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USAID HIV Support in Papua New Guinea

Cooperative Agreement No. 72049218CA00008

FY 2021 **ANNUAL** IMPLEMENTATION PLAN

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Abbreviations and Acronyms

ACM	active case management
AHD	advanced HIV disease
AIP	annual implementation plan
ANC	antenatal care
APNG	Anglicare PNG
APRO	Asia-Pacific Regional Office
ART	antiretroviral therapy
ASAP	Accelerate and Scale the Asia Program
ASP	Above site program
CBS	Case-based surveillance
CDC	U.S. Centers for Disease Control and Prevention
COP	country operational plan
COVID-19	coronavirus disease caused by the novel corona virus discovered in 2019
CPHL	Central Public Health Laboratories
CrAg	Cryptococcal Antigen
CSO	civil society organization
C&T	Care and treatment
DDD	Decentralized drug distribution
DEC	data entry clerk
DQA	data quality assessment
DSD	Direct service delivery
DSDM	Differentiated service delivery model
DTG	dolutegravir
DTT	decision tree tool
EDTA	ethylenediamine tetra-acetic acid
FBO	faith-based organization
FY	fiscal year
FSW	female sex worker
GBV	gender-based violence
GEND_GB	number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoPNG	Government of Papua New Guinea
GP	general population
HCW	health care worker
HFR	high-frequency reporting

HPDB	HIV Patient Database
HQ	headquarters
HR	human resources
HTS	HIV testing services
HTS_INDEX	number of individuals who were identified and tested using Index testing services and received their results
HTS_TST	number of individuals who received HIV Testing Services (HTS) and received their test results
HWW	Hope World-Wide
ICFPT	index client family and partner testing
IPC	infection prevention and control
IPV	intimate partner violence
KP	key population
KPMIS	key population management information system
LLHS	Living Light Health Services
LTFU	lost to follow-up
MER	monitoring, evaluation and reporting
M&E	monitoring and evaluation
MMD	multi-month dispensing
MSF	Médecins Sans Frontières
MSM	men who have sex with men
NACS	National AIDS Council Secretariat
NCD	National Capital District
NCDHS	National Capital District Health Services
NCDPHA	National Capital District Provincial Health Authority
NDoH	National Department of Health
NGO	nongovernmental organization
NOC	National Operations Center
NSD	Non-service delivery
NUIC	National Unique Identifier Code
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHO	Provincial Health Office
PLHIV	people living with HIV
PNG	Papua New Guinea
PNS	partner notification services
PP	priority population
PPE	personal protective equipment
PrEP	pre-exposure prophylaxis

Q	quarter
Q-MAP	Quality Management and Accountability Program
QA	quality assurance
QI	quality improvement
ROP	regional operational plan
SEA	sexual exploitation and abuse
SDART	same-day antiretroviral therapy
SGBV	sexual and gender-based violence
SI	strategic information
SIMS	Site Improvement through Monitoring System
SOE	State of emergency
SOP	standard operating procedure
STI	sexually transmitted infection
TA	technical assistance
TB	tuberculosis
TG	transgender
TLD	tenofovir-lamivudine-dolutegravir
TWG	technical working group
TX_CURR	number of adults and children currently receiving antiretroviral therapy
TX_ML	number of ART patients (who were on ART at the beginning of the quarterly reporting period) and then had no clinical contact since their last expected contact
TX_NEW	number of adults and children newly enrolled on antiretroviral therapy (ART)
TX_PVLS	percentage of ART patients with a suppressed viral load (VL) result (<1000 copies/ml) documented in the medical or laboratory records/laboratory information systems (LIS) within the past 12 months
TX_RTT	number of ART patients with no clinical contact (or ARV drug pick-up) for greater than 28 days since their last expected contact who restarted ARVs within the reporting period
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development
VCT	voluntary counseling and testing
VL	viral load
WHO	World Health Organization

Background/Introduction

The U.S. Agency for International Development (USAID) granted funding to FHI 360 for the implementation of the US\$13.2-million project, USAID HIV Support in Papua New Guinea (the Activity), from October 1, 2018 to September 30, 2023. The Activity takes into account the lessons learned from the previous USAID-supported project (Strengthening HIV/AIDS Services for Key Populations in Papua New Guinea Program) and the findings of the integrated bio-behavioral survey (IBBS) conducted in three locations (Port Moresby (POM), Lae and Mount Hagen) in Papua New Guinea (PNG) in 2017. The Activity continues to focus in Port Moresby in the National Capital District (NCD). NCD was selected due to the high HIV prevalence among key populations and the general population.¹ According to the National STI/HIV and AIDS Report 2018, 32.6 percent of newly diagnosed HIV infections in 2017 were in NCD. With additional support from PEPFAR through the Activity, PNG aspires to achieve HIV epidemic control in NCD by 2023.

The Activity's vision is that, by 2023, a strong and resilient national health system will support the delivery of integrated, high-quality and key and at-risk population (KP) friendly HIV, sexually transmitted infection (STI) and gender-based violence (GBV) services that incorporate institutionalized models, best practices, tools and strategies. The public health system will be complemented by a high-capacity civil society that contributes to HIV epidemic control and employs an attentive approach to addressing the way unequal gender norms negatively affect the HIV response.

Strategic objectives, pillars and key interventions

- **Strategic Objective 1:** Support the Government's work to roll out Test and Start and viral load testing in the National Capital District and nationwide.
- **Strategic Objective 2:** Provide technical assistance to develop sustainable HIV, sexually transmitted infection and gender-based violence prevention and service delivery models for key populations.
- **Strategic Objective 3:** Support improved data collection and use at the national and provincial levels to maximize the impact of current and future integrated bio-behavioral survey results.

Although the Activity was originally designed to extend targeted technical assistance (TA) to Mt. Hagen and Lae, the geographic focus was revised in year one to prioritize key interventions that will contribute to achieving epidemic control in NCD, the highest HIV-burden province, that are aligned to the global 95-95-95 goals, and in accordance with the regional operational plan (ROP) 2019. In year two, PEPFAR awarded the project in PNG an additional \$1,475,000 USD incentive funds over two years as part of \$2M awarded to PNG under the "Accelerate and Scale the Asia Program (ASAP)" to fast-track the interventions towards attainment of 95-95-95 saturation in NCD. This additional funding is intended to help the Activity implement specific direct service delivery (DSD) activities and address critical programmatic gaps (especially human resource and commodities) that are not covered by the original award. ASAP funding complements the original grant to achieve these goals and objectives.

¹ National Capital District (NCD) has HIV prevalence at 1.52%, WHP at 1.34 % and Morobe at .86 %. The 2017 integrated bio-behavioral survey (IBBS) showed that the prevalence of HIV among female sex workers (FSW) ranges from 11.9% to 19.6%. Among men who have sex with men (MSM) and transgender (TG) the prevalence of HIV ranges from 7.1% to 8.5%.

To help the PNG government attain epidemic control, the Activity (with contribution from both funding streams- ROP 19 and ASAP) will focus on:

- increasing efficient HIV case-finding with emphasis on index testing
- ensuring linkage and initiation on HIV treatment for all identified PLHIV with emphasis on same day or rapid ART initiation
- improving retention on HIV treatment with emphasis on differentiated service delivery models (DSDM) including multi-month dispensing (MMD) and ‘active case management and follow-up’ as the primary components
- ensuring high (i.e. $\geq 95\%$) viral suppression among those on HIV treatment with emphasis on transition to Tenofovir-Lamivudine-Dolutegravir (TLD) regimens
- reducing the impact of GBV on HIV transmission and on care and treatment of people living with HIV (PLHIV) including intimate partner violence.
- strengthening the procurement and supply chain management to ensure adequate supplies of HIV related commodities (ARVs, test kits and VL reagents) to meet program demands.
- Continuous quality improvement including community-led monitoring.
- building the capacity of local organizations to implement HIV programs, and
- supporting government effort to build a sustainable strategic information system that meets critical information needs for the HIV program.

This document provides details on expected accomplishments, key strategies and planned interventions by technical areas that will be implemented in FY 2021 with combined funding from ROP 20 and ASAP in order to achieve the FY 2021 targets. Interventions are aligned to key technical areas per the USAID, COP2020/FY2021 Technical Language guidance including:

- | | |
|---|--|
| 1. Key Populations (KP) | 8. TB/HIV |
| 2. HIV Testing Services | 9. GBV Clinical Response |
| 3. ARV Optimization | 10. Commodity Oversight |
| 4. Treatment Growth/New Clients | 11. Laboratory Network Optimization for VL and EID |
| 5. Treatment Growth/Retention Standards of Care | 12. Quality Management/Improvement (QM/QI) |
| 6. Multi-month Dispensing (MMD) | 13. Transition to Local Partners |
| 7. Viral Load Testing/Suppression | |

Interventions also align with the ROP 20 program areas and respond to the key system barriers identified during the ROP process.

Project Progress to date

FHI 360 commenced operations under the Activity in FY 2019, with introductory visits to government partners in the initial focus provinces (NCD, Lae and Mt Hagen) to facilitate project orientation and conduct kick-off meetings with partners and clinic leads. FHI 360 also conducted baseline assessments of all supported clinics (nine in NCD, nine in Lae, and five in Mt Hagen). The categorization of PNG as a tier III country in the 2018 trafficking in persons report and the US government shutdown resulted in a delayed start. These, in addition to the shortage of essential HIV commodities (including ARVs, rapid test

kits and VL commodities) during FY19 Q1 and FY 19 Q2 significantly impeded implementation of the FY 2019 workplan. The change in technical priorities with new benchmarks for the FY after the 2019 PEPFAR Regional Operational Plan (ROP)/Country Operational Plan (COP) meeting in April 2019 necessitated major changes to the program strategy with a revision of FY 2019 Annual Implementation Plan (AIP) in the third quarter. The changes provided for more focused interventions in NCD with very limited TA support to Lae and Mt. Hagen for the remainder of the performance period. Despite these challenges, the Activity successfully supported the finalization and roll out of the 2019 National HIV Care and Treatment Guidelines, which incorporated index testing, TLD, DSDM with MMD, management of Advanced HIV Disease (AHD) and routine GBV screening for registered PLHIV; commenced implementation of Index Client Family and Partner Testing (ICFPT) (with screening for and mitigation against Intimate Partner Violence (IPV) as an integral component) and Active Case Management (ACM) in all nine supported ART clinics in NCD; linked all supported ART sites to the viral load (VL) program; integrated GBV into HIV services in five ART clinics and reinvigorated the NDoH led Gender Technical Working Group (TWG); provided TA on forecasting and quantification for all HIV commodities for the 2020 calendar year; and commenced high frequency reporting (HFR).

The Activity's main priorities for FY 2020 were to consolidate ICFPT and ACM implementation; roll-out TLD and MMD in line with the 2019 National HIV Care and Treatment Guidelines; improve linkage and retention through the 'back-to-care' program; optimize VL services; support the finalization and roll-out of the Sexual and Gender-based violence (GBV) Clinical Guidelines; commence implementation of sub grants for civil society organizations (CSOs); and improve data quality and utilization, while strengthening TA to the government on supply chain management and to the GFATM on KP programming. To address the challenges related to human resources and commodities, the Activity successfully applied for the Accelerate and Scale the Asia Program (ASAP) under the PEPFAR incentive fund initiative. Unfortunately, the outbreak of the COVID-19 pandemic and the state of emergency (SoE) declared by the PNG government and related restrictions and re-purposing of service providers hindered smooth implementation of the FY 2020 workplan, with significant impact on short term technical assistance (STTA). However, the COVID-19 contingency plan developed and implemented with support from USAID has helped minimize the impact of the pandemic on the program. Implementation of ICFPT services was not only impacted by the SoE, but also by the temporary halting of index testing for KPs as directed by PEPFAR.

By the end of the Q2 FY 2020, TLD was fully implemented in NCD; GBV services were integrated in seven out of nine supported ART sites and two CSOs, Anglicare PNG (APNG) and Hope World-Wide (HWW), had received funding, while Living Light Health Services (LLHS) joined the Activity under the sub-grant component. Forecasting and quantification was supported for 2021 – 2023 calendar years for the National HIV program, while revised national surveillance tools were printed and ready for deployment. Two clinics (Begabari and Kaugere) commenced community ARV dispensing services as part of DSDM and a framework for community ART services was established. Acceptance rate and testing yield for ICFPT in FY20 was at 91% (251/276) and 39% (51/131), respectively. 51.1% (2,442/4781) of PLHIV on treatment in FY20 Q2 were on MMD of 3 or more months. Results from active case management activities show that 96% (1,332/1,384) of appointment defaulters and clients lost to follow-up (LFTU) were successfully tracked and reconnected to treatment. Viral load testing reports show that 85.4% (2,153/2,552) who had documented evidence of VL test within the last twelve months were virally suppressed.

Mitigation against COVID-19 pandemic

On March 11th 2020 WHO declared COVID-19 a pandemic. Since the emergence of the virus, PNG has been on high alert with heightened awareness and emphasis on prevention and rapid containment activities including: nationwide lockdown, which began March 24th 2020 following the announcement of the first case in country by the Prime Minister of PNG Hon James Marape; and a ban on international travel with restrictions extending for up to six-months and restrictions to internal travel. The Government of PNG through the National Department of Health (NDOH) also developed a National Preparedness and Response Plan that outlines the strategic components for managing a public health response to COVID-19.

