Papua New Guinea

Operational Plan Report

FY 2013

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

I. Country Context

Epidemiology of the HIV Epidemic in Papua New Guinea

Papua New Guinea (PNG) has an estimated population of 7 million people, which accounts for well over half of the 10 million total persons living in the 22 Pacific Island states. PNG is a diverse country with 85% living in rural areas, and more than 700 languages (NSO, 2011 and World Bank, 2012). While PNG has enjoyed recent economic progress and has bright prospects for future revenue growth, growth has not been inclusive or broad based. The country still ranks a very low 153 out of 187 on the Human Development Index. According to the World Health Organization, PNG has the lowest health status in the Pacific region. Among the leading causes of mortality are HIV/AIDS, tuberculosis (TB), pneumonia, and malaria. TB and pneumonia have high prevalence rates and are often associated with HIV infection. National TB/HIV co-infection rates are very high at 9%, and TB/HIV co-infection even higher in Port Moresby at 23%.

PNG has the highest prevalence of HIV/AIDS among the Pacific Island Nations (UNAIDS, 2011). Ninety-five percent of HIV cases reported in the Pacific between 1987 and 2008 were Papua New Guineans (Coghlan et al, 2011). The Government of PNG (GoPNG) estimates that there are 34,000 people living with HIV in the country (31,000 adults and 3,100 children) (NACS/NDOH/UNAIDS, 2011). The first HIV case was reported in 1987 and reported cases have increased steadily since that time. HIV transmission is primarily heterosexual; important contextual factors include high rates of sexually transmitted infections (STI) with limited availability of effective treatment, early sexual debut, multiple and concurrent sexual partners including polygamy, sexual violence and rape, transactional sex, low and inconsistent condom use, increased mobility especially of men for work, and use of marijuana and alcohol. Illicit drug injection has been documented but is still thought to be very rare in PNG (NRI, 2010).

While much is still unknown about the current and future status of the HIV epidemic in PNG, there is sufficient data to conclude that the epidemic has extended beyond urban and peri-urban areas to rural areas. Though HIV has been reported in all 22 provinces, the epidemic appears to show a geographical focus in the five Highlands provinces, home to 40% of nation's population but reporting 60% of the total number of HIV cases in 2010 (NDOH, 2011). Further, it is believed that the epidemic is concentrated in locations with a convergence of risk behaviors such as urban centers, along key transport routes (e.g.

Highlands Highway), mining areas such as Liquified Natural Gas (LNG) sites, and other rural economic enclaves (IRG, 2011). While national HIV prevalence for adults is estimated at nearly one percent, HIV infection rates are much higher among most-at-risk populations (MARPs) compared to the general population. A 2010 integrated bio-behavioral survey conducted in the capital city of Port Moresby showed that female sex workers (FSWs) had a prevalence of 19%. For males who have sex with males (MSM) HIV prevalence was 14.1% and for transgender women HIV prevalence was 23.7% (IMR, 2010).

Status of the National Response

The National AIDS Council (NAC) is the principal coordinating agency of the national HIV/AIDS response. At the national level, NAC and its Secretariat (NACS), are responsible for the formulation, review and revision of national policies and for coordinating the implementation of the National HIV and AIDS Strategy, (NHS) 2011-2015 (NACS, 2011). The National Department of Health (NDOH) responds to the leadership from the Minister and develops national policies and guidelines related to the provision of HIV testing and counseling (HTC), care and treatment, and the prevention of parent to child transmission (PPTCT) through strengthening of maternal and child health systems. NDOH is also responsible for HIV surveillance and aspects of programmatic reporting and monitoring and evaluation (M&E). NDOH has the overarching responsibility for coordinating the response within the health sector and provides technical and financial resources to the provincial level. Under GoPNG policy, provincial governments are responsible for the implementation of HIV/AIDS activities. As part of the 2011-2015 NHS, the GoPNG has committed to increasing its financial contribution to the national HIV/AIDS response.

The goal of the NHS is to “reduce transmission of HIV and other STIs and to minimize their impact on individuals, families and communities”. Priority areas to achieve this include: scaling up high quality prevention, and HTC, treatment, care and support services, and health systems strengthening. The NHS also addresses:

- gender inequality;
- the meaningful involvement of people living with HIV;
- reducing HIV-related stigma and discrimination;
- capacity building and mobilization of people, communities, and organizations;
- effective use of research, surveillance and M&E data;
- sustained and visible leadership at all levels; and
- improved coordination at national and sub-national levels

The National Health Plan, 2011-2020 guides the overarching national health response and it stresses the integration of HIV/AIDS into a broader health response with a focus on human and institutional capacity building and systems strengthening.

Limited human and organizational capacity and poorly functioning health systems are the main causes of PNG's low health status. The lack of skilled human resources and the Government of PNG's (GoPNG) limited capacity for operational management and financial accountability has led to the deterioration of the health infrastructure. Despite these challenges, there has been substantial scale up of service delivery in key areas. HTC uptake and antiretroviral therapy (ART) services have expanded steadily between 2004 and 2010 although prevention of mother to child transmission (PMTCT) coverage is still lagging behind (only 12.1% coverage in 2011) (PNG UNGASS, 2010).

What do other development partners contribute to the national response?

Although GoPNG funding for HIV/AIDS has been increasing, the response maintains a heavy reliance on international development partners, primarily the Australian Agency for International Development (AusAID) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). In 2009, donor partners funded 89% of PNG's total in-country spending for HIV/AIDS (NACS, 2012). AusAID is by far the largest donor for HIV in the country. AusAID contributes $114 million a year for health and HIV to the GoPNG and civil society to implement a multi-sector public health support plan.

PNG was awarded $19.4 million for HIV under the GFATM Round 4. The country successfully applied for additional funding in GF Round 10 ($46.7 million) to "maintain, expand and scale-up essential prevention, care and treatment services in nine priority provinces with a particular focus on PMTCT as an entry point".

The World Bank provides technical and financial support for HIV surveillance and data use and is providing assistance to the NDOH to plan a national household integrated behavioral and biological survey. The first of its kind in PNG, the survey is scheduled to initiate in 2013. World Bank funding for HIV in 2009 was US$109K.

UN Women, WHO, UNDP and UNAIDS, through the UN gender working group, are advocating with legal and enforcement agencies to address gender-related issues.

There is a large church community in PNG and approximately half of the clinics in country are run by faith-based organizations (FBOs).

How does USG fit into the national response?

The USG PEPFAR team aims to fill a critical gap in the national health response by providing

collaborative TA to national and local governments and civil society to effectively implement the 2011-2015 National HIV/AIDS Strategy by building local capacity and strengthening health systems. To increase access to HIV/AIDS services for most-at-risk populations (MARPs), the team has designed and implemented successful, low cost and sustainable HIV service delivery models that are being replicated and scaled up by the GoPNG and other development partners.

In 2011, a USG PEPFAR inter-agency joint assessment was conducted in PNG