools for clinicians, piloted 18 June at NCD sites. See 4.1.2.</p>
<p>2.5.3 Provide training, supportive supervision & mentoring.</p>	<p>Trainings conducted during the quarter have been reported under the appropriate thematic area.</p> <p>A joint supportive supervisory visit to Madang Provincial Health Office and In Inad Clinic was conducted in collaboration with NDoH (represented by Dr. Dala) on May 25. A key recommendation from the visit was the need for the province to decentralize ART services to ANC and TB clinics throughout the Districts in the Province as it would help decongest Modilon General Hospital and take integrated care closer to people. He also advised the province to identify the number of staff that would need to be trained on IMAI.</p>
<p>2.5.4 Strengthen laboratory</p>	<p>All VCT sites supported under the program continued to participate in the regular national quality assurance process for HIV testing by routinely sending samples of one in every 20 clients to the Central Public Health Laboratory (CPHL) for confirmation. So far no FHI 360 supported clinic has failed the proficiency test.</p> <p>To ensure uninterrupted access to routine CD4 evaluation during the quarter, the program facilitated the timely repairs of the PIMA machine at Id Inad Clinic. The machine, which had broken down in May, was taken to CPHL, promptly repaired and returned to the facility.</p>
<p>Objective 3: To increase use of facility- and community-based gender and GBV interventions</p>	
<p>Task 3.1 Develop a comprehensive MARP-focused gender package.</p>	
<p>3.1.1 Carry out gap analysis on gender and GBV services within HIV/AIDS programming.</p>	<p>This activity was carried out in quarter 1.</p>

Planned activities	Achievement during reporting period
3.1.2 Identification and selection of new IA to implement gender and GBV services.	The program is now focusing on building the capacity of existing IA to create awareness on gender norms, conduct routine GBV screening and provide post GBV care, including referral linkages to survivors. During the reporting period, clinicians were trained to carry out routine GBV screening based on a standard protocol. A gender specialist has now been recruited and will commence in July to lead the intervention. The project will no longer need to identify an additional IA for this purpose
3.1.3 Expand 16 days of Activism leading to World Aids Day.	This activity was carried out in quarter 1.
Task 3.2 Mobilize Outreach Workers for GBV.	
3.2.1 Mobilize outreach workers for GBV.	This activity will be implemented the next quarter. Peer educators will be trained to disseminate information about GBV and sensitize peers in the community about the availability of services at sites.
3.2.2 Provide trauma counselling	Psychological first aid for trauma survivors was covered intensively in the 1 week training on GBV – see 3.3.2.
3.2.3 Conduct gender sensitization training	The project supported a gender sensitization training for the journalists, facilitated by Family Sexual Violence Action Committee (FSVAC). The purpose of this training was to sensitize participating editors and reporters from different media houses on the dimensions and scope of GBV, and to equip them with basic knowledge to enable them to better report GBV issues in a manner that creates the desired impact in the society. A total of 7 female journalist from Wantok Niuspepa, The National, PNG FM, NBC, Post Courier and FM 100 attended the training. This activity was subsequently captured in the June 24 edition of ‘Post Courier’, one of the two national daily newspapers.
Task 3.3 Strengthen response systems and referral mechanisms	
3.3.1 Provide a co-ordinated phone based counselling or referral	In preparation for the commencement of gender counselling hotline service in collaboration with Child Fund and FSVAC, the project recruited two telephone counsellors. The hired counsellors and a third who will be on reserve, are currently undergoing a 3 month GBV counselling training led by Child Fund which started in May. The training will conclude in July after which the hotline service will be launched in August. FHI 360 gender team also facilitated some sessions at the training, including a two day session on gender diversity. The session on gender diversity is intended to awaken the consciousness of participants to other aspects of GBV, especially as it relates to KPs including MSM and TGs.
3.3.2 Consolidate PEP services for survivors of GBV	FHI 360 in collaboration with MSF conducted two batches of trainings for clinicians, counsellors of safe houses and FHI 360 program staff on GBV screening and provision of post GBV care to survivors of GBV, based on the national clinical practice guidelines for GBV. A key component of the training was the protocol for the provision of PEP services to survivors of rape. The trainings were held between April 20 to May 1, with a total of 23 participants (13 females and 10 males). They were conducted with technical assistance from the FHI 360 gender expert from HQ.
Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery	

Planned activities	Achievement during reporting period
Task 4.1 Strengthen data management and information among partners and Government of Papua New Guinea counterparts through standardizing procedures and indicators	
4.4.1 Carry out BSS in Madang	Following the decision of the HIV TWG and IBBS management committee to conduct the national IBBS only in 3 provinces (NCD, Lae, and Hagen) excluding Madang, this activity will not be implemented. However, the project will still provide human resource, logistics and financial support to the national IBBS as required. The project is also considering alternative studies or operations research that can inform program implementation in the NCD.
4.1.2 Development of new data collection tools and align with government tools	PNG Government tools for collecting patient information during patient visits (clinical forms) and log books (registers) were adapted for (1) prompting for better quality of care, (2) facilitation of data collection, and (3) to properly record referrals for tracking. The revised tools were developed through meetings with the clinic staff and M&E officers to find what will work for their practice and to ensure ownership. The tools were piloted during the reporting period after an orientation with clinicians and IA M&E officers on 10 June. The clinic teams started using the tools on 18 June and provided regular feedback for improvement. The updated versions of the tools are currently being printed for deployment to all clinic sites in NCD and Madang. The modified tools, which will capture relevant information on KPs and support tracking on PEPFAR MER indicators, will be presented to NDoH for consideration. PE outreach tools will also be revised during the next quarter to serve as a backup for CommCare, especially at initial phase of deploying CommCare.
4.1.3 Training on Monitoring & Evaluation tools	Training on revised M&E tools was conducted on 10 th June for all clinicians and IA M&E officers in NCD. See 4.1.2, above.
4.1.4 Quarterly program review meeting	The Program Performance Review Meeting for the quarter was held on June 17, with all IAs. NDoH and two KP CSOs (Kapul Champion and Friends Franzipani) attended the meeting for the first time. In addition to the main objectives of reviewing performance for the previous quarter and identifying key priorities for the new quarter, the June meeting also provided opportunity to introduce the 31 participants to the 90-90-90 target, plans to exit from Madang and to expand services in the NCD. Some recommended strategies for achieving the 90:90:90 targets include strengthening outreach teams through refresher EOA orientation and supervision, regular reviewing of hotspots and increased testing through mobile HCT in the communities.
4.1.5 Conduct Data Quality Audit (DQA)	Routine DQA for quarter 3 data will be conducted in July.
4.1.6 Utilize technology to collect data on time and effectively	With remote support from APRO the CommCare mobile data application was finalised with the inclusion of EOA forms and translations to Tok Pidgin. The application has been pre-tested and ready for launching next quarter.
Task 4.2 Improve supply chain management	

Planned activities	Achievement during reporting period
4.2.1 Develop system of early warning for drugs and testing kits.	A drug and Rapid test Kits inventory monitoring card has been deployed to clinics and clinician receive continuous onsite mentoring support on the use of the system to manage stocks and minimise stock outs and expired stock.