In addition, the Joint Agency Task Force, set up by the Government of PNG, developed a National Operations Center (NOC) - Communication Plan on Coronavirus Disease 2019. The USAID HIV Support to PNG Activity supports the National Preparedness and Response Plan through additional COVID-19 non-PEPFAR funds. The Plan identifies ten priority areas: 1) incident management and planning; 2) surveillance, risk assessment and rapid response; 3) laboratory; 4) clinical management and health care services; 5) infection prevention and control; 6) non-pharmaceutical public health measures; 7) risk communication and community engagement; 8) points of entry; 9) operational logistics 10) partner coordination. Response actions fall along a continuum of two strategic approaches: containment² and mitigation³.

Guided by the government's strategy and guidelines from PEPFAR, USAID and FHI 360 HQ, The Activity developed a contingency/business continuity plan to mitigate the potential impact of the pandemic on the project activities and results. The main objectives of the plan were to ensure that in the worst-case scenario PLHIV continue to have access to medications and other essential care, and to reduce the risk of COVID-19 infection among patients, service providers and other project staff while sustaining implementation of essential project activities. MMD was the main strategy to ensure that PLHIV remain on ART throughout the period of lockdown. To reduce the risk of COVID-19 infection among patients, service providers and other project staff the Activity ensured the observance of social distancing and personal hygiene (disinfection, frequent hand washing and use of hand sanitizers) in the implementation of activities. Personal protective equipment (PPE) including barrier masks and latex gloves from different sources were made available to services providers and project staff. To ensure that mentoring and monitoring activities are sustained, the Activity provided essential project staff with necessary IT support, including laptops, internet bundle plan and phone credits, to enhance working remotely. A staggered office arrangement and bus service were also provided to facilitate a safe working environment for staff needing to work from the office at any time.

FHI 360 continues to participate in the various cluster coordination meetings (including logistics, gender, WASH, communication etc.) facilitated by the government to harness and leverage partners' support for the national response.

² Containment refers to stopping or slowing the spread of a new disease.

³ Mitigation refers to the set of public health actions PNG can take to minimize the health, social and economic impact of the epidemic once COVID-19 is widely circulating in country.

In FY 2021 the Activity will continue to follow guidance provided by the PNG government and PEPFAR through USAID to ensure that program beneficiaries continue to have access to essential HIV and GBV related services, while following stipulated protocols to minimize the risk of exposing beneficiaries, service providers and other project staff to COVID-19 infection. The Activity will continue to leverage additional resources offered by the USAID funded COVID-19 response program and other donor support to mitigate potential impact of the pandemic on program results and participants.

Program Narrative (by technical priorities):

Technical Priority Area 1.0: HIV Testing

Expected accomplishments and key results

In FY 2021, FHI 360 will continue implementing HTS in 9 sites located in National Capital District and extend to 6 new sites in the same district. FHI 360 will strengthen and scale up index client family and partner testing (ICFPT) and focused voluntary counselling and testing (VCT)

Index client family and partner testing scale up plans:

FHI 360 will ensure safe and ethical delivery of index client family and partner testing services in all sites and by all service providers. This includes adverse events monitoring, QA/QI for all index testing ensuring WHO minimum standards including IPV screening and referrals.

- Ensure 100% offer of voluntary index testing services to all newly diagnosed persons and those virally unsuppressed.
- Ensure all index testing meets the WHO 5C minimum standards
- Increase yield from index testing to a minimum yield of 30% for adults (i.e. >15y).
- Provide multiple options for delivering index partner testing for different client preferences including anonymous methods for PLHIV not ready or willing to disclose.
- With informed consent, aim to elicit at least 1.5 adult contacts per index adult and conduct quarterly evaluation of progress.
- Conduct routine enquiry for intimate partner violence for all those offered partner notification services and ensure that the minimum response package will be in place for those disclosing violence or fear of violence.
- Ensure at least 80% of contacts (adults and biological children) are reached and offered HIV testing.
- Provide client-centered services and ensure no coercion is occurring.
- Ensure site level index HTS data quality and privacy to protect index clients and contacts.
- Link negative partners in sero-discordant relationships to a minimum package of prevention services.
- Start positive partners and children on antiretroviral treatment (ART) at their preferred site for ART enrolment.

Strengthening focused HIV testing services:

- Implement interventions and measures to ensure > 95% linkage to treatment.
- Offer client centered same day ART to all eligible PLHIV clients.
- Strengthen use of the decision tree tool to categorize risk of clients accessing HTS and provide them with targeted support.
- Tailor HTS approaches to minimize unnecessary HIV testing (retesting of recent negatives, eliminating 'window period' testing where there is no recent exposure) and maximize coverage for those with clinical signs/symptoms and/or disclosed risks.

- Monitor ongoing monthly outcomes to inform approaches (e.g. if high positivity in age-sex bands, increasing coverage) and will identify low volume-low positivity sites or high volume-low positivity sites for improvement.

Activities:

- 1.1 Support health facilities to provide safe and ethical index testing services
- 1.2 Ensure that all PLHIV who are newly identified or on treatment and virally unsuppressed are routinely offered index testing in line with the 2019 HIV Care and Treatment Guidelines
- 1.3 Strengthen the skills of HCW in partner elicitation and providing multiple options for partner notification.
- 1.4 Scale-up ICFPT services to additional health sites including ART sites that are not currently supported by PEPFAR and selected high yield non-ART testing sites.
- 1.5 Integrate index testing into community/outreach testing, in partnership with GF and CSOs.
- 1.6 Provide technical assistance to NDoH to update and implement HIV counselling and testing guidelines.
- 1.7 Support NCD PHA and sites to ensure >95% linkage to ART.

Name of activity: 1.1 Support health facilities to provide safe and ethical index testing services

Activity Categorization: Non-service delivery; Site level.

Beneficiary: Non-Targeted, non-disaggregated.

Program area/Alignment with ROP 20: HIV Testing Services (HTS).

Sub recipients: Anglicare Stop-AIDS, Hope World-Wide, Living Light Health services and others TBD

Description of activity:

Activity 1.1.1: Support health facilities to implement site specific quality improvement plans developed after ICFPT assessment conducted in FY 2020.

Name of activity: 1.2 Ensure that all PLHIV who are newly identified or on treatment and virally unsuppressed are routinely offered index testing in line with the 2019 HIV Care and Treatment Guidelines

Activity Categorization: Non-service delivery; Site level.

Beneficiary: Non-Targeted, non-disaggregated.

Program area/Alignment with ROP 20: HTS.

Sub recipients: Anglicare Stop-AIDS, Hope World-Wide, Living Light Health services and others TBD.

Description of activity:

Activity 1.2.1 Conduct ICFPT training for HCW who are newly recruited or not yet trained on ICFPT.

Activity 1.2.2 Mentor and supervise HCW to build their capacity in using motivational interviewing (MI) skills in offering ICFPT for both newly diagnosed PLHIV and those previously identified and on treatment but virally unsuppressed.

Activity 1.2.3 Print and distribute ICFPT registers and stickers.

Activity 1.2.4: Mentor and conduct supportive supervision to HCWs to utilize other partner notification methods in ICFPT.

Name of activity: 1.3 Strengthen the skills of HCW in partner elicitation and providing multiple options for partner notification.

Activity Categorization: Non-service delivery; Site level.

Beneficiary: Non-targeted, non-disaggregated.

Program area/Alignment with ROP 20: Human resources for health.

Sub-recipients: Anglicare Stop-AIDS, Hope World-Wide, Living Light Health services and others TBD.

Description of activity:

Activity 1.3.1 Explore and implement alternative options of partner notifications services (including anonymous referrals using coupons) to improve uptake of index testing among partners.

Activity 1.3.2 Review and assess current partner notification services through focus group discussions (FGDs) with HCW and beneficiaries who have successfully brought in contacts through ICFPT.

Activity 1.3.3 Develop and print SOP, IEC materials, posters and coupons with technical support from FHI 360 Asia Pacific Regional Office (APRO).

Activity 1.3.4 Disseminate SOPs and IEC materials for HCW and clients.

Activity 1.3.5 Provide ongoing mentoring and supportive supervision on partner elicitation and notification services.

Name of activity: 1.4 Scale-up ICFPT services to additional health sites including ART sites that are not currently supported by PEPFAR and selected high yield non-ART testing sites.

Activity Categorization: Non-service delivery; Site level.

Beneficiary: Non-targeted, non-disaggregated.

Program area/Alignment with ROP 20: HTS-NSD.

Sub-recipients: Anglicare Stop-AIDS, Hope World-Wide, Living Light Health services and others.

Description of activity:

Activity 1.4.1. Provide TA and HR support to NCD Provincial Health Authority (PHA) to integrate ICFPT in their services.

Activity 1.4.2. Conduct joint site assessments with NCD PHA of non-PEPFAR supported clinics with high testing yield to assess capacity for ICFPT.

Activity 1.4.3: Support recruitment of additional HR for ICFPT in non-PEPFAR clinics in NCD.

Activity 1.4.4 Train and mentor services providers for non-PEPFAR supported ART sites and high testing yield HTS sites to implement ICFPT.

Name of activity: 1.5 Integrate index testing into community/outreach testing, in partnership with GF and CSOs.

Activity Categorization: Non-service delivery, site level

Beneficiary: Non-targeted, Non-disaggregated

Program area/Alignment with ROP 20: Policy, planning, coordination & management

Sub recipients: Anglicare Stop-AIDS, Hope World-Wide, LLHS and others TBD

Description of activity:

Activity 1.5.1. FHI 360 in partnership with the Global Fund for AIDS TB and Malaria (GFATM) and the Key Population (KP) Consortium will conduct a consultation meeting on integrating ICFPT into community HIV testing and self-testing.

Activity 1.5.2 Provide TA to the KP Consortium to develop an SOP for ICFPT in community HIV testing services.

Activity 1.5.3: Conduct ICFPT training for outreach workers.

Activity 1.5.4: Facilitate monthly ICFPT coordination meetings with field coaches on ICFPT implementation progress.

Activity 1.5.5: Conduct advocacy and stakeholders' consultation on self-testing to understand the feasibility and concerns regarding integrating self-testing into the national HIV care package.

Name of activity: 1.6 Provide technical assistance to NDoH to update and implement HIV counselling and testing guidelines.

Activity Categorization: Non-service delivery; Above site level

Beneficiary: Non-targeted, non-disaggregated

Program area/Alignment with ROP 20: ASP-Policy, planning, coordination and management-NSD

Sub recipients: Not applicable

Description of activity:

Activity 1.6.1: TA to NDoH to review and update national HIV counselling and testing guidelines and to adapt the three HIV test algorithm to the PNG context.

Activity 1.6.2: Print SOPs, disseminate and orient service providers on the new guidelines

Activity 1.6.3: Support NDoH to conduct one national level training and provincial training for NCD-PHA on the new national HIV counseling and testing guidelines.

Name of activity: 1.7 Support NCD PHA and sites to ensure >95% linkage to ART.

Activity Categorization: Service delivery; Site level

Beneficiary: Non-targeted, Non-disaggregated

Program area/Alignment with ROP 20: HTS

Sub recipients: Not applicable

Description of activity:

Activity 1.7.1: Provide escorted referrals as the model of care for newly diagnosed PLHIV for ART enrolment at their preferred ART clinics.

Activity 1.7.2: Provide TA and capacity strengthening to CSOs to implement approaches to improve linkage of PLHIV to treatment. This includes clients diagnosed through outreach and health facility interventions, ICFPT or other models of HIV testing.

Activity 1.7.3: Train and mentor HCWs to utilize the counselling tool kit to address issues of positive health and dignity and other factors that improve linkage and adherence to ART.

Technical Priority Area 2.0: ART Optimization

Expected accomplishments and key results

By the end of FY 2020 all clients on antiretroviral therapy in PEPFAR funded sites will have transitioned to Tenofovir-Lamivudine-Dolutegravir in line with the WHO recommended ART regimens and the 2019 national HIV care and treatment guidelines.

In FY 2021, FHI 360 will continue supporting the national TLD transition plan and ensure that newly registered adults and children are on appropriate and effective ART regimen. FHI 360 will report MER-recommended regimen disaggregation for TX_CURR at all sites supported in FY21.

Activities:

2.1 Conduct a mop-up exercise and verify that all eligible clients safely transitioned to TLD and all newly registered clients start TLD.

2.2 Provide TA to NDoH and NCD to monitor adverse drug events associated with TLD transition.

Name of activity: 2.1 Conduct a mop-up exercise and verify that all eligible clients safely transitioned to TLD and all newly registered clients start TLD.

Activity Categorization: Non-service delivery; site level

Beneficiary: Non-targeted, non-disaggregated.

Program area/Alignment with ROP 20: Care and Treatment (C&T): HIV Clinic Services-NSD

Sub recipients: Not applicable

Description of activity:

Activity 2.1.1: Review records of all PLHIV currently on treatment to ensure 100% transition to TLD.

Activity 2.1.1: Assess or identify barriers to transition and provide targeted support to clients who have not transitioned.

Name of activity: 2.2 Provide TA to NDoH and NCD to monitor adverse drug events associated with TLD transition.

Activity Categorization: Non-service delivery; above site and site level

Beneficiary: Non-targeted, non-disaggregated.

Program area/Alignment with ROP 20: ASP: Policy, planning, coordination & management-NSD

Sub recipients: Not applicable

Description of activity:

2.2.1 Provide TA to NDoH on real-time monitoring adverse events to TLD and other ARVs by close clinical supervision and record monitoring of the national HIV/AIDS Patient Database (HPDB).

2.2.2 Provide mentoring support to clinics to regularly submit adverse drug reaction (ADR) forms in a timely fashion.

2.2.3 Provide technical support to health facilities in management of clients with side effects to TLD and other ARVs.

Technical Priority Area 3.0: Treatment Growth/New Clients

Expected accomplishments and key results

FHI 360 will monitor and document common barriers to retention among new clients initiated on ART during the first 6 months following diagnosis and rapid ART initiation. FHI 360 will address these barriers by implementing a “First 180 Days” package of services for all new clients at 9 sites including the following:

- Assessing client’s readiness to start ART to ensure client centered HIV care and treatment and supporting eligible clients who defer same day treatment (SDART).
- Identifying clients newly started on treatment who are at high risk for LTFU, and using this information to understand what characteristics make a new client more likely to be LTFU.
- Providing targeted and enhanced counselling, case management, evaluation and support
- Providing a comprehensive package of care with focused attention on clients with advanced HIV disease.
- Providing peer navigator support (e.g. navigating health facility and appointments, medication pick-ups, follow-up care).
- Sending appointment reminders using the preferred client method, for example bi-directional SMS, phone calls, etc.
- Providing site -level technical support for ART sites to develop client flows that meet medical care needs of stable and unstable clients, with a focus on reducing waiting time in the health facility.
- Providing missed appointments tracking within 3 days of missed scheduled appointment
- Specific interventions to improve retention of KPs on treatment during the first 6 months including using peers as treatment buddies and community distribution of ART targeting KP frequented venues and preferred places.

Activities:

3.1 Conduct Root Cause Analysis (RCA) and address barriers to initiation of ART and reasons for treatment drop out in the first 6 months after starting treatment.

3.2: Improve documentation and case-based monitoring of newly diagnosed PLHIV through linkage to care and treatment.

Name of activity: 3.1 Conduct Root Cause Analysis (RCA) and address barriers to initiation of ART and drop out of treatment in the first 6 months after starting treatment.

Activity Categorization: Non-service delivery; site level

Beneficiary: CSO, Non-targeted, non-disaggregated.

Program area/Alignment with ROP 20: C&T: HIV Clinic Services-NSD

Sub recipients: Not applicable

Description of activity:

Activity 3.1.1: Document barriers to initiation and early retention on treatment by conducting interviews among clients who return after LTFU or who opt out on treatment.

Activity 3.1.2: Develop “First 180 Days” differentiated package of services on common barriers (policies, client flow, transportation barriers etc.) and mitigation measures.

Activity 3.1.3: Print, disseminate and conduct orientation meeting with CSOs and health care workers on the 'First 180 Days' package of services.

Activity 3.1.4: Provide TA to facilities to implement the package of services (appointment reminders, linkage approaches including different testing modalities, medication pick-ups).

Name of activity: 3.2: Improve documentation and case-based monitoring of newly diagnosed PLHIV through linkage to care and treatment.

Activity Categorization: Non-service delivery; site level

Beneficiary: Non-targeted, non-disaggregated.

Program area/Alignment with ROP 20: C&T: HIV Clinic Services NSD.

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide, IGAT Hope

Description of activity:

Activity 3.2.1 Provide TA to ART prescribers/HTS counsellors to ensure that information on ART initiation among those newly detected in the clinic is recorded both in HTS register and the HPDB.

Technical priority Area 4.0: Treatment Growth/ Retention Standards of care

Expected accomplishments and key results

FHI 360 will implement basic standards of care to facilitate retention and mitigate loss to follow-up for all clients on ART in 9 sites including Heduru, Begabari, Lawes Road, Nine-Mile, Six-Mile, Gerehu Hospital, Tokarara, Koki and Kaugere. This includes:

- Tracking client appointment dates using the HIV Patient Database (HPDB).
- Sending out appointment reminders using the client's preferred method (e.g. bi-directional SMS, phone call, etc).
- Verifying and updating contact information at every visit (with on-site/real time verification of phone number).
- GBV screening for all clients on treatment and providing/linking survivors to post GBV care.
- Performing routine continuous quality improvement (CQI) in facilities to improve patient-centered quality of care (e.g. reducing waiting times, creating destigmatizing and patient-friendly clinic environments, improving HCW-patient communication, etc.).
- Actively tracking clients who miss appointments targeting reconnection before ART supplies run out.
- Tracking and reconnecting clients LTFU (over 28-day) and supporting them to address client specific barriers to retention.
- Training, providing SOPs, and mentoring HCWs to practice a "welcoming attitude" to clients returning after interrupted treatment, addressing barriers to restarting and retention on ART; and providing KP sensitive and friendly services.

Additionally, FHI 360 will implement stratified levels of services as appropriate for clients at higher risk of loss to follow-up. These services include 1) fast-tracking in waiting rooms and pharmacies 2) appointment spacing 3) easy access to ART, multi-month dispensing for clients who by virtue of their occupation face difficulties coming regularly to clinics decentralized drug distribution; community adherence groups) 4) intensified case management targeting clients at high risk of LTFU 5) treatment

enablers for vulnerable clients (e.g. transportation cost refund and food for clients with advanced HIV disease).

FHI 360 will support the following approaches to health worker staffing for retention services. In addition to the case management coordinator who coordinates ACM activities in the province, compiling data from all sites and tracking clients between facilities, the health worker staffing model used for retention services includes a case management team at each facility composed of:

- ART prescriber (nurse or other clinician)- these are government employed health workers.
 - Adherence counsellor (commonly a peer counsellor) – who profiles clients and provides targeted adherence support. This is a project recruited staff member usually 1 per facility.
 - Expert client/Tracker – tracks and reconnects clients who miss appointments (project staff).
 - Data entry clerk – maintains electronic client records (project staff) including the clinic HPDB.
- In FY 2021, FHI 360 will explore linking health facility case management with GF supported community-based peer educators.

Activities:

4.1: Enhance Active Case Management (ACM) to retain clients on treatment and to rapidly track clients who miss appointments before the client runs out of buffer stock of ART.

4.2: Provide targeted support to PLHIV returning after interrupted treatment and others at high risk for treatment interruption.

4.3: Implement differentiated and decentralized drug distribution modalities as a patient-centered approach to increase convenience and reduce barriers to retention through strategic placement of new pick-up points.

4.4: Continue PEPFAR’s support to ART sites in NCD including facility-based human resources to support a surge in direct HIV service delivery.

4.5: Strengthen management of clients with advanced disease

Name of activity 4.1: Enhance Active Case Management (ACM) to retain clients on treatment and to rapidly track clients who miss appointments before the client runs out of buffer stock of ART.

Activity Categorization: Service delivery; site level

Beneficiary: Non-targeted, Non-disaggregated

Program area/Alignment with ROP 20: C&T: HIV Clinic Services-NSD

Sub-recipients: Anglicare, Living Light Health Ministries, Hope World-Wide, IGAT Hope and others TBD

Description of activity:

Activity 4.1.1: Provide TA to ART sites to streamline flow of clients at health facilities to be responsive to clients’ differentiated health needs.

Activity 4.1.2: Provide TA and DSD support to use bi-directional appointment reminders for clients who consent to this using their preferred method, either phone call, SMS or email.

Activity 4.1.3: Triage scheduled appointment, identify clients who have missed appointments for the day. (3-tray system) and initiate tracking within 24 hours of the missed appointment.

Activity 4.1.4: Track clients immediately after missed appointment to ensure they receive ART refills before their ART supply runs out.

Activity 4.1.5: In partnership with GF SR, build consensus on feasible approach to involve peer educators in community case management in order to support tracking clients who missed an appointment or are lost to follow up, while also reducing risk of stigma.

Activity 4.1.6: Provide TA (training, scaling up tools and best practices, mentoring to major sites) to NCD PHA, Central and Gulf Province to partner in tracking clients LTFU, improve retention and efficiently manage inter-provincial transfers/referral.

Name of activity: 4.2: Provide targeted support to PLHIV returning after interrupted treatment and others at high risk for treatment interruption.

Activity Categorization: Service delivery; Site level

Beneficiary: Non-targeted, Non-disaggregated

Program area/Alignment with ROP 20: C&T: HIV Clinic Services-NSD

Sub-recipients: Anglicare, Living Light Health Ministries, Hope World-Wide, IGAT Hope and others TBD

Description of activity:

Activity 4.2.1: Integrate 6-monthly psychosocial support to identify barriers to treatment and identify PLHIV at high risk of treatment interruption.

Activity 4.2.2: Improve management of PLHIV returning after treatment interruption by training health workers to practice welcoming attitude and integrating practices encouraging TX_RTT clients to stay on treatment.

Activity 4.2.3: Implement differentiated services package targeting PLHIV at risk of treatment interruption (fast tracking of service, appointment spacing, enhanced adherence monitoring and support).

Activity 4.2.4: Establish peer-led psychosocial support groups in collaboration with IGAT Hope.

Name of activity: 4.3: Implement differentiated and decentralized drug distribution modalities as a patient-centered approach to increase convenience and reduce barriers to retention through strategic placement of new pick-up points.

Activity Categorization: Service delivery/non-service delivery; Site level

Beneficiary: Non-targeted, non-disaggregated.

Program area/Alignment with ROP 20: C&T: HIV Clinic Services-NSD

Sub-recipients: Anglicare, Living Light Health Ministries, Hope World-Wide, IGAT Hope

Description of activity:

Activity 4.3.1: Support NCD PHA to decentralize ART to satellite clinics and to implement health worker managed treatment refill.

Activity 4.3.2: Integrate ART refill into community TB- DOTS services to provide convenient one-stop services for clients with HIV/TB co-infection.

Activity 4.3.3: Support NDoH to partner with the private sector to act as ART refill sites for clients who conveniently access private clinics/pharmacies.

Activity 4.3.4: Document lessons learned from above approaches.

Name of activity: 4.4: Continue PEPFAR's support to ART sites in NCD including facility-based human resources to support a surge in direct HIV service delivery.

Activity Categorization: Service delivery; Site level

Beneficiary: Non-targeted, non-disaggregated.

Program area/Alignment with ROP 20: C&T: HIV Clinic Services

Sub-recipients: Anglicare, Living Light Health Ministries, Hope World-Wide, IGAT Hope and others TBD.

Name of Activity: 4.5: Strengthen management of clients with advanced disease.

Activity Categorization: NSD; Site level

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: ASP: care and treatment -HIV services

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide and others TBD

Description of activity:

Activity 4.5.1 Provide TA to NCD PHA to introduce both cryptococcal antigen (CrAg) testing and LF-TB LAM testing for clients with advanced HIV disease at all sites with a functional side laboratory.

Activity 4.5.2 Conduct training to HCW and laboratory personnel to build capacity for roll out of CrAg testing.

Activity 4.5.3 Provide onsite mentoring and supervision.

Activity 4.5.4: Procure rapid test strips for LF-TB LAM, CrAg and consumables for to support phased roll out and improve management of AHD in NCD.

Technical Priority Area 5.0: Multi Month Dispensing (MMD)

Expected accomplishments and key results

FHI 360 will document eligibility for MMD for all clients (TX_CURR) and offer MMD for all eligible clients (100% of eligible TX_CURR) in all PEPFAR-supported sites in NCD. If 70% of all TX_CURR are not receiving 3-month MMD by Q2, a corrective action plan should be submitted. Additionally, if 35% of all TX_CURR are not receiving at least 6-month MMD by Q2, a corrective action plan should be submitted. Provision of MMD is contingent on stock availability.

FHI 360 will analyze and describe current barriers to full implementation of three and six months MMD and address the barriers, by implementing the following:

- Family-centered scheduling of appointments and dispensing, along with integrated models of service delivery to reduce financial barriers for clients accessing services.
- Coordination of clinic visits and ARV pickups for families.
- A data collection system to measure numbers of people receiving three months or more ART dispensing including both facility and community distribution points.
- Specific measures to ensure that patients receiving MMD are actively provided with retention and adherence support, and counted as active on national/PEPFAR reporting systems and not erroneously reported as loss to follow-up.

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- Specific measures to ensure that patients receiving MMD are routinely assessed for MMD eligibility as per national guidelines.
 - Systems to actively notify patients and facilities if patient is no longer eligible for MMD (e.g. detectable VL, defaulting on scheduled appointments for med pick-ups or clinical monitoring follow-up visits).
 - Specific measures to ensure TB preventive therapy (TPT) scale-up is not a barrier to full implementation of six months MMD.
 - Coordinated dispensing of other chronic meds (e.g. CTX, antihypertensive, TPT, etc.) with MMD.
 - Specific measures to ensure regular check-ins (by phone or other channels) for clients on MMD.

Activities:

5.1 Strengthen implementation of multi month dispensing (MMD).

5.2 Support health facilities to implement measures to assess patient eligibility for ongoing MMD supply with systems to inform the staff about clients no longer eligible for MMD.

Name of activity: 5.1 Strengthen implementation of multi month dispensing (MMD).

Activity Categorization: NSD; Above-site and site level

Beneficiary: Non- targeted, non- disaggregated.

Program area/Alignment with ROP 20: C&T: HIV Clinic Services-NSD

Sub-recipients: Not applicable.

Description of activity:

Activity 5.1.1: Disseminate national MMD SOP.

Activity 5.1.2: Mentor and support HCW in MMD implementation giving 3-6 months of ARVs for clinically stable PLHIV.

Activity 5.1.3: Collect data to document MMD implementation and guide forecasting and quantification exercise.

Name of activity: 5.2 Support health facilities to implement measures to assess patient eligibility for ongoing MMD supply with systems to inform the staff about clients no longer eligible for MMD.

Activity Categorization: NSD; site level

Beneficiary: Non-targeted, Non-disaggregated.

Program area/Alignment with ROP 20: C&T: HIV Clinic Services -NSD

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide, IGAT Hope

Description of activity:

Activity 5.2.1: Implement chart management system to identify and follow PLHIV eligible for or currently on MMD.

Activity 5.2.2: Develop a telephone adherence counselling model to support PLHIV on MMD.

Activity 5.2.3: Train HCW to build their capacity on conducting telephone counselling aligning with the client's preferred method of connecting with the health facility.

Technical Priority Area 6.0: Commodity oversight

Expected accomplishments and key results

FHI 360 will support specific plans for ensuring commodity availability and oversight at 9 PEPFAR sites, in the National Capital District. Any site that relies upon commodities to test, treat, or prevent HIV will report to the existing Logistics Management Information System (LMIS).

FHI 360 will address specific plans for the following commodity oversight operational priorities in FY 2021:

Timely and accurate reporting: FHI 360 will ensure that the sites where the Activity operates or supports report in a timely and accurate manner to the country's existing LMIS. Implementing partner organizations supporting testing, or treatment at a site will ensure that they document commodities used and that the site reports consumption into the LMIS. The LMIS data will feed into the ARV optimization exercise by providing a *Year Zero ARV Demand Landscape* to demonstrate the number of ARV regimens supported in the country for adults and pediatrics leading towards ARV optimization, if ARV optimization has not yet been completed. FHI 360 will ensure that the LMIS differentiates between 30-, 90- and 180- count packaging of ARVs.

Supporting MMD: FHI 360 will advocate to NDoH to procure 90 and 180 count bottles to fill the MMD demand;; coordinate with the Pharmaceutical Services Standards Branch (PSSB) of NDoH to ensure 90 and 180 count bottles are registered in-country; and provide technical support (training and mentoring) for nation-wide rollout of 90-count and 180-count bottles.

Transition to Optimized ARVs: FH 360 will also transition all eligible patients to TLD. Children ≥ 20 kg will transition to DTG-based regimens and those < 20 kgs LPV/r-based regimens, as legacy ARVs are phased out, especially those which are nevirapine-based. Nevirapine products will not be procured (with the exception of nevirapine formulations for infant prophylaxis and treatment of neonates).

Improving support for Decentralized Drug Distributors: FHI 360 will work with testing and treatment partners to develop a process to formalize the relationship between Decentralized Drug Distributors and the facilities which supply them. FHI 360 will train and mentor facility staff to either submit the drug demand from the Decentralized Drug Distributors or include that demand in their own commodity order. FHI 360 will monitor the formalization of the Decentralized Drug Distributors and facility relationship on a quarterly basis to ensure standardized implementation as well as timely and accurate submission of demand data for the collective.

Supporting national quantification: During the quantification, FHI 360 will ensure that legacy products are not forecasted, and that all products quantified are only those within the ARV optimization. When possible, FHI 360 will advocate for the GoPNG/NDoH to procure quality HIV commodities.

Activities:

6.1 Ensure sites have ARV stock management system, are accurately documenting and providing timely submission of consumption report of HIV commodities used.

6.2 Provide continuous oversight of commodities supplied to PEPFAR supported sites in NCD.

6.3 Support adverse drug reaction (ADR) monitoring in collaboration with government and partners

6.4 Provide TA to NDoH in HIV commodities forecasting, quantification and pipeline monitoring.

Name of activity: 6.1 Ensure sites have ARV stock management system, are accurately documenting and providing timely submission of consumption report of HIV commodities used.

Activity Categorization: NSD; Site level

Beneficiary: Non-targeted, Non-disaggregated

Program area/Alignment with ROP 20: ASP: C&T: HIV Clinic Services -NSD

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide

Description of activity:

Activity 6.1.1: Support roll out of mSupply at HIV clinics and integration to improve stock management, forecasting, procurement and logistics.

Activity 6.1.2 Support the printing and dissemination of the SOP for mSupply.

Activity 6.1.3: Conduct training for health care workers to build their capacity in using mSupply system.

Activity 6.1.4: Facilitate the programming, customization and utilization of mSupply commodity forecasting and quantification.

Name of activity: 6.2 Provide continuous oversight of commodities supplied to PEPFAR supported sites in NCD.

Activity Categorization: Non-service delivery; above site level

Beneficiary: Non-targeted, Non-disaggregated.

Program area/Alignment with ROP 20: ASP: Procurement and supply chain management-NSD.

Sub-recipients: Not applicable.

Description of activity:

Activity 6.2.1: Coordinate with Area Medical Stores (AMS) and health facilities on drug flow to alleviate and address bottlenecks in the system.

Name of activity: 6.3: Support adverse drug reaction (ADR) monitoring in collaboration with government and partners.

Activity Categorization: Non-service delivery; above site.

Beneficiary: Non-targeted, Non-disaggregated.

Program area/Alignment with ROP 20: Procure ASP: Procurement and supply chain management-NSD.

Sub-recipients: Not applicable

Description of activity:

Activity 6.3.1 Develop guidelines and protocols for ADR and supply chain management (SCM) including tools and SOPs.

Activity 6.3.2 Print ADR and SCM tools, posters and SOPs.

Activity 6.3.3 Conduct workshops on ADR and SCM for the PEPFAR supported sites in NCD.

Name of activity: 6.4 Provide TA to NDoH in HIV commodities forecasting, quantification and pipeline monitoring

Activity Categorization: Non-service delivery; above site

Beneficiary: NDoH, NCD PHA

Beneficiary: Non-targeted, Non-disaggregated.

Program area/Alignment with ROP 20: ASP: Procurement and supply chain management-NSD.

Description of activity:

Activity 6.4.1: Provide TA in annual forecasting and quantification of HIV commodities.

Activity 6.4.2: In collaboration with World Vision, monitor national level HIV commodity stock status to ensure orders are placed regularly and red flags raised appropriately and in a timely manner.

Technical Area 7.0: Viral Load Testing and VL Suppression

Expected accomplishments and key results

In FY21, FHI 360 will ensure viral load (VL) testing is available for 5,077 PLHIV in 9 sites located in National Capital District, with the goal of achieving > 95% overall VL suppression rates.

FHI 360 will document specific measures to scale up VL coverage to achieve a minimum of 90% VL coverage for all eligible patient subpopulations (including adolescents, young people and KPs) according to national guidelines.

FHI 360 will address specific plans for the following VL testing/suppression operational priorities in COP20:

- Tracking results: FHI 360 will have specific systems in place to track VL results from the lab reporting system to the facility and delivery of results to the patient. Where feasible and relevant, FHI 360 will utilize adherence and retention support teams (e.g. expert patients, support groups, community adherence groups (CAGs)) to share messages on the importance of VL testing, ensure PLHIV are accessing VL services, and that they receive their results in a timely manner.
- Clinical management: FHI 360 will document and track specific measures to ensure timely, appropriate interventions for the clinical management of clients with high VL, including:
 - Effective provider/client behavioural nudges such as flagging files to prompt viral load testing.
 - Client-centered enhanced adherence counselling and/or other adherence support interventions within the 3-months following first high viral load test result.
 - Repeat viral load testing no later than 3 months following first high viral load test result.
 - Timely management of patients with suspected treatment failure requiring switching to second line ARVs such that treatment switches are performed no later than 6 months from the first high viral load test result.

Activities:

7.1 Increase testing coverage among clients on treatment.

7.2 Improve quality of adherence counselling and Viral Load testing for all PLHIV.

7.3 Improve Management of PLHIV with High Viral Load.

Name of activity: 7.1 Increase VL testing coverage among clients on treatment.

Activity Categorization: NSD; site level

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: C&T: HIV Clinic Services-NSD

Sub recipients: Not Applicable

Description of activity:

Activity 7.1.1 Provide TA to HCWs to enable them to track clients due for VL testing by identifying and placing VL eligible stickers on charts as cues to indicate the service needed.

Activity 7.1.2 Provide TA support to HCWs to establish a mechanism for reminding PLHIV of VL testing through phone calls and reminder SMS messages.

Name of activity: 7.2 Improve quality of adherence counselling and Viral Load testing for all PLHIV

Activity Categorization: NSD, site level

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: C&T: HIV Clinic Services-NSD

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide

Description of activity:

Activity 7.2.1 Mentor and supervise HCWs to build their capacity to provide quality targeted adherence counselling, using U=U messaging and support to all PLHIV.

Activity 7.2.2 Conduct site mentoring to HCWs on TLD roll out and transition of those on older regimens to TLD.

Name of activity: 7.3 Improve Management of PLHIV with High Viral Load.

Activity Categorization: NSD, site level

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: C&T: HIV Clinic Services-NSD

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide

Description of activity:

Activity 7.3.1 Conduct site mentoring to HCWs on Enhanced Adherence Counselling and other adherence support interventions for 3 months after detection of high VL and repeat VL testing no later than 3 months.

Activity 7.3.2 Train health facilities to regularly review VL data and use it to provide CQI.

Activity 7.3.3 Provide TA to ART sites to strengthen Active Case Management to address reasons why clients miss appointments and become LTFU.

Activity 7.3.4 Provide mentoring support to HCWs on timely management of clients with treatment failure including when and how to switch ARV regimens.

Activity 7.3.5 Conduct monthly meetings to review VL data and develop quality improvement plan.

Activity 7.3.6 Support facilities to implement QA/QI activities by developing indicators and tools for measuring improvement in VL services.

Technical Area 8.0: TB/HIV

Expected accomplishments and key results

In COP20, FHI 360 will support TB/HIV activities in 9 sites located in NCD. FHI 360 will address specific plans for the following TB/HIV operational priorities in COP20:

- Improve quality of screening and diagnostic evaluation for active TB.
- Include strategies to strengthen and optimize the use of recommended diagnostics (GeneXpert, CXR, TB LAM) for active TB among PLHIV who screen positive for presumptive TB.
- Focus on ensuring that all PLHIV screened positive for TB have specimens collected and sent for laboratory testing by Xpert and that results are reported and acted upon to ensure a complete diagnostic evaluation.

Adapting TB/HIV services to COVID-19

FHI 360 will follow host government guidance and maintain support to essential TB services for all people living with HIV (PLHIV) during the COVID-19 outbreak.

TB prevention, diagnosis, treatment and care services shall be provided in tandem with COVID-19 response. FHI 360 will reinforce specific interventions to ensure minimal disruption to 1) regular TB screening and testing for all PLHIV (at least once during the semi-annual reporting period), 2) detection, initiation and completion of TB treatment, and 3) TB preventive therapy for eligible PLHIV.

1. TB Screening

COVID-19 and TB have overlapping symptoms, such as fever, cough, shortness of breath, and difficulty breathing. Programs should ensure continuity of services in the context of national government guidance. FHI 360 will provide all necessary support to front-line HCWs to ensure that patients who are likely to have TB and/or COVID-19 are identified, while making sure health care personnel are protected, and test results are available in a timely manner.

Active case finding for TB and COVID-19 among PLHIV will proceed according to national guidance. FHI 360 will ensure that all PLHIV are screened for TB and COVID-19 at each clinical encounter. Those who present with fever, cough, shortness of breath, or difficulty breathing should be provided with surgical masks and referred for testing for TB and potentially COVID-19, in accordance with national COVID-19 testing guidelines. Whenever possible, FHI 360 should facilitate the provision of safe, accessible, free services for those with TB and/or COVID-19 symptoms with testing for both diseases at the same time. FHI 360 will encourage the use of phone counselling services and pre-appointment reminders to encourage PLHIV to self-report symptoms. PLHIV who screen positive for TB and/or COVID-19 should be sent directly for testing, bypassing HIV outpatient clinic areas.

Protection of front-line health care workers, PLHIV, and all other patients

FHI 360 will ensure health facilities are safe for both patients and health care personnel (including lay health care providers) involved in triaging symptomatic respiratory patients and pre-triage teams. FHI 360 shall encourage HCWs to avoid unnecessary interactions with PLHIV in facilities and communities

to reduce exposure to, and spread of, COVID-19. FHI 360 will ensure nosocomial COVID-19 and/or TB transmission is prevented by ensuring strict implementation and continuous monitoring of infection prevention and control measures. Key interventions for implementation in coordination with the USAID supported COVID-19 Response project, (if its extended) include: reactivation of the facility infection prevention and control (IPC) committee and assessment of existing policy and guidelines ; IPC training/retraining for health staff; and monitoring and supervision of IPC measures to ensure rapid, proper, and consistent implementation, regular screening and reassignment of vulnerable and immune-compromised HCWs to areas with lower risk profiles. All personnel involved in TB and COVID-19 screening and care should be provided free personal protective equipment (PPE), such as N95 respirators, masks, gowns, gloves, and their consistent use should be enforced.

Consideration should be given to practical social distancing options in health facilities and other appropriate differentiated service delivery models (DSDM), including adjusting patients' appointments scheduling (spacing) to avoid overcrowding at the health facilities.

2. Diagnostic services

PLHIV who present with fever, cough, shortness of breath or difficulty breathing shall be referred for concomitant testing for both TB and potentially COVID-19 based on national guidelines. Clients will be supported to access MTB/RIF and Ultra molecular tests as recommended and where available.

3. Tuberculosis Preventive Therapy

FHI 360 will continue to accelerate TPT scale-up to ensure that all eligible PLHIV complete a full course of TPT. Ideally, TPT provision will be adjusted to align with any MMD for ART being implemented. FHI 360 will implement appropriate DSD models and consider scaling-up the use of digital adherence technologies (as described above) to boost adherence to TPT and monitor.

Activities:

8.1 Scale-up TB Prevention Therapy (TPT)

8.2 Strengthen TB/HIV services delivery through differentiated service delivery models.

8.3 Strengthen management of clients with advanced HIV disease.

Name of activity: 8.1 Scale-up TB Prevention Therapy (TPT)

Activity Categorization: NSD; Site level

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: C&T: HIV Clinic Services-NSD

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide and others TBD.

Description of activity:

Activity 8.1.1 Provide onsite mentoring to HCW to Improve quality of screening and diagnostic evaluation for active TB. Ensure PLHIV with presumptive TB are screened through Gene Xpert.

Activity 8.1.2 Provide TA support to NCD PHA to scale up TPT in PEPFAR ART sites in NCD by enrolling all eligible PLHIV on TPT.

Activity 8.1.4 Train and mentor HCW on TPT.

Activity 8.1.5 Provide TA to HCWs on improving documentation and reporting on TPT uptake and completion.

Activity 8.1.6 Onsite mentoring and supervision.

Name of activity: 8.2 Strengthen TB/HIV services delivery through differentiated service delivery models.

Activity Categorization: Non-service delivery; above site

Beneficiary: Non-Targeted Pop: Not disaggregated

Alignment with ROP 20: ASP: Policy, planning, coordination and management-NSD.

Sub-recipients: Not applicable

Description of activity:

Activity 8.2.1 Provide TA to NCD PHA in the integration of HIV services into TB clinics in the form of TB/HIV “one-stop-shops” with differentiated care provided for TB diagnostic and treatment services.

Name of activity: 8.3 Strengthen management of clients with advanced HIV disease.

Activity Categorization: NSD; Site level

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: ASP: Policy, planning, coordination and management-NSD

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide and others TBD

Description of activity:

Activity 8.3.2 Provide TA to NCD PHA to introduce both cryptococcal antigen (CrAg) testing at all sites with appropriate laboratory capacity and efficient referral linkages in sites with no lab capacity.

Activity 8.3.2 Conduct training to HCW to build capacity for roll out of CrAg testing.

Activity 8.3.3 Provide onsite mentoring

Technical Area 9.0: GBV Clinical Response

Expected accomplishments and key results

FHI 360 will implement post-violence clinical care services for 840 clients in nine sites located in National Capital District.

GEND_GBv targets: 840

FHI 360 will address specific plans for the following post-violence clinical care operational priorities in COP20:

- Provide comprehensive and age-appropriate clinical post-GBV care that meets the expressed needs of survivors. This should be integrated into HIV service delivery platforms (e.g., care and treatment, ANC/PMTCT) at PEPFAR-supported sites. Clinical care must include the following:
 - Clinical enquiry and provision of essential medical care for survivors;
 - Interventions that help improve the mental health and psychosocial functioning of survivors (psychosocial interventions and services that support the mental health and well-being of survivors have been demonstrated to not only improve the functioning of survivors, but may also contribute to breaking an intergenerational cycle of violence perpetration and experience); and
 - Referrals to non-clinical post-violence care services such as economic empowerment, child protection, or legal support.
- Ensure that all sites delivering post-violence clinical care services provide the full minimum package of post-violence care, including: treatment of injuries; rapid HIV testing and counselling

with linkage to treatment as needed; STI testing/screening and treatment; post-exposure prophylaxis (PEP); emergency contraception; counseling (first-line support: LIVES); and referral to non-clinical GBV response services, such as longer-term psychosocial support, child protection, police, legal, shelter, economic empowerment, etc.

- Strengthen HIV/GBV health systems and service delivery. Activities may include, but are not limited to:
 - Training of health worker staff (see the Caring for women subjected to violence: A WHO curriculum for training health-care providers training) to: respond with first-line support (LIVES); provide basic counseling psychosocial support to better meet the mental health needs of survivors; and provide referrals and support to access clinical (e.g., STI, FP, MCH, etc.) and non-clinical services (e.g., longer-term psychosocial support, shelter services, economic empowerment activities, etc.) that will assist with continued recovery.
 - Ensuring that all needed commodities are forecasted for and available at sites providing clinical services, such as PEP, emergency contraception, and STI drugs. (Note that PEPFAR funds cannot be used to procure emergency contraception.)
 - Quality assurance of GBV services using the Gender-Based Violence Quality Assurance Tool in all sites that have integrated GBV services
 - Improving GBV data quality, collection, and reporting using the GEND_GB V Rapid Data Quality Review Tool in all sites that have integrated GBV services.

Activities:

9.1 Integrate GBV Services into current HIV and STI Services.

9.2 Build capacity of counsellors and HCWs to conduct routine and clinical enquiry and provide the minimum package of essential post-GBV services for those experiencing GBV.

9.3 Improve mental health and psychosocial functioning of survivors.

9.4 Build capacity of counsellors and HCWs to conduct routine and clinical enquiry and provide the minimum package of essential post-GBV services for those experiencing GBV and strengthen facility level internal and external referral system/linkages.

9.5 Mobilize community structures/systems to strengthen referrals and uptake of post GBV services.

9.6 Support GoPNG's effort to strengthen the implementation of the national strategy for GBV.

9.7 Strengthen supply chain systems to ensure essential GBV drugs/commodities are readily available at supported sites providing post-GBV services.

9.8 Improve quality of post-GBV services provided at the facility level.

Name of activity: 9.1 Integrate GBV Services into current HIV and STI Services.

Activity Categorization: Non-service delivery; site level.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: Policy, planning, coordination and management - NSD

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide and others TBD

Description of activity:

Activity 8.1.1 Conduct facility readiness assessments to understand the barriers and opportunities for GBV service integration into HIV and STI services.

Activity 9.1.2 Facilitate site specific facility readiness assessment feedback meetings to communicate gaps identified.

Activity 9.1.3 Jointly develop workplans to address gaps identified from assessment conducted.

Activity 9.1.4 Provide ongoing mentoring support to monitor progress of the workplan developed.

Activity 9.1.5: Conduct GBV Sensitization Trainings for HCWs and clinic support staff to build their capacity on GBV and availability of post-GBV services.

Activity 9.1.6: Conduct GBV Clinical Coordination meetings for GBV leads to discuss any coordination issues and develop action plans to improve GBV Coordination.

Name of activity: 9.2 Build capacity of counsellors and HCWs to conduct routine and clinical enquiry and provide the minimum package of essential post-GBV services for those experiencing GBV.

Activity Categorization: NSD; site level

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: C&T: HIV Clinic Services-NSD

Sub recipients: Not applicable

Description of activity:

Activity 9.2.1: Conduct GBV routine and clinical enquiry training for counsellors and HCWs to build their capacity on how to screen for GBV.

Activity 9.2.2: Train HCWs about essential post-GBV services to enable them to provide services.

Activity 9.2.3: Provide TA support to counsellors and HCWs to implement the routine and clinical enquiry protocol and essential post-GBV services minimum package.

Activity 9.2.4: Develop mentoring checklist to monitor performance.

Activity 9.2.5: Provide ongoing mentoring support to counsellors and HCWs to improve quality of services provided.

Activity 9.2.6: Conduct site-specific step-down trainings to address gaps identified through monitoring visits to improve performance.

Name of activity: 9.3 Improve mental health and psychosocial functioning of survivors.

Activity Categorization: NSD; site level.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: C&T: HIV Clinic Services-NSD

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide and others TBD

Description of activity:

Activity 9.3.1: Conduct psychological first aid training for counsellors and HCWs to build their capacity to stabilize survivors who are unstable, using the WHO standard tools.

Activity 9.3.2: Conduct basic counselling training for counsellors and HCWs to provide routine counselling services to survivors experiencing GBV.

Activity 9.3.3: Train GBV service providers on trauma counselling to equip them to provide effective trauma counselling support to survivors of GBV thereby enhancing access to all relevant post-GBV services.

Activity 9.3.4: Provide mentoring support to GBV service providers to implement PFA, basic counselling and trauma counselling services to GBV survivors.

Activity 9.3.5: Conduct support supervision to ensure counselling services are implemented.

Name of activity: 9.4 Build capacity of counsellors and HCWs to conduct routine and clinical enquiry and provide the minimum package of essential post-GBV services for those experiencing GBV and strengthen facility level internal and external referral system/linkages.

Activity Categorization: NSD; site level and above site.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: Policy, planning, coordination and management - NSD

Sub recipients: Not applicable

Description of activity:

Activity 9.4.1: Conduct rapid assessment of the referral system to identify gaps and address them appropriately

Activity 9.4.2: Develop internal directory for GBV service providers to enable them to facilitate referrals

Activity 9.4.3: Conduct referral pathway training for service providers

Activity 9.4.4: Conduct a service walk through for GBV service providers to sensitize them about various services available

Activity 9.4.5: Conduct legal awareness training for GBV service providers to enable them to support survivors who want to pursue formal justice services

Activity 9.4.6: Provide ongoing mentoring support to service providers to strengthen referral linkages

Name of activity: 9.5 Mobilize community structures/systems to strengthen referrals and uptake of post GBV services.

Activity Categorization: NSD; site level and above site.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: Policy, planning, coordination and management - NSD

Sub recipients: Not applicable

Description of activity:

Activity 9.5.1: Conduct KP and community based GBV sensitization trainings to reduce stigma and discrimination against PLHIV, KPs and survivors of GBV, promote post-GBV services and increase demand to access post-GBV care.

Activity 9.5.2: Conduct Gender Norms Training for community leaders to identify how these contribute to GBV and develop mitigation plans to prevent GBV occurring.

Activity 9.5.3: Complete GBV SOP and Safety Planning Tools for Outreach Workers to guide community outreach interventions.

Activity 9.5.4: Conduct referral pathway training for community leaders and outreach workers to strengthen referral linkages between community and facility.

Activity 9.5.5: Facilitate focus group discussions at the community level to prevent and or reduce GBV/IPV.

Activity 9.5.6: Using lessons learned from the previous project, provide training for IPV survivors and peer psycho-social support sessions for IPV survivors to build capacity on how to protect themselves from recurrent GBV and IPV.

Name of activity: 9.6 Support GoPNG's effort to strengthen the implementation of the national strategy for GBV.

Activity Categorization: NSD; above site.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: ASP: Policy, planning, coordination and management - NSD

Sub recipients: Not applicable

Description of activity:

Activity 9.6.1: Participate in the Gender/GBV TWG meetings.

Activity 9.6.2: Support the rollout and implementation of the PNG National Sexual and GBV Clinical Guidelines.

Name of activity: 9.7 Strengthen supply chain systems to ensure essential GBV drugs/commodities are readily available at supported sites providing post-GBV services.

Activity Categorization: Non-service delivery; site level and above site.

Beneficiary: Non-Targeted Pop: Not disaggregated

Alignment with ROP 20: Procurement and supply chain-NSD

Sub recipients: Not applicable

Description of activity:

Activity 9.7.1: Provide mentoring support to GBV lead persons in supported sites in NCD, to ensure that there are always adequate supplies of essential GBV drugs/commodities available.

Name of activity: 9.8 Improve quality of post-GBV services provided at the facility level.

Activity Categorization: NSD; site level.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: Policy, planning, coordination and management - NSD.

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide and others TBD.

Description of activity:

Activity 9.8.1: Roll out PEPFAR/WHO GBV QA tool to improve quality of post-GBV services provided

Activity 9.8.2: Conduct assessment using PEPFAR/WHO GBV QA tool.

Activity 9.8.3: Facilitate site specific feedback meetings.

Activity 9.8.4: Jointly develop QI Plan to improve quality of post-GBV services provided.

Activity 9.8.5: Develop and roll out relevant job aides for facility staff to guide various interventions implemented.

Name of activity: 9.9 Improve GBV data collection, reporting and quality

Activity Categorization: Non-service delivery; site level and above site.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: C&T: HIV Clinic Services - NSD.

Sub recipients: Not applicable

Description of activity:

Activity 9.9.1: Train and mentor facility staff on GBV M&E data tools.

Activity 9.10.2: Facilitate bulk printing of GBV M&E data tools and disseminate to supported sites.

Activity 9.9.3: Provide ongoing mentoring support to ensure GBV data is documented and reported accurately.

Activity 9.9.4: Review source documents to ensure completeness of documentation.

Activity 9.9.5: Conduct routine data verification exercises to ensure electronic registers mirror the paper-based registers.

Activity 9.9.6: Conduct in-house data review meetings to assess performance and develop improvement plans.

Technical Area 10.0: Key Populations (KP)

Expected accomplishments and key results

FHI 360 will implement KP programming in catchment areas of 9 ART sites located in NCD. FHI 360 will address specific plans for the following KP priorities in FY 21:

Improved case finding: The 2017 Integrated Biobehavioral Survey (IBBS) conducted among female sex workers (FSW), men have sex with men (MSM)/transgender persons (TG) in three locations (NCD, Mt Hagen and Lae) demonstrated that less than 30 percent of KPs were reached with HIV prevention and testing services. FHI 360 will sensitize the community, including health workers, on KPs to reduce stigma and make health facilities more friendly to KPs. FHI 360 will use index client family and partner testing as a major approach to reach KPs with undiagnosed HIV infection and link them to ART. Index clients who decline partner elicitation or partner notification services will be given the opportunity to utilize social network testing to reach out to their contacts. FHI will provide technical support to GF sub-recipients implementing KP focused programs to integrate ICFPT into community outreach HIV testing. Using escorted referral, all clients diagnosed positive will be linked to ART. FHI 360 will partner with GF to integrate a case management approach that links KP from the community to public health systems to facilitate same-day or rapid ART initiation for KPs who test positive for HIV.

Differentiated models of care for KP: FHI 360 will implement peer-led community ART refills, as one of FHI 360's frameworks for DSDM. The frameworks including multiple options for decentralized ART refill services including direct community dispensing to clients, use community DOTs sites and non-ART testing sites. Adherence counselors completed KP sensitivity training and provided standard operating procedures for improving treatment literacy, engaging with clients, serving as focal points to link to health facilities, and improving client tracking and re-engagement in care for those lost to follow up. Stable clients will be given options for community ART as mentioned above.

Viral load testing and monitoring: To address poor retention on treatment, FHI 360 will produce material on treatment literacy and U=U messaging to increase demand for VL services. The team will produce population targeted materials to increase demand for HIV testing and ART, including early

initiation of treatment, improvement of treatment adherence, and increase of understanding that a suppressed VL is important to maintain the long-term health of KPLHIV.

Activities:

10.1 Key Population (KP) Sensitization Training for Health Care Workers to reduce stigma and discrimination.

10.2 Disseminate U=U messaging

10.3 Conduct Friendliness Assessment at all PEPFAR supported sites as part of community monitoring and continuous quality improvement.

Name of activity: 10.1 Key Population (KP) Sensitization Training for Health Care Workers to reduce stigma and discrimination

Activity Categorization: Non-service delivery; site level.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: Policy, planning, coordination and management - NSD.

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide and others TBD

Description of activity:

Activity 10.1.1 FHI 360 in partnership with the Key Population (KP) Advocacy Consortium will conduct KP Sensitization Trainings for health care workers to reduce stigma and discrimination towards KPs accessing services at the 9 PEPFAR supported clinics.

Activity 10.1.2 Develop interventions based on best practices to address the root causes of service delivery gaps. FHI 360 will build capacity of the KP Consortium in conducting the KP sensitization trainings.

Activity 10.1.3 Monitor changes in performance through M&E and the use of quarterly performance data. FHI 360 in partnership with the KP Consortium will provide mentoring to the clinics to ensure the decision tree tool is administered at all testing entry points to ensure categorization of all clients who access testing services.

Name of activity: 10.2 Disseminate U=U messaging.

Activity Categorization: NSD; site level and above site.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: Policy, planning, coordination and management - NSD

Sub recipients: Not applicable

Description of activity:

Activity 10.2.1: FHI 360 in partnership with NACS will disseminate SBC materials containing U=U messaging during the 2020 World AIDS Day as a means to increase demand for HIV testing and viral load testing.

Activity 10.2.2: Distribute U=U SBC materials at the clinic level.

Activity 10.2.3: Mentor HCWs to counsel clients on U=U.

Name of activity: 10.3 Conduct Friendliness Assessment at all PEPFAR supported sites as part of community monitoring and continuous quality improvement.

Activity Categorization: Non-service delivery; Site level.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: Policy, planning, coordination and management – NSD.

Sub-recipients:

Description of activity:

Activity 10.3.1: FHI 360 in partnership with the KP consortium will conduct Annual KP Friendliness Assessment at all 9 PEPFAR supported sites.

Activity 10.3.2: Support the KP Consortium to disseminate findings from the assessment to the clinics as well as other forums.

Technical priority Area 11: Transition to Local Partners

Expected accomplishments and key results

To help support PEPFAR's objective of reaching epidemic control and 70% local partner funding in FY2020, with international implementing partners issuing sub-awards to local organizations under a prime agreement, or providing capacity building support to local organizations with reporting on the status of capacity building efforts provided to those local organizations, FHI 360 will report on efforts to build capacity through the following efforts:

- Financial management and administrative capacity using a NUPAS or NUPAS-like assessment (CAP_NUPAS)
- Ability of the local organization to meet 80% of assigned MER targets (CAP_MER)
- Assessment of data quality, management, and use capacity for PEPFAR Strategic Information (CAP_DATA)
- Documentation of capacity building and performance improvement (CBLD-9)

FHI 360 will also provide the following information for each local sub-partner or supported local organization using the provided USAID/PEPFAR Local Organization Performance and Assessment Template:

- Name, MechID, and Prime Implementing Partner Name for each mechanism being reported
- Name and country of each supported sub-partner or local organization
- Partner type (sub-partner or capacity development partner)
- Results of any NUPAS or financial management and administrative capacity assessment (CAP_NUPAS)
- MER Targets the sub-partner will be contributing to (CAP_MER)
- Results of any data quality, management, and use capacity assessment (CAP_DATA)

To support NCD PHA in strengthening financial and institutional capacity to integrate program and human resources funded by PEPFAR the Activity will:

- A. support NCD PHA to prioritize key interventions funded by PEPFAR for integration into its health budgeting
- B. jointly conduct the cost estimation of identified and prioritized interventions for financing
- C. provide relevant and quality data to justify health financing by strengthening the data collection, collation and analysis

-
- D. provide technical support to develop a transition plan to prepare the NCD PHA to articulate the requirement for additional support to finance priority interventions enabling continued epidemic control

Activities:

- 11.1 Sustain existing sub-award and grant new awards to additional CSO partners.
11.2 Develop organizational capacity of partner CBOs.
11.3 Build financial management capacity of NCD PHA.

Name of activity: 11.1 Sustain existing sub-award and grant new awards to additional CSO partners.

Activity Categorization: Non-service delivery; Site level

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: C&T: HIV Clinic Services - NSD

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide and others TBD

Description of activity:

In FY 2020, FHI 360 awarded subgrants to three local sub partners, Anglicare PNG, Hope World-Wide and Living Light Health Services. These partners were implementing subgrant components related to the following key priority areas;

- Adherence and retention
- Differentiated service delivery
- Key population friendliness
- Support to GFATM on community sensitization and other prevention services
- Community linkage for post-GBV care

FHI 360 will continue to identify civil society organizations with potential to implement sub-grant components related to key priority areas, after which pre-award assessments will be carried out to apply for the sub-grant component of the Activity.

FHI 360 will also explore the possibility of utilizing CSOs to strengthen ART adherence and retention by providing community-based adherence support as part of the 'back-to-care' program. Once identified, FHI 360 will develop sub-agreements with successful CSOs with predetermined deliverables. The sub-agreement type could be cost reimbursable, in kind or contract, depending on the financial management capacity of each CSO. The terms and conditions of each award will be in accordance with USG regulations and will include prescribed targets that directly or indirectly contribute to achieving project targets and objectives.

Activity: 11.1.1: Renew subawards for three implementing partner CSOs (Anglicare, Living Light Health Ministries, Hope World-Wide).

Activity: 11.1.2: Identify additional CSOs for subawards.

Name of activity: 11.2 Develop organizational capacity of partner CBOs.

Activity Categorization: Non-service delivery; above site

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: ASP: Human Resources for Health - NSD

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide and others TDB

Description of activity:

The goal of the small grant component under The Activity is to build the organizational, financial management and technical capacity of local partners to support HIV services. In line with this, FHI 360 will continuously assess the organizational and financial management capacity of sub grantees every six months, using the Non-U.S. Organization Pre-Award Survey (NUPAS) to identify capacity gaps. Using funds allocated under each subaward, FHI 360's Capacity Building Officer, Grants Officer, and finance team will provide mentoring support and facilitate relevant trainings to address identified gaps and develop the capacity of existing partner CSOs.

As part of the effort to build technical capacity of sub-awardees, FHI 360 will assign realistic targets along core priority areas and provide technical assistance directly or indirectly to ensure they meet their targets. Assigned indicators will align with the MER indicators.

11.2.1 Conduct initial NUPAS evaluation for new CSOs partners

11.2.2 Conduct follow-up NUPAS evaluation for already existing CSO partners.

11.2.3 Provide ongoing mentorship to develop the technical capacity of CSOs partners.

11.2.4 Partner with a reputable consultancy firm to facilitate relevant financial and organization management training for CSO partners.

Name of activity: 11.3 Build financial management capacity of NCD PHA

Activity Categorization: Non-service delivery; above site

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: ASP: Policy, planning, coordination & management -NSD

Sub recipients: Not applicable

Description of activity

Activity: 11.3.1 Assess financial management capacity needs of NCD PHA.

Activity: 11.3.2 Partner with appropriate financial institutions to address financial management gaps of NCD PHA management team with a focus on effective budgeting and budget monitoring.

Activity: 11.3.3 Support NCD PHA to carry out a cost analysis of its HIV program.

Technical Area 12.0: Quality Management/Improvement (QI/QM)

Expected accomplishments and key results

FHI 360 will support and help form QI teams across facilities, who will conduct routine review of data to identify service delivery gaps and implement strategies to support performance and quality of services provided. QI teams will perform the following tasks:

- Conduct Root Cause Analyses (RCAs) to identify underlying causes of service delivery gaps.
- Develop interventions based on best practices to address the root causes of service delivery gaps.
- Monitor changes in performance through M&E and the use of quarterly performance data.

- Conduct routine data quality assessments and/or data quality monitoring activities on a regular basis (recommended quarterly). Based on the findings of data QA activities, develop and implement data quality improvement interventions and share findings. Good practices will be institutionalized.

Activities:

12.1 Provide technical assistance for implementing continuous quality improvement and quality assurance.

12.2 Support NCD PHA to conduct regular mentoring and support supervision monitor priority PEPFAR interventions.

12.3 Provide TA to NDoH and GF partners to implement Community-Led monitoring by creating system, tools, efficient feedback mechanisms to facilitate quality improvement.

Name of activity: 12.1 Provide technical assistance for implementing continuous quality improvement and quality assurance.

Activity Categorization: NSD; Site level.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: ASP: Policy, planning, coordination & management - NSD

Sub recipients: Anglicare, Living Light Health Ministries, Hope World-Wide and others TDB

Description of activity:

Activity 12.1.1 Conduct root cause analysis (RCAs) to identify causes to service delivery gaps. This will include factors affecting provision of quality and client centered HIV services.

Activity 12.1.2 Develop site specific interventions to address the root causes of service quality gaps.

Activity 12.1.3 Monitor changes in performance through M&E and the use of quarterly performance data.

Activity 12.1.4 Document and disseminate promising practices.

Activity 12.1.5: Provide TA to NDOH to hold quarterly QI/HIVQUAL coordination meetings to share experience and support sites to advance/institutionalize continuous quality improvement as an essential process of the national HIV program.

Name of activity: 12.2 Support NCD PHA to conduct regular mentoring and support supervision monitor priority PEPFAR interventions.

Activity Categorization: NSD; Above site level.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: ASP: Policy, planning, coordination & management - NSD

Sub recipients: Not applicable

Description of activity:

Activity 12.2.1: Train NCD PHA mentors and supervision teams on the supervision checklist.

Activity 12.2.2: Support quarterly supervision to sites and sharing feedback at the quarterly program performance meeting.

Activity 12.2.3: Support NCD PHA to conduct monthly data and performance review meetings to promote timely data utilization for QI.

Name of activity: 12.3 Provide TA to NDoH and GF partners to implement Community-Led monitoring by creating system, tools, efficient feedback mechanisms to facilitate quality improvement.

Activity Categorization: ASD; Above site level.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: ASP: Policy, planning, coordination & management – NSD.

Sub recipients: Not applicable

Description of activity:

Activity 12.3.1: Support GF to develop online reporting tool for capturing concerns of PLHIV and KPs regarding access and utilization of ART and VL testing services.

Activity 12.3.2 Conduct training of trainers for the community groups/CSOs to fill the online reporting tool.

Activity 12.3.3: Provide technical support and mentoring of leaders of community groups in channeling findings from community-led monitoring: e.g. Capacity building for community members to regularly present views to national level e.g. TWG

Activity 12.4.3: Hold quarterly coordination meetings with CSO communities to support community-led monitoring and share feedback from national level.

Activity 12.5.3: Provide NCD ART sites feedback from community-led monitoring activities and support them in developing site-specific QI plans.

Technical Area 13: Surveillance and Strategic Information

Expected accomplishments and key results

- Improved timeliness of submission, quality and utilization of High Frequency Reporting (HFR) to improve program monitoring, response and performance.
- Develop dashboard to monitor LTFU and return-to care by site and as a project.
- Strengthened implementation of patient level monitoring across intervention areas.
- Improved data availability and capacity for data utilization at all levels for program monitoring.
- Revised national surveillance tools rolled with increase capacity to utilized them
- Regular NCD-wide DQA institutionalized.
- Implement a QA/QI system in 100% of PEPFAR supported sites to monitor integrated service delivery and quality.

Activities:

13.1 Support government's effort to roll out revised surveillance tools improve data quality and availability.

13.2 Support ongoing content development and deployment of the HIV patient database (HPDB) to ensure robust patient and program monitoring.

13.3 Support the operationalization of HIV Data Hub and migrate HPDB (EMR) to Open MRS.

13.4 Increased utilization of data at site and SNU level for CQI.

Name of activity: 13.1 Support government's effort to roll out revised surveillance tools improve data quality and availability.

Activity Categorization: Non-service delivery; Above site level.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: HMIS, surveillance, & research

Sub recipients: Not applicable

Description of activity:

Activity 13.1.1: Support printing, distribution, and staff orientation of revised surveillance tools for supported sites in NCD.

Activity 13.1.2: Mentor service providers to correctly and consistently use revised tools for documentation and reporting.

Activity 13.1.3: Support the recruitment and mentorship of an HIV M&E coordinator and data entry clerks for NCD PHA.

Activity 13.1.4: Facilitate quarterly NCD-wide DQA in collaboration with NCD PHA and GFATM.

Activity 13.1.5: Support NDoH's effort to roll out revised surveillance tools in other provinces.

Name of activity: 13.2 Support ongoing content development and deployment of the HIV patient database (HPDB) to ensure robust patient and program monitoring.

Activity Categorization: NSD; Site and Above site level.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: ASP: HMIS, surveillance, & research - NSD

Sub recipients: Not applicable

Description of activity:

Activity 13.2.1: Provide technical assistance on programing, re-programming and content development, and interoperability of HPDB.

Activity 13.2.2: Support roll out and onsite mentoring of service providers to effectively utilize HPDB for program monitoring and reporting.

Activity 13.2.3: Provide procurement support and TA to ensure optimum HPDB functionality at site level.

Name of activity: 13.3 Support the operationalization of HIV Data Hub and migrate HPDB (EMR) to Open MRS.

Activity Categorization: NSD; Above site level.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 120: ASP: HMIS, surveillance, & research -NSD.

Description of activity

Activity 13.3.1: Support government's effort to establish an HIV Data Hub to serve as a platform for strengthening case-based reporting.

Activity 13.3.2: Provide technical assistance on the migration of HPDB (EMR) to Open MRS.

Name of activity: 13.4 Increased utilization of data at site and SNU level for CQI.

Activity Categorization: NSD; Site Above site level.

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: ASP: HMIS, surveillance, & research – NSD.

Description of activity

Activity 13.4.1: Mentor health care workers to analyze, visualize and interpret program results.

Activity 13.4.2: Hold regular data consultation meeting with clinic teams at site level.

Activity 13.4.3: Support the implementation of NCD-wide data review meetings by NCD PHA.

Activity 13.4.3: Support NDoH to publish the quarter HIV program fact sheet.

Activity 13.4.4: Organize quarterly program review meeting with CSO partners and other stakeholders.

Activity 13.4.5: In collaboration with NCD PHA, set up a dashboard to monitor LTFU and return-to care by site and as a project.

Technical Priority Area 14.0:

Laboratory Network Optimization for VL and EID Scale-up (C&Tx, non-lab IPs)

Expected accomplishments and key results

FHI 360 will support the Central Public Health Laboratory (CPHL) and NCD PHA plans to optimize the national laboratory network, including sample collection, sample transport, result return (clinical/laboratory interface) and the documentation of result utilization for VL.

In FY2021, FHI 360 will optimize laboratory services in 9 sites located in NCD by:

- Providing national HIV and laboratory stakeholders with data and assisting in defining optimization expectations to improve VL national laboratory network optimization effort.
- Assessing and addressing system challenges associated with the clinical/laboratory interface, as a follow on to the support provided by CDC until September 2020.
- Ensure data capture of samples collected, picked up, and result return reconciliations - report monthly TATs for VL and EID by site - time intervals between sample collected, sample pick-up, sample rejections, and return of results.
- As part of transitioning CDC support, work with USAID mission technical staff and AORs/CORs as required to determine all existing and new funding levels necessary for strengthening sample collection/transportation, laboratory testing and efficient feedback of results to sites for both VL and EID. This may result in the development and implementation of cross-partner strategies to address sample transport and result return inefficiencies (ex. aggregate funding, 3PL service provision and standardized M&E framework to monitor performance, and/or developing/feeding data into national VL/EID dashboards).
- FHI 360 will ensure documentation of VL results are present in >95% of patient charts and HIV Patient database (HPDB) within one week of result return to the facility.
- Creating SOPs for immediate flagging of high viral-load results and immediate contacting of patients.

Activities:

14.1 Conduct a rapid assessment of VL and EID testing and feedback of result to understand system factors affecting the clinical and laboratory interface.

14.2 Review status and provide TA to CPHL to support operationalization of Cloud VLSM to capture data on samples collected, picked up, and result returned, with the target of improving turnaround time for results.

14.3: Optimize VL testing via POC GeneXpert to complement VL testing using the Roche platform.

14.4 Provide technical support and mentoring to health facilities to improve efficiency in documentation of results and timely management of clients with high viral load.

Name of activity: 14.1 Conduct a rapid assessment of VL and EID testing and feedback of results to understand system factors affecting the clinical and laboratory interface.

Activity Categorization: NSD; Above site level

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: ASP: Policy, planning, coordination & management-NSD

Sub recipients: Not applicable

Description of activity:

Activity 14.1.1: Conduct rapid assessment of factors affecting sample collection, transportation, testing and feedback of results in NCD and one province.

Activity 14.1.2: Disseminate results of rapid assessment to stakeholders and make recommendations for improving VL and EID testing coverage and turnaround time for results.

Activity 14.1.3: Support CPHL to address factors responsible for low coverage and long turn-around time for VL results.

Name of activity: 14.2 Review status and provide TA to CPHL to support operationalization of Cloud VLSM to capture data on samples collected, picked up, and result returned, with the target of improving turnaround time for results.

Activity Categorization: NSD; Above site level

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: ASP: Policy, planning, coordination & management-NSD

Sub recipients: Not applicable

Description of activity:

Activity 14.2.1 Continue supporting 2 data entrants for VLSM.

Activity 14.2.2 Support integration of GX alert into VL Sample management (VLSM) system.

Activity 14.2.3 Support VLSM Remote Ordering functionality in NCD.

Activity 14.2.4 Conduct VLSM Site Level Training in 13 health facilities in NCD.

Name of activity: 14.3: Optimize VL testing via POC GeneXpert to complement VL testing using the Roche platform.

Activity Categorization: NSD; Above site level

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: ASP: Policy, planning, coordination & management-NSD

Sub recipients: Not applicable

Description of activity:

Activity 14.3.1 Provide technical support in scale up of GeneXpert for VL and EID as part of the VL sub-TWG.

Activity 14.2.2 In partnership with GF, NCD PHA and NDoH, assess capacity and functionality of the existing GeneXpert platforms in NCD and make recommendations for using the available machines for both TB and HIV VL.

Activity 14.2.3 Conduct training on GeneXpert VL testing.

Name of activity: 14.4 Provide technical support and mentoring to health facilities to improve efficiency in documentation of results and timely management of clients with high viral load.

Activity Categorization: NSD; Above site level

Beneficiary: Non-Targeted Pop: Not disaggregated

Program area/Alignment with ROP 20: ASP: NHMIS, surveillance and Research -NSD

Sub recipients: Not applicable

Description of activity:

Activity 14.2.1 Print and disseminate registers for high VL and EAC.

Activity 14.2.2 Mentor data entry clerks and health facility staff on correct data entry of VL results.

Activity 14.2.3 Support VLSM Remote Ordering functionality in NCD.

Activity 14.2.4 Conduct VLSM Site Level Training in 13 health facilities in NCD.

Project Quality Assurance Model

FHI 360 provides TA to build capacity in implementing locally owned, systematic steps that identify needed improvements. FHI 360 will provide TA to the NACS, NDoH and NCDHS to support uptake and institutionalization of the QI Model and the culture of teamwork that it advances. We will begin by engaging these key stakeholders in quality assessments at all PEPFAR-supported facilities—an activity that will not only build their capacity in QA/QI but will also identify model learning sites and “non-model” sites, in line with the benchmarks established by USAID for the HIV Support Activity. In general, these facility-level assessments will focus on the quality of integrated and KP-friendly service delivery, including Test and Start, VL services, adherence counselling, medical commodity management, and capacity gaps and leakages along the cascade of services.

To institutionalize and sustain QA/QI processes in health facilities’ day-to-day tasks, FHI 360’s TA will support NCDHS to establish QA/QI committees who coordinate QA/QI steps: develop/adapt checklists, identify improvement needs, test and manage solutions, draft and implement QI plans with benchmarks, conduct periodic reviews of progress, and cascade capacity building on QA/QI to clinics and CSOs/NGOs. Our support will encompass the active engagement of a wide range of sub-national stakeholders in the work of these coordinating bodies, including relevant CSOs and NGOs. Concurrently, we will initiate a joint effort with NACS and the NDOH to develop/adapt national QI monitoring tools that reflect approved standards and SOPs—for instance, for Test and Start and VL services.

Where necessary, FHI 360 will also draw on organizational tools developed and employed in other settings, such as the LINKAGES QI checklist, and adapt them to the PNG context. To adapt and implement new tools and approaches on a national scale, FHI 360 will work with key government partners, particularly NDoH and NACS, and other multilateral partners. FHI 360 will also work to expand the use of tools and approaches employed in the former KP project, such as HIVQUAL activities in PEPFAR supported ART sites. In this new Activity, FHI 360 will continue to provide onsite mentoring support to sites to implement and monitor progress with ongoing QI projects as well as to identify new areas for improvement based on the national HIVQUAL framework. This QI approach supports sites to identify their specific challenges and to implement a tailored response.

A critical component of the quality assurance model is community monitoring. The Activity will continue to implement Key population friendliness assessments in collaboration with the KP consortium while also leveraging other existing platforms including the HIVQUAL consumer network to strengthen community involvement in continuous quality improvement activities. FHI 360's Quality Improvement and Accountability Program (Q-MAP) teams will continue to drive and monitor the implementation of quality improvement activities at site level.

In addition to the FHI 360 led interventions above, the Activity will work closely USAID to conduct Site Improvement through Monitoring System (SIMS) regularly and provide logistics support as necessary for the external DQAs. FHI 360 will facilitate dissemination of results from SIMS and provide TA and other support as necessary to implementing partner organizations, NCD PHA and NDoH address gaps.

Data management and reporting

The overall goal of TA on data management is to ensure that data is available to the right person, at the right place and time and with sufficient details to support evidence-based decision-making as well as national, global and donor reporting requirements. The Activity will focus on ensuring increased availability of program data with adequate disaggregation by risk group, age and sex to guide decision. Interventions will aim to improve documentation and reporting at all service delivery points by ensuring that HCWs are familiar with and consistently use the most current national clinic forms, registers, logbooks and the surveillance reporting forms. To facilitate real time access to granular data, HFR and flexibility in data analysis, FHI 360 will strengthen the use electronic registers and logbooks deployed to PEPFAR supported sites in NCD to complement the use of the paper-based tools. Regular onsite mentoring will be provided to HCWs and other local consultants engaged to support data management at support sites.

Routine program data will be sourced primarily from the national clinic forms and logbooks, national surveillance reports, and the national HPDB version 5.7. The M&E team will ensure that only current versions of the data collection tools are used by service providers and will provide further TA to build users' capacity. FHI 360 will continue to work closely with the NDoH surveillance team to improve the content of the HPDB to current information needs, including PEPFAR's MER 2.4 indicators.

Using in-built data visualizers in the current version of HPDB (version 5.7) and Data for Accountability, Transparency and Impact Monitoring (DATIM) as well as other data visualizers such as power-BI, FHI 360 will regularly analyze weekly program data as part of the HFR and data from QI projects to monitor outputs and outcomes of interventions. Granular analyses will be utilized to track quality of service, identify gaps and weaknesses along the prevention to care and treatment cascade. Data analysis will also focus on understanding yield from different HIV testing modalities, progress with SDART initiations, retention on ART, VL suppression by key disaggregations (e.g., age, sex and risk factors), and GBV integration services. Results will be shared with stakeholders at national, subnational and service delivery levels using different platforms including program fact sheets, regular program reports, M&E and program performance review meetings, HIV coordination meetings, TWG meetings, mentoring and supportive supervisory visits to facilitate evidence-based programming.

FHI 360 will source data on clinical, laboratory and supply chain management services from NDoH national surveillance reports as well as HPDB. FHI 360's technical staff responsible for providing TA on various components of the Activity will submit a monthly progress report on TA provided at national, subnational, clinic and community levels. These reports will focus on technical activities implemented, achievements, lessons learned and priorities for the following reporting period. CSOs under the subgrant component of the Activity will also provide monthly progress reports on their activities. The quantitative data sourced through government partners and progress reports from both FHI 360 technical teams and subgrantees will provide the content for the progress reports that will be submitted to USAID and PEPFAR as part of the HRF and quarterly progress reports. In line with the HFR, FHI 360 through the activities of local data entry consultants, will generate weekly exports file from e-registers and the HPDB deployed onsite. Will be used to generate weekly reports on core indicators and shared with FHI 360 APRO and HQ for monitoring and response purposes. The data will also be routinely (e.g. weekly) analyzed and feedback given to sites as part of the routine mentoring activities.

Budget Summary:

The budget summary incorporates planned expenditures for expected allocation from the two funding sources, the Regional Operational Plan (ROP) and the Accelerate and Scale Asia Program (ASAP). Total costs of \$3,940,848 include \$3,045,848 from ROP and \$895,000 from ASAP

Summary by line items

Line Item	Total Budget (US\$)	SO1 (US\$)	SO2 (US\$)	SO3 (US\$)
Personnel & Consultants	1,196,616	621,898	460,470	114,247
Fringe Benefits	261,386	135,846	100,584	24,956
Travel & Transportation	138,804	72,138	53,413	13,252
Equipment & Supplies	0	0	0	0
Contractual	330,000	171,506	126,987	31,507
Other Direct Costs	1,029,457	535,024	396,146	98,288
Total Direct Costs	2,956,263	1,536,412	1,137,601	282,250
Indirect Costs	984,585	511,703	378,879	94,003
Total USAID Funding	3,940,848	2,048,115	1,516,480	376,253
Cost Share	200,000	103,943	76,962	19,095
Total Program Amount	4,140,848	2,152,058	1,593,442	395,348

Summary by interventions

COP20 Budget	Amount (USD)	% Allocation	Workplan Budget	Direct Cost	Indirect cost	Subcontract	% Direct	% Subcontract
PM: IM Program Management-PM	1,103,687	28.01%	1,103,687	119,102	984,585	-	5%	
ASP: HMIS, surveillance, & research-ASP	194,372	4.93%	194,372	169,808	-	24,564	6%	7%
ASP: Human resources for health-ASP	303,847	7.71%	303,847	265,448	-	38,399	10%	12%
ASP: Procurement & supply chain management-ASP	225,924	5.73%	225,924	225,924	-	-	9%	-
C&T: HIV Clinical Services-NSD	1,466,354	37.21%	1,466,354	1,281,041	-	185,313	49%	56%
HTS: Not Disaggregated-NSD	310,370	7.88%	310,370	271,146	-	39,224	10%	12%
ASP: Policy, planning, coordination & management of disease control programs-ASP	336,294	8.53%	336,294	293,794	-	42,500	11%	13%
Total	3,940,848	100%	3,940,848	2,626,263	984,585	330,000	100%	100%

Budget Narrative:

This workplan budget is in line with SGAC-approved ROP20 budget and the PEPFAR strategic directions for PNG including prioritization of key interventions of HIV Testing, ART, Treatment Growth/New Clients, Treatment Growth/Retention Standards of Care, Multi-Month Dispensing, amongst other areas.

I. PERSONNEL & CONSULTANTS (US\$ 1,196,616)

Line Item	Total Budget (US\$)	SO1 (US\$)	SO2 (US\$)	SO3 (US\$)
Personnel & Consultants	1,196,616	621,898	460,470	114,247

Personnel line item includes all local and international personnel and consultants providing level of effort (LOE) to the project and is calculated based on the Year 3 workplan and recruitment plan and assuming all local staff members will be mobilized by the end of the fiscal year (FY) 2020. The workplan also proposed to continue Senior Lab Technical Officer and Medical Officer positions in year three to provide technical leadership in the scale up of priority interventions including Index client family and partner testing (ICFPT), while strengthening viral load monitoring services and any COVID-19 related interventions in relation to the HIV/AIDS clients.

On consultants, FHI 360 will engage a database developer/programmer to customize mSupply for forecasting and quantification and integrate GeneXpert Alerts in VLMS.

II. FRINGE BENEFITS (US\$ 261,386)

Line Item	Total Budget (US\$)	SO1 (US\$)	SO2 (US\$)	SO3(US\$)
Fringe Benefits	261,386	135,846	100,584	24,956

Fringe Benefits line item includes staff benefits calculated in accordance with FHI 360 global and local policies and local labor laws and practices.

III. TRAVEL (US\$ 138,804)

Line Item	Total Budget (US\$)	SO1 (US\$)	SO2 (US\$)	SO3 (US\$)
Travel & Transportation	138,804	72,138	53,413	13,252

Travel includes local in-country and international travel with costs calculated based on the approved STTA plan and FHI 360 travel policies

IV. EQUIPMENT

Equipment N/A

V. SUPPLIES (US\$N/A)

Supplies more than USD5,000: N/A

VI. CONTRACTUAL (US\$ 330,000)

Line Item	Total Budget (US\$)	SO1 (US\$)	SO2 (US\$)	SO3 (US\$)
Contractual	330,000	171,506	126,987	31,507

Contractual line item includes costs to support clinical services and small grant to support CSOs. We have proposed six Faith Based Organizations (FBOs), four of which are the existing sub awardees in Year 2 (namely, Anglicare, Salvation Army, Four-Square Church (Living Light Health Ministries) and Hope World-Wide (HWW)) while IGAT Hope and another FBO from the Seventh Day Adventist Church is to be identified. Together, they will support priority interventions such, index client family and partner testing as active case management, viral load monitoring, GBV integration and high frequency reporting.

VII. OTHER DIRECT COSTS (US\$ 1,029,457)

Line Item	Total Budget (US\$)	SO1 (US\$)	SO2 (US\$)	SO3 (US\$)
Supplies: Other supplies	92,083	47,857	35,435	8,792
Contractual: Other contracts	780,677	405,729	300,413	74,535
Training	156,697	81,438	60,299	14,961

Other Direct Costs (ODC) line item include office lease and facilities, office setup, security devices, regular operational costs (communication, vehicle fuel and maintenance, etc.), other expatriate costs (shipping, allowances, DBA insurance, etc.) and program activities for Year 3 as below

Training and Capacity Building meetings

Trainings, meetings, focus groups discussions, etc. will be undertaken to further build the capacity of various staff both in the clinics, sub awardees and at the NCDPHA/NDOH in various areas like GBV, ICFPT, ADR, SCM, etc. For example, the following meetings and trainings, amongst others, are to be undertaken: (see detailed budget):

- Conduct ICFPT training for HCW who are newly recruited or not trained on ICFPT.
- Explore and implement alternative options of partner notifications services (including anonymous referrals using coupons) to improve uptake of index testing among partners.
- Review and assess current Partner notification services through FGDS with HCW and beneficiaries who have successfully brought in contacts through ICFPT.
- Train and mentor service providers for non PEPFAR supported sites and high testing yield HTS sites to implement ICFPT.
- Facilitate a stakeholder meeting with the Global Fund for AIDS TB and Malaria (GFATM) and the Key Population (KP) Consortium to secure their buy-in on integrating ICFPT into community HIV testing.
- Conduct ICFPT training for outreach workers.

- Train and mentor HCWs to utilize the counselling tool kit to address issues of positive health and dignity and other factors that improve linkage and adherence to ART.
- Train HCW to build their capacity on conducting telephone counselling.
- Conduct training for health care workers to build their capacity in using mSupply system.
- Conduct workshops on ADR and SCM for the PEPFAR supported sites in NCD.
- Provide TA in annual forecasting and quantification of HIV commodities.
- Conduct monthly meetings to review VL data and develop quality improvement plan.
- Conduct training on TPT for HCW at the PEPFAR supported sites
- Conduct training to HCW to build capacity for roll out of CrAg testing.
- FHI360 in partnership with the KP Consortium will provide mentoring to the clinics to ensure the decision tree tool is administered at all testing entry points to ensure categorization of all clients who access testing services.
- FHI360 in partnership with the KP consortium will conduct Annual KP Friendliness Assessment at all 9 PEPFAR supported sites.
- Train and mentor ACs and HCWs on how to conduct IPV screening through ICFPT services, facilitate referrals and develop safety plans for clients experiencing IPV to access services.
- Strengthen referral pathway between testing and treatment services by identifying gaps and addressing them appropriately.
- Conduct facility readiness assessments to understand the barriers and opportunities for GBV service integration into HIV and STI services.
- Facilitate site specific facility readiness assessment feedback meetings to communicate gaps identified.
- Jointly develop workplan to address gaps identified from assessment conducted.
- Conduct GBV Sensitization Trainings for HCWs and clinic support staff to build their capacity on GBV and availability of post-GBV services.
- Conduct GBV Screening Protocol/clinical enquiry training for counsellors and HCWs to build their capacity on how to screen for GBV.
- Train HCWs about essential post-GBV services to enable them to provide services.
- Conduct site-specific step-down trainings to address gaps identified through monitoring visits to improve performance.
- Conduct psychological first aid training for counsellors and HCWs to build their capacity to stabilize survivors who are unstable.
- Conduct basic counselling training for counsellors and HCWs to provide routine counselling services to survivors experiencing GBV.
- Conduct peer support group sessions targeting IPV survivors (for identified high-risk IPV cases) to build capacity on how to reduce ongoing IPV.
- Train and mentor facility staff on GBV M&E data tools.

Coordination and Support Activities to NCDPHA/NDOH and partners

The following activities, amongst others, have been planned as coordinating activities to help plan, review and improve on various thematic areas:

- Monthly ICFPT coordination meeting with field coaches on ICFPT implementation progress.
- Conduct GBV Clinical Coordination meetings for GBV leads to discuss any coordination issues and develop action plans to improve GBV Coordination.

- Support the rollout and implementation of the PNG National Sexual and GBV Clinical Guidelines.
- Roll out PEPFAR/WHO GBV QA tool to improve quality of post-GBV services provided.
- Support NDoH to conduct one national level training and provincial training for NCD-PHA on the new national HIV counseling and testing guidelines.
- Disseminate SOPs, IEC materials for HCW and clients.
- Support NCDPHA to conduct non PEPFAR funded stakeholder meeting to get buy-in and integrate ICFPT in their services.
- FHI360 will support the KP Consortium to disseminate findings from the Assessment to the clinics as well as other forums.

Other activities

- Strategic development workshop
- Staff Professional Development
- World AIDS Day Activity

VIII. INDIRECT COSTS (US\$ 984,585)

Line Item	Total Budget (US\$)	SO1(US\$)	SO2(US\$)	SO3(US\$)
Indirect Costs	984,585	511,703	378,879	94,003

Indirect Costs are budgeted in accordance with FHI 360’s approved provisional NICRA as stated in the Cooperative Agreement.

IX. TOTAL COSTS (US\$ 3,940,848⁴)

The estimated total costs are US\$3,940,848.

X. Cost Share Contributions (US\$200,000)

FHI 360 will generate above mentioned cost shares through complementary programs supported with non-U.S. Government resources, not included as contributions for other federally assisted programs, and that contribute to the proper and efficient accomplishment of the program objectives. CSO partners will also contribute to cost share under the sub-grant component of the program.

⁴ Total costs include funding from ROP and ASAP streams (i.e. \$3,045,848 from ROP and \$895,000 from ASAP)

Appendix

I: FY2021 Targets by Site (Based on final COP/ROP 2020 datapack)

	HTS_TST	HTS_POS	TX_NEW	TX_CURR	TX_PVLS (D)	TX_PVLS (N)	GEND_GBV
Koki	882	78	74	429	416	396	62
Kaugere	3,034	223	168	294	215	204	40
Heduru	545	164	445	2,247	2,253	2,141	340
6 Mile	3,066	164	147	306	305	290	44
9 Mile	6,370	169	120	365	328	312	61
Tokarara	2,276	128	84	109	92	87	14
Begabari	6,260	387	346	1,371	1,083	1,029	191
Lawes Road	8,088	456	330	454	347	330	63
Gerehu	5,129	385	223	197	95	90	25
Total	35,650	2,153	1,938	5,771	5,134	4,879	840

II: FY2021 Targets by Site (Based on final COP/ROP 2020 datapack)

Technical Area	Custom indicator	Targets
Treatment Growth/ Retention Standards of Care	Retention rate	98%
	Net_NEW	TBD
GBV Clinical Response	GEND_NORM: # of people completing an intervention pertaining to gender norms, that meets minimum criteria	TBD
	# of people who reported physical and/or sexual violence	TBD
	# of health units that have documented and adopted a protocol for the clinical management of GBV survivors.	TBD
	# of health units with at least one service provider trained to care for and refer GBV survivors.	TBD
Key Populations	TX_NEW_VERIFY: # of HIV-positive KPs verified as newly enrolled on antiretroviral therapy (ART).	TBD
	TX_CURR_VERIFY: # of HIV-positive KP clients that have been reached by KP programs and are verified as currently enrolled on ART at the end of the reporting period.	TBD
Transition to local partners	CAP_NUPAS: % of supported local organizations that have undergone a NUPAS or NUPAS-like assessment.	TBD
	CAP_MER: % of supported local organizations meeting 80% of assigned PEPFAR MER target contributions in the reporting period.	TBD