CORRELATION TO PMP

Table 2: Performance Management Plan Indicators and Achievements (Aggregate): FY15, Q3

Indicator	Q3 Result (Apr 1 – Jun 30, 2015)	FY 15 Achievement (Oct 2014 – Jun, 2015)	FY 15 Target (Oct 2014 – Sept, 2015)	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				
# of key populations reached with individual or small group level HIV preventive interventions that are based on evidence or meet the minimum standards required (KP_PREV)	498 314 WTS, 184 MSM/TG (93 MTS reached).	869 549 WTS, 320 MSM/TG (168 MTS reached)	3,800 individuals	Cumulative FY 15 achievement is at 23 percent of target. The program had initial challenges with the EOA as most PEs in the NCD were more focused on reaching out to peers who are more likely to complete their referrals so that they can earn their incentives. The program team is reviewing the incentive structure to enhance productivity amongst PEs. However, there is progress increase in quarterly achievements (109.2 percent over Q2 results) as VSO stabilizes with their PE program and the EOA.
# of MARPS (other than key populations) who completed a standardized HIV prevention intervention including the minimum components during the reporting period (GPY_PREV)	370 128 high risk men, 242 high risk women reached.	704 262 high risk men, 442 high risk women reached.	2,700 individuals	Cumulative FY 15 achievement is at 26 percent of target. The justification is same as for KP_PREV. Increased by 113.9 percent from quarter 2 for same reasons as above.

3rd Quarter Report for FY15

Indicator	Q3 Result (Apr 1 – Jun 30, 2015)	FY 15 Achievement (Oct 2014 – Jun, 2015)	FY 15 Target (Oct 2014 – Sept, 2015)	Justification
% of female and male sex workers reporting the use of a condom with their most recent client (PEPFAR P9.2.N)	N/A	N/A	75 percent among WTS and MTS.	The program was relying on the IBBS to measure this indicator. The national IBBS which is yet to kick off will be conducted in Madang.
IR 1.2 Improved health seeking behaviour				
# of individuals who received counseling and testing services for HIV and received their test results (HTC_TST)	1,200 496 males 704 females 314 KPs (217 WTS, 97 MSM/TG (74 MTS)) 557 - other high risk population (285 HRM, 272 HRW) 329 - low risk populations (127 LRM, 202 LRW). 66 tested HIV Positive.	3,557 1,457 males and 2,100 females. 920 KPs (609 WTS, 311 MSM/TG (252 MTS)) 1745 - other high risk population (824 HRM, 921 HRW) 892 - low risk populations (322 LRM, 570 LRW). 220 tested HIV Positive.	4,500 individuals.	Cumulative FY 15 achievement is at 79 percent of target.
# of individuals who received STI management services (Additional Indicator)	582 224 males 358 females. 168 KPs (117 WTS, 52MSM/TG (34 MTS) 279 other high-risk populations, 135 low risk populations. 103 repeat visits.	1,438 555 males 883 females. 307 KPs (219 WTS, 89 MSM/TG (60 MTS)) 747 other high-risk populations, 384 low risk populations. 386 repeat visits	2,000 individuals	Cumulative FY 15 achievement is at 72 percent of target.

3rd Quarter Report for FY15

Indicator	Q3 Result (Apr 1 – Jun 30, 2015)	FY 15 Achievement (Oct 2014 – Jun, 2015)	FY 15 Target (Oct 2014 – Sept, 2015)	Justification
# of condoms distributed (Additional indicator)	49,165 Male condoms- 46,731 Female condoms – 2,434	100,427 Male condom- 90,688 Female condom - 9,739	350,000 condoms	Cumulative FY 15 achievement is at 28.6 percent of target. The project will step up effort at increasing condom distribution in the coming quarter.
Objective 2. To increase supply of HIV/AIDS care, treatment and support services for MARPs				
IR 2.1 Quality of HIV/AIDS services improved				
# of adults and children receiving anti-retroviral therapy (ART) [Current] (TX_CURR)	478 195 males 283 females (Including 23 children<15yrs)	478 195 males 283 females (Including 23 children<15yrs)	400 clients	Cumulative FY 15 achievement is at 120 percent of target. This overachievement is a result of 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.
% of adults and children known to be alive and on treatment 12 months after commencement of ART (TX_RET)		76 percent (as at SAPR)	85 percent overall rate	This indicator is measured semi-annually. Achievement was 76 percent as at SAPR.
% of PEPFAR-supported ART sites achieving a 75percent ART retention rate (TX_SITE)			100 percent	This indicator is measured semi-annually
IR 2.2 Coverage of HIV/AIDS services improved				
# 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 (CARE_CURR)	389 159 males 230 females (Including 25 children <15yrs)	568 215 males 353 females (Including 29 children <15yrs)	400 clients	Cumulative FY 15 achievement is at 142 percent of FY target. In addition to revisiting clients who were registered in FY 13 and 14, a lot PLHIV were newly registered into care and treatment this FY than was estimated.
# of HIV-infected adults and children newly enrolled in clinical care during the reporting period and received at least	75 33 males	221 95 males	250 clients	Cumulative FY 15 achievement is at 88 percent of target.

3rd Quarter Report for FY15

Indicator	Q3 Result (Apr 1 – Jun 30, 2015)	FY 15 Achievement (Oct 2014 – Jun, 2015)	FY 15 Target (Oct 2014 – Sept, 2015)	Justification
one of the following at enrolment: clinical assessment (WHO staging) OR CD4 count OR viral load (CARE_NEW)	42 females (including 1 child <15yrs).	126 females (including 5 <15yrs).		
TB/HIV: % of PLHIV in HIV clinical care who were screened for TB symptoms at the last clinical visit (TB_SCREEN)	84 percent of clients	75 percent	65 percent	Cumulative FY 15 achievement is at 115 percent of target. The significant improvement over last quarter's achievements is the result of consistent mentoring and supportive supervision of clinicians to ensure routine screening and documentation of outcomes for all clients at every clinic visit, especially in Id Inad and Koki. The revised clinic forms has also eased documentation of screening outcomes.
% of PEPFAR-supported clinical care sites at which at least 80 percent 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 (CARE_SITE)	TBD	TBD	67 percent	This indicator is measured annually.
# of adults and children with advanced HIV infection newly enrolled on ART (TX_NEW)	49 25 males and 24 females (including 2 children<15yrs).	185 82 males and 103 females (including 7 children<15yrs)	150 clients	Cumulative FY 15 achievement is at 123 percent of target. The justification is same as for TX_CURR.
<i>IR 2.3 Local capacity of service delivery enhanced</i>				
# of staff trained in service delivery (Additional Indicator)	65 individuals GBV Screening & Services – 33	185	150 individuals	Training has been an important part of the project work this year, and with new activities to improve service delivery, training has exceeded the annual target.

3rd Quarter Report for FY15

Indicator	Q3 Result (Apr 1 – Jun 30, 2015)	FY 15 Achievement (Oct 2014 – Jun, 2015)	FY 15 Target (Oct 2014 – Sept, 2015)	Justification
	In-house training on clinical tools – 17 Hot Spot Mapping - 15			
Objective 3. To increase the use of facility and community-based gender and gender-based violence interventions				
Gender Norms within the Context of HIV/AIDS: # of people completing an intervention pertaining to gender norms that meets minimum criteria. (GEND_NORM)	0	0	70	The implement of relevant activities that contribute to results under this indicator were not implemented pending the engagement of a full time gender specialist. After initial challenges a gender officer has now been recruited and will lead the implementation of relevant activities next quarter.
# of referrals from HIV-related interventions to GBV services (Additional indicator)	3	9	150 clients	Cumulative FY 15 achievement is only 6 percent of FY target. The justification is same as for GEND_NORM. The project has already trained clinicians to routinely screen clients for GBV, the Gender officer will ensure the implementation of this routine screening and this will ultimately contribute to identification and referral of more survivors.
Gender Based Violence (GBV) Care: # of people receiving post – GBV care (GEND_GBV).	0	0	400 individuals	While survivors of GBV may have received some form of services (including PICT, PEP, psychological counselling or shelter) under the program during the FY, beneficiaries do not fully meet the criteria to be counted. A system is now in place to ensure survivors access a minimum package in a systematic manner and be counted. The Gender officer is now available to drive activities.

3rd Quarter Report for FY15

Indicator	Q3 Result (Apr 1 – Jun 30, 2015)	FY 15 Achievement (Oct 2014 – Jun, 2015)	FY 15 Target (Oct 2014 – Sept, 2015)	Justification
Objective 4. To strengthen health systems for HIV/AIDS service delivery				
IR 4.1 Monitoring and evaluation improved				
# of PEPFAR supported testing facilities with capacity to perform clinical laboratory tests (LAB_CAP)	2	2	2	Cumulative FY 15 achievement is 100 percent of FY target. Target was set based on the existing number of PEPFAR supported sites with capacity for at least CD4 monitoring as there no plan to expand to more sites during the FY.
# 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 (LAB_ACC)	0	0	2	This activity is driven by CPHL. After initial assessments in FY 14, a follow up assessment has not been carried out. This is a core priority for next quarter.
# of PEPFAR-supported DSD and TA sites (SITE_SUPP)	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)	N/A	10	Cumulative FY 15 achievement is 100 percent of FY target. However, targets were erroneously set to count the number of Services (ART and HTC) and the actual number of sites (clinics).
percent 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 (QI_SITE)	0		80 percent	QI project was implemented at implementing partner level to assess and improve PE performance. Despite follow up this has not progressed. Other QI activities are ongoing but not within the formal criteria to meet this indicator.

3rd Quarter Report for FY15

Indicator	Q3 Result (Apr 1 – Jun 30, 2015)	FY 15 Achievement (Oct 2014 – Jun, 2015)	FY 15 Target (Oct 2014 – Sept, 2015)	Justification
% of PEPFAR-supported laboratories and testing sites that participate and successfully pass in a proficiency testing (PT) program (LAB_PT)	TBD		50 percent	Samples are routinely collected by all HTC sites and sent to CPHL, but reports are often delay.
<i>IR 4.2 Supply chain management improved</i>				
# of facilities reporting no stock out of ART, OI and STI drugs in the last three months (Additional indicator)	5	5	5	
% of individuals who received competency-based, certificate, or higher-level training to conduct or support supply chain, inventory management, supportive supervision or distribution activities (CS_TRAIN)	0		50 percent	Certifiable in-service training on supply chain, inventory management and distribution are not provided by NDOH. The training to project staff has not been conducted.
# of facilities using computerized reporting for drug supply management (Additional)	2	2	4	

Table 3: FY15, Q3 Results by Site

Indicator	Kilakila Clinic	Kaugere Clinic	Koki Clinic	Ela Beach Clinic	Id Inad Clinic	Total
# of key populations reached with individual or small group level preventive interventions that are based on evidence or meet the minimum standards required (KP_PREV).	81	37	43	NA	337	498
# of individuals who received STI management services (Additional Indicator).	93	103	87	NA	299	582
# of individuals who received counselling and testing services for HIV and received their test results (HTC_TST).	313	232	101	208	346	1200
# of individuals tested HIV positive.	15	13	10	15	13	66
# of adults and children with advanced HIV infection newly initiated on ART (TX_NEW)	10	NA	20	NA	19	49
# of adults and children with advanced HIV infection currently active on ART (TX_CURR).	72	NA	73	NA	333	478
% of adults and children known to be alive and on treatment 12 months after commencement of ART (TX_RET).	TBD	NA	TBD	NA	TBD	TBD
# 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 (CARE_CURR).	35	NA	64	NA	290	389
# 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) (CARE_NEW).	17	NA	24	NA	34	75
TB/HIV: % of HIV-positive persons who were screened for TB in HIV care and treatment settings (TB_SCREEN).	63 %	NA	97%	NA	83 %	84 %
% 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.	TBD	NA	TBD	NA	TBD	TBD
Gender Norms within the Context of HIV/AIDS: Number of people completing an intervention pertaining to gender norms that meets minimum criteria (GEND_NORM).	0	0	0	0	0	0
# of referrals from HIV-related interventions to GBV services.	0	0	3	0	0	3
# of people receiving post – GBV care (GEND_GBV).	0	0	0	0	0	0

Note: The primary data sources are the Peer educators' registers, HCT log books, STI log books, care and treatment track log and the trainet.

RESULT BY RESULT ANALYSIS

General Program Management:

During the period under review the program management team was focused on three priority areas: (i) Strengthening human resource capacity to address programmatic gaps and ensure continuous quality improvement; (ii) Consolidating technical assistance support to Government of Papua New Guinea; (iii) Sensitizing and orienting stakeholders on the new PEPFAR strategic direction (PEPFAR 3.0) in PNG.

Strengthening human resource capacity

A new Senior Technical Officer, Risa Truetsky, arrived in Port Moresby in April to lead technical operations under the project. The STO's core task is to provide technical support to clinicians and ensure primary beneficiaries have access to quality HIV/STI prevention, care and treatment services. A gender officer was also recruited to oversee the gender component of the program. Her immediate task is to ensure that PEs are trained to effectively sensitize their peers on GBV and support clinicians to begin routine GBV screening for KPs. She will officially commence duty in July 2015.

During the quarter, the program team also received technical assistance support from FHI 360 HQ and APRO on care and treatment, GBV and SBC led by Dr. Laurent Ferradini, Maryce Ramsey, and Kenneth Kutsch (consultant), respectively. Key recommendations from Dr. Laurent Ferradini were the implementation of active case management to minimize loss to follow up and to increase uptake of HTC services amongst KPs through mobile services and 'fingerprick'². Maryce Ramsey provided technical assistance support to the Family Health Services unit of NDoH on the review of the national clinical practice guidelines for GBV. She also developed a protocol for routine GBV screening and trained providers on the protocol. A major recommendation from the SBC consultant was for program to strengthen its partnership with KP CSOs and explore the use of KP social media networks to reach more KPs with prevention messages. All the key recommendations are currently being implemented by the project team.

The management team also initiated discussion with a management consultancy firm on the possibility of outsourcing the organizational and financial management component of capacity building for IAs. The firm will be expected to conduct a comprehensive NUPAS assessment for Salvation Army, Living Light Health Ministries (Four Square Church) and FSVAC, develop or review existing management tools/policy documents, and facilitate relevant organizational and financial management trainings for key personnel of the three IAs based on findings from the NUPAS assessments.

Technical Assistance Support to Government of Papua New Guinea

The project continues to provide quality technical assistance to Government of Papua New Guinea , especially on HIV, STI and TB by ensuring regular participation of technical leads in national TWG meetings (HIV, TB, Gender and Prevention/MARPS), and supporting the development or review of technical guidelines, manuals, SOPs etc. Some major contributions to the national program during the quarter include the finalization, formatting/editing and printing of the 2014 HIV care and treatment guidelines, and finalization of the clinical practice guidelines for GBV. FHI 360 was also re-elected into

² Fingerprick testing is the practice of providing the first rapid test in the sequence, in this case Determine HIV Test, to assess if someone is "reactive". Reactive clients are referred for confirmatory testing, preferably at a site that has ART services. This is proposed only for Outreach HTC, as it increases linkages to care and decreases what can be an emotional experience for someone in the midst of a community event or out in the community. Inspiration is taken from the FHI 360 Cambodia Flagship Project.

the Global Fund CCM with the added responsibility representing all international NGOs on the CCM. For the first time, NDoH participated in a joint supportive supervisory visit to project sites in Madang on May 25. NDoH also participated in the quarterly program performance review held on June 17.



Meeting with NDoH HIV Team on the treatment guideline.



Joint supportive supervisory visit with NDoH to Madang.

New PEPFAR Strategic Direction

A number of meetings were held with key stakeholders in Madang including Madang PHO, Modilon General Hospital, VSO and Id Inad Clinic staff to sensitize them and commence initial discussions on plans to close PEPFAR supported interventions in Madang province within the next one year. This is in line with the new strategic direction in PNG based on 90:90:90 and the PEPFAR “pivot”; the project will be focusing all effort on NCD, which has the highest number of known KPs and prevalence of HIV. In reaction to the planned withdrawal from Madang, VSO expressed willingness to continue its partners with FHI 360 under objective in NCD, while the Chief Executive Officer of Modilon General Hospital promised to do everything possible to absorb some members of the case management team into their payroll. However, Madang PHO expressed concern over the fate of the Project Co-ordinator (whom they believe has added so much value to HIV/AIDS intervention in the province) as the PHO was still not financially ready to absorb his services.

On the other hand, a series of planning meetings were also held with internal and external stakeholders, including DFAT, USAID, CDC, WHO and NCD Health, to look at possible strategies for achieving the 90:90:90 global target, and the expansion plan in the NCD. Initial thoughts are for FHI 360, in partnership with WHO, to scale up TA support to other non-PEPFAR supported sites in the NCD, with the objectives of increasing coverage for KPs in NCD, making HIV clinics more KP friendly, improving retention of PLHIV in care and treatment, and increasing access to viral load assessment. This proposal has been endorsed by the leadership of NCD Health.

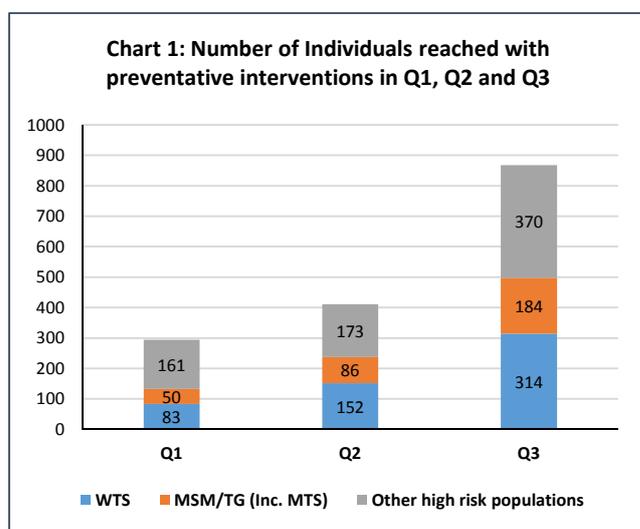
Objective 1: To increase demand for HIV/AIDS Services by MARPs, their sexual partners, and their families

1.1 Improve knowledge, attitudes and practices

IR1.1 includes the PEPFAR Outputs KP_PREV and GP_PREV and Program Outcome Indicator P9.2.N for reported condom use among men and women in transactional sex (explained in Table 1). KP_PREV³ has

³ To better understand the population it can be disaggregated by risk, showing “Key Populations” (KP) versus High Risk Populations. “Key populations” is composed of (1) women in transactional sex (WTS) and (2) men who have sex with men (MSM)/Transgender (TG). (The MSM/TG category includes men in transactional sex [MTS]). The “High Risk” classification includes men and women who have had more than one partner in the past 3 months and not meeting the criteria for KPs (transactional sex and/or MSM/TG identification). It is relevant to add that, unlike in other countries where KPs would be a distinct and static group, in PNG there is a large amount of fluidity between the “high risk” groups and the “key populations,” as many people will engage in transactional sex on an “as needed” basis. Also, due to the legal environment (homosexuality and transactional sex being illegal and

shown a 109.2percent increase since the last quarter, with 498 individuals reached with a minimum prevention package through the project’s Peer Educators (PE). We have seen an increase in 3 of 4 sites that have peer educators. The one site that showed a decrease in this indicator was likely affected by



the lack of one of two Field Support Officers (supervisor of PEs) for most of this quarter. The majority of the increase was a result of VSO scaling up in Madang Province, reaching 337 key populations (KP). It is important to note that in Madang, USAID supported FHI 360/VSO is the only partner doing outreach for high risk and KP for HIV prevention. GP_PREV has also shown a large increase (113.9 percent). The reasons are the same as above with VSO carrying the majority of the numbers (276 reached of 370 overall). However, there was a significant drop in the numbers in

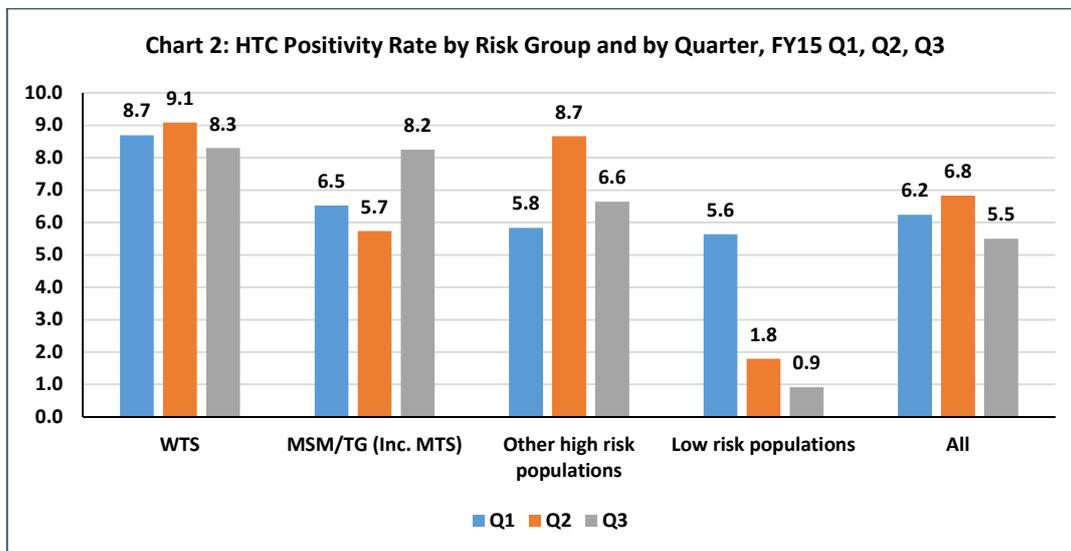
NCD (141 [Q2] to 94 [Q3]) as peer educators focus more on KP referrals. Within the Enhanced Outreach Approach (EOA), PEs receive a higher incentive for reaching a KP, so they are focusing their efforts more on these referrals. Though this is a large improvement, the project is still at only 22.8 percent and 26 percent of the FY15 targets for KP_PREV and GP_PREV, respectively. This is the result of an adverse impact of our transition to the EOA. PEs, who are intent on ensuring successful referrals among those peers whom they reach, have been focusing all efforts on those who are most likely to be successful referrals. The PEs spend time escorting to and waiting at the clinic to ensure completion, subtracting time available to reach other peers. The increase in this quarter at the sites other than Madang comes from FHI 360 project staff making a strong, maintained effort to clarify targets and objectives for the PEs and their management so that focus remains on peers reached as well as successful referrals. PEs were given direction on how to properly document those they reached, which had been undocumented before.

The FHI 360 project team has done an intensive review of the PE and EOA program at the end of this quarter and made recommendations for revision. The assessment approach included interviews with Implementing Partner Project Coordinators and Field Support Officers (FSO), facilitated group and individual discussions with Peer Educators, field visits with the FSOs, and data analysis. The results showed that there has not been an increase in number of successful referrals per PE despite incentives. Supervision by FSOs is not well structured and peer educators, because of logistical issues, only spend close to 50% of the time in the field. Also, Wave 2 and Wave 3 referrals have not been implemented properly. Recommendations include improving the incentive structure, providing much stronger supervision and mentorship in the field, supporting development and use of microplanning, and re-training and replacing of peer educators to use more structured approach in the field. The new approach will be implemented in Q4 of FY15 and continuously monitored to allow for rapid response to challenges.

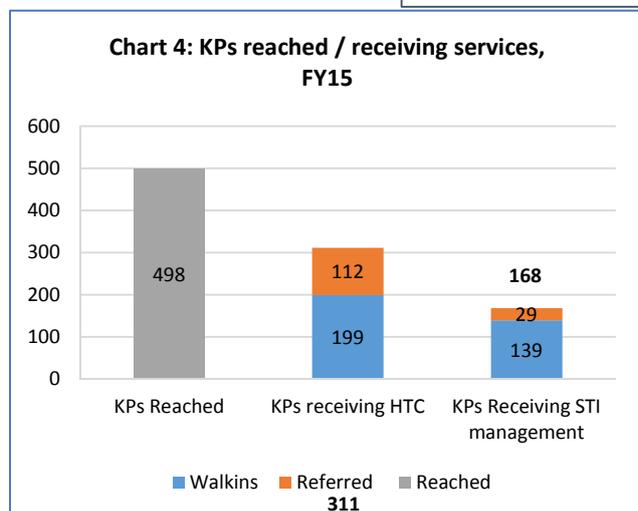
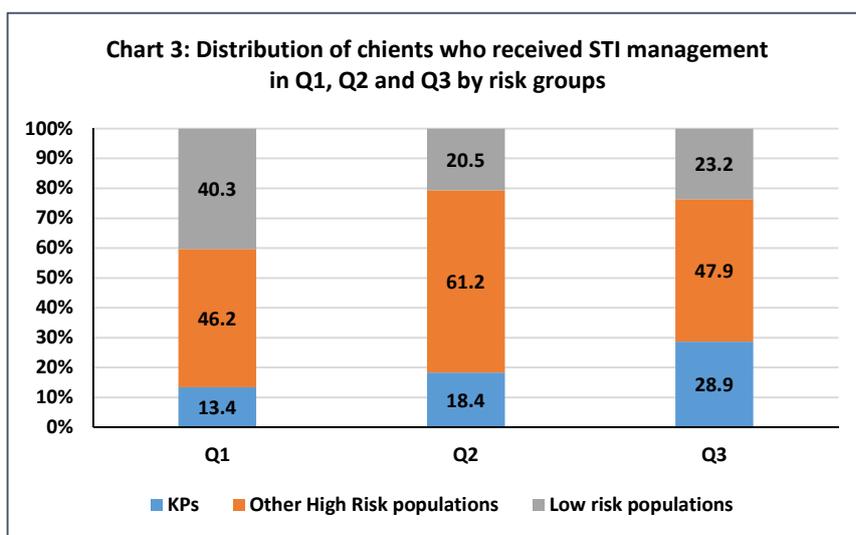
1.2 Improved Health Seeking Behaviour

IR1.2 includes the PEPFAR indicator HTC_TST as well as two additional indicators (STI service uptake and condom distribution).

The number of people tested at project sites under HTC_TST is approximately the same as Q2. The project is now at 79.7percent of the FY15 target, and therefore well placed to meet this target by the end of the fiscal year. Madang contributed significantly to this achievement.



The positivity rate among KPs and other HRM/W remains high in the project, suggesting that the PEs may be efficiently identifying individuals who are at high risk for HIV acquisition and that the project sites are accessible to people who need HTC and approach the clinics as walk ins. STI services have steadily increased at all sites and STI uptake is at 71.9percent of the FY15 Target. This is a result of EOA, as PEs are incentivized and encouraged to screen and refer individuals to STI services. The increase of STI services is seen at Kaugere Clinic, where an STI nurse was employed as of the end of Q2



and is now filling a much needed gap, and at Id Inad in Madang, where VSO has scaled up the outreach and referral program. Id Inad clinic provided 299 STI visits in Q3 compared to 181 in Q2, demonstrating a strong effect of the PE outreach program. Importantly, STI services have increased among KPs, as shown in Chart 3.

Chart 4, "KPs reached / receiving services, FY15" shows the total number of KPs who access services in relation to those reached. Of 498 reached 62.4% received HTC at the project clinics, which is a good rate of service uptake.

For those reached, the main discrepancy is in Madang, where 337 KPs have been reached and 10 received HTC. This may be because many KPs report to VSO that they would prefer to get VCT at the Catholic supported clinic in the area which is smaller and more private rather than the busy hospital clinic. As of yet, the project has not been able to get data on how many received HTC. Also, the Implementing Partners have explained that many of the KPs reached in the field present as walk-ins because they do not carry their referral slips or for other reasons they do not want to come as referrals. In an effort to assess this, the project is putting out a quick questionnaire to determine how many people have been approached by PEs. In addition, CommCare will help resolve this.

Condom Distribution is an important part of prevention services and done by PEs and FSOs through provision to condom outlets, at hotspots and to individuals. Condom provision was much higher in this quarter with the addition of outreach team services in Madang. The project is not set to meet the FY15 target. It is important to note that FHI 360 is one of many partners in NCD who are distributing condoms to individuals and condoms outlets, therefore it is likely that condom outlets are mostly saturated. Also, with the EOA approach and PEs reaching few people, there are not as many condoms distributed. There will be a concerted effort to ensure all PEs and all of the site clinics are maximally distributing condoms and lubricants in the final quarter as well as an increase in PE reach.

Organization	Mode of Distribution	Male	Female	Lubricants
Four Square	Peer Distribution and Outlets	20638	790	8382
Salvation Army	Condom outlets	4588	185	4588
	Peer Distribution	671	132	661
Id Inad	Id Inad	7000		
VSO	Hotspot Distribution	9475	496	4079
	Peer Outreach Distribution	4359	516	1771

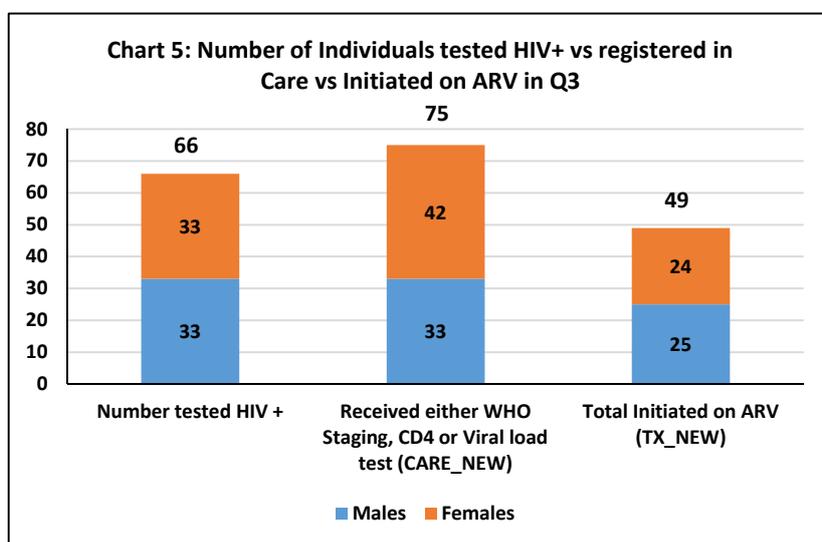
Objective 2: To increase supply of HIV/AIDS services for MARPs, their partners and their families

2.1 Quality of HIV/AIDS Services Improved

IR2.2 Covers indicators TX_CURR as well as TX_RET, and TX_SITE, which are reported on a semi-annual basis. TX_CURR has exceeded the FY15 target by 78 people (FY15 target: 400).

2.2 Coverage of HIV/AIDS Services Improved

IR2.2 includes the PEPFAR indicators CARE_CURR, CARE_NEW, TB_SCREEN, CARE_SITE (reported annually), and TX_NEW. 389 people are counted for CARE_CURR, which is 97.3percent of the annual target. Project sites are able to meet targets for CARE_CURR because each ART site has been equipped with a CD4 PIMA machine which they use for routine CD4 count and clinicians are encouraged to do WHO staging at each visit. 75 PLHIV were newly enrolled into HIV care services at project



sites in the Quarter and the project is expected to reach FY15 targets. Disaggregating the data by site, it shows that Id Inad is enrolling far more PLHIV than they test positive. Being provincial ART site, it is likely that Id Inad will get most of the referrals from Madang Province. Also there will be some who were tested in the previous quarter and enrolled in care in this quarter. In NCD, 41 of 53 new positive clients have been enrolled. There is a leak in linkages between stand-alone HTC sites and the ART sites. Port Moresby has

limited safe, inexpensive transportation, and the project vehicle is needed for all patient referrals. However it is used for many other critical project

	NCD				Madang
	Koki	Ela Beach	Kilakila	Kaugere	Id Inad
New HIV+ Identified at HCT	10	15	15	13	13
Newly Enrolled HIV Care	24	--	17	--	34

activities. The project is working with the IAs to improve the referral system, including escorted referrals and more efficient use of the vehicles.

TX_NEW represents a large proportion of clients who are initiated on ARVs. Treatment guidelines for ART initiation in PNG are broad and encompassing, including initiation of KPs regardless of CD4 count, so initiation rates are high. The project has already surpassed the annual target for this indicator.

TB Screening has greatly increased to 84 percent in this quarter and exceeds the target. Most patients were being screened previously, however the government patient forms (which are used for patient visits at all sites) do not clearly provide this data. FHI 360 technical team provided mentoring to clinicians, case managers and M&E officers on systematized screening as well as on how to properly document TB screening. The tracking log used at the sites was modified. Documentation is still a likely issue here as there was malfunctioning of the computer at some point and they facility had to default to the old track log making it difficult to assess screening. More mentorship will be done to increase systematized screening at all sites to reach 100percent. Government tools have been revised by FHI 360 team to ensure TB screening and documentation of results, and have been piloted in the clinics starting 18 June.

2.3 Local capacity of service delivery enhanced

IR2.3 has one additional indicator for number of staff trained for service delivery, and for this the project has already exceeded the FY15 Target through practical trainings in this quarter. As noted, the external TA for Gender conducted 2 one week trainings for implementation of GBV services which will happen in the first month of the next quarter. Clinic staff were trained on application of new clinic data collection tools and these were piloted for implementation. PEs were trained for hotspot mapping, which is ongoing.

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

This objective includes the PEPFAR indicators GEND_NORM and GEND_GBV (both not measured, explained in the table), and an additional indicator for referrals. Though the indicators are not yet measured, all health care workers at the project sites in NCD and Madang participated in GBV training by the Gender Expert from FHI 360 Headquarters in order to prepare them for screening and response. Gender based violence is highly prevalent in PNG and response services are limited, therefore this is a critical service to be able to offer patients at the place where they receive care. GBV response will begin in Q4 FY15, including provision of PEP to decrease HIV acquisition in survivors of sexual GBV.

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As for referrals, there have been very few. Clinic staff have been discouraged from actively screening patients for GBV as there are no GBV services available on site and referrals are limited.

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

4.1 Monitoring and Evaluation Improved

IR4.1 includes several PEPFAR indicators measuring lab capacity (LAB_CAP, LAB_ACC, LAB_PT) and site supervision (QI_SITE and SITE_SUPP). FHI 360 supports full laboratories at Koki and Id Inad clinics, thereby continuing to meet the target. The labs are not accredited however the process has begun with an assessment of Koki clinic with the Central Public Health Lab done in a previous quarter. With the new Senior Technical Officer in the country, the lab accreditation process is moving forward in Q4.

Quality improvement initiatives have been implemented at 3 sites in NCD for the peer education program. FSOs are responsible for assessing PE progress and work with standard QA/QI tools. SITE_SUPP is listed in Table 1). This was started in Q1, however, despite follow up, the activity has not been absorbed and is currently not in practice. Other QI activities are constantly going on, but do not fall within the criteria of this indicator. For example tracking log data collection practices are being assessed and improved, implementation of guidelines around care and treatment are regularly assessed. The technical team is currently working on several QI projects for implementation, including tracking of missed patients (QA/QI tools have already been developed and implemented in Madang), QI of clinic friendliness for KPs (starting with a rigorous baseline assessment), and overall quality of care mentorship checklists that have begun to be implemented as of 1 July.

FOCUS FOR NEXT QUARTER

In the 4th Quarter of FY15, the project will focus on strengthening three key areas (1) the outreach component, (2) quality of care and retention, (3) the gender component; providing technical assistance at the national level to prepare guidelines and roll out trainings; and preparing for FY16 activities.

Outreach Component

The priority will be to finalize restructuring of the outreach program to maximize effectiveness of peer educator's activities and increase numbers reached with a comprehensive package of prevention services. The minimum package has been revised and clarified for all outreach staff and the team is working on a robust outreach program that will ensure ongoing and close connection with the KPs in the field, routine follow up visits, a robust monitoring system, and more capacity building for the outreach team.

In addition, the technical team is preparing for roll out of Mobile VCT in areas where KPs live and are involved in existing activities. This will help to increase access to HIV testing and provide a link to services through building a feeling of safety with key program staff who will be at the clinics.

Quality Component

Retention in care is a priority in all HIV projects and especially challenging when working with key populations. Tracking is being systematized at the clinic level with new tools and methods for tracking in preparation for the development of a District-wide Active Case Management system to be initiated in Q1 FY16.

One key piece for retention is clinic friendliness and sensitivity to KPs. In Q4, the project has kick started a Friendliness Assessment to ensure all services are optimally friendly to KPs and gaps will be addressed. This is being done in close collaboration with the CSO groups representing the KPs. In addition, assuring quality of care at the clinic level will be assured through formalizing QA/QI projects.

Gender Component

With the addition of the new Gender Officer, gender will be integrated into key areas of project implementation: Human resource policy, clinical implementation of GBV response services, and technical assistance to national guidelines. The GBV training which was done this quarter will be translated into practice at Kilakila and Koki clinics with strong supervision in this sensitive area. An SBC strategy for KP awareness on GBV has been developed in this quarter and materials are being developed and will be rolled out in Q4 with monitoring of impact.

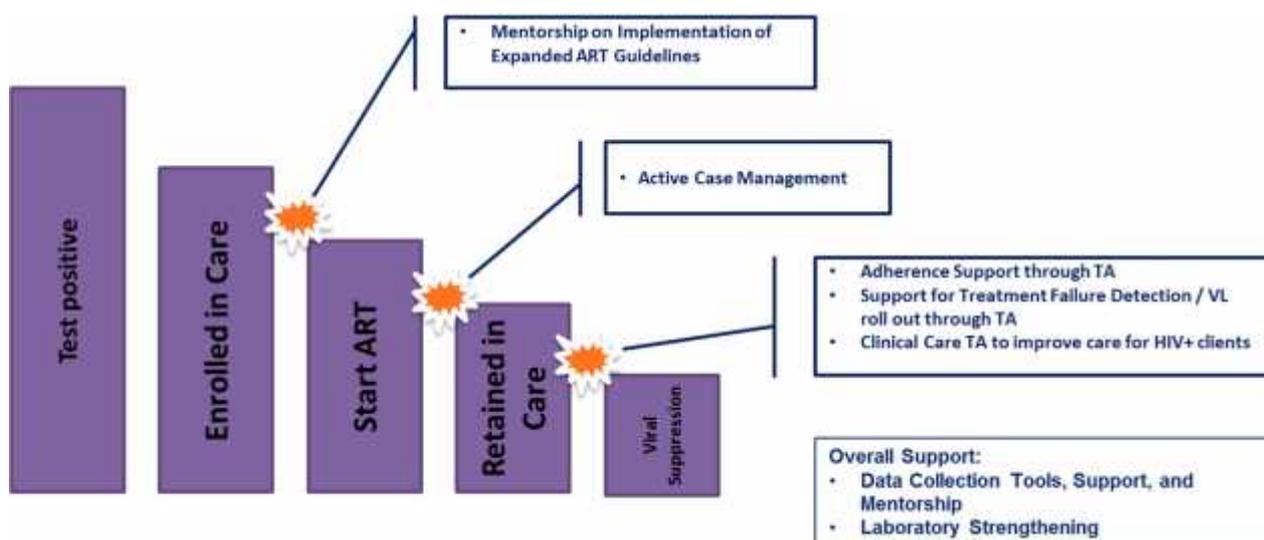
Technical Assistance to NDOH

FHI 360 is providing a leading role in Quarter 4 to finalize the revised National Guidelines for HIV Care and Treatment as well as a new Training of Trainers and Training Tools/Manuals, write the first National Gender Based Violence Management Guidelines, and revise the National STI Management Guidelines to include adapted management guidelines for KPs. The project hopes to finalize all of these in this quarter and roll out the trainings to provide needed capacity building for staff.

Preparing for Quarter 1, Fiscal Year 2016.

FHI 360 is answering the global call by UNAIDS and PEPFAR to reach the 90:90:90 goal for elimination of HIV. As above, implementing a robust exit strategy for handing over Madang is a priority. For NCD, planning and meetings are underway to work collaboratively with CDC as well as NCD Health and many of the partners in the NCD area to extend FHI's TA into other ART sites to improve all components related to KP care and treatment: testing, enrollment in care, retention/adherence, and viral load suppression.

The project will partner with CDC to bring Technical Assistance to the other sites as shown by the following diagram.



Meetings have been held with NCD Health and the team there has responded very positively to the project's proposal. Adaptations of QA/QI activities, active case management to decrease loss to

follow up, viral load and enhanced adherence support, and capacity building will be components of the package.

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			
202,220	190,311	11,909	The printing of communication materials is postponed to next quarter. The EOA approach is based on performance based incentive to PEs. Despite the increase in the number of KPs reached in the quarter, the achievement is not as per the target. The budget allocated for incentive payment by implementing partners was not thus fully utilized.
Objective 2 (IR 2.2): To increase supply of HIV/AIDS services for MARPs, their sexual partners, and their families			
200,771	169,764	31,007	Training on STI diagnosis and treatment and the roll out of the new HIV care and treatment guideline was not conducted during the quarter as the STI standard operating guideline is not complete and the Care and Treatment guideline is in print.
Objective 3 (IR 2.3): To increase use of facility- and community-based gender and GBV interventions			
185,934	158,077	27,857	Though training is conducted to clinical and outreach team, the roll out of services has not been implemented fully in the reporting period. FHI 360 employed gender officer in July and the roll out of GBV screening will take place during the next quarter
Objective 4 (IR 2.4): To strengthen health systems for HIV/AIDS service delivery			
156,775	157,353	(578)	
Total Indirect Cost			
242,434	210,023	32,411	

SNAPSHOT



SOS Call from Gaubin Rural Hospital

Gaubin Rural Hospital (GRH) is the only district referral hospital in Sumkar District, catering for a population of about 80,000 people in Karkar Island and Bagbag Island. The facility also serves as the ONLY ART site for that population. There are 44 registered PLHIV in the hospital. 22 of them have been initiated on ART, but only 12 (including 3 children <15yrs) were active on ART.

On the 22nd of May 2015, the Madang Provincial Disease Control Office was notified of the desperate situation created by the sudden exit of the only trained ART prescriber attached to the Hospital. The facility was left with neither an ART Prescriber nor an HCT staff, as the staff also doubled as an HTC counsellor. The immediate concerns were

- Lack of access to ARVs by registered PLHIV on treatment;
- No access to follow up evaluation for returning clients on OIs;
- Lack of access to quality HCT services for walk in clients.

This situation generated serious concerns especially among surviving PLHIV in that community. The concerns were immediately brought to the attention of Modilon General Hospital (MGH), Provincial Disease Control Office (PDCO), NDoH and FHI 360 (at the time on joint supportive supervisory visit to sites in Madang with NDoH).

The Authorities responded swiftly and positively to the situation. At the request of Dr Dala (HIV/STI Program Manager, NDoH) and Madang PHO, FHI 360 took up the responsibility of supporting the travel cost of Dr. Susan Kima, a Medical Officer at Id Inad Clinic (a PEPFAR supported ART Clinic) and Darryl Raka, the Project Coordinator for Madang PHO to visit the island, assess the

situation at the hospital, and provide temporary coverage as necessary.

With the support from FHI 360, Dr Kim was able to provide services to clients for two weeks, provide mentoring support to the hospital staff, and establish temporary support system and linkages with neighbouring health facilities. The Project Coordinator for Madang PHO was able to visit the island for the first time to meet with stakeholders.

NDoH promptly mobilized ARVs and Rapid Test Kits to the facility and is taking steps to ensure that another staff from the facility is sent for IMAI training as soon as possible. Meanwhile, Dr Kima will continue to visit the facility every two weeks for supportive supervision pending the replacement of the ART prescriber. Her visit will continue with support for Modilon General Hospital and Madang PHO.



Project Coordinator, Madang PHO

'Thank you so much FHI 360 for your prompt response to assist and ensure that Dr Susan Kima, Id Inad's Medical Officer could visit Gaubin and respond to our urgent call.'

- Darryl Raka, Project Coordinator Madang PHO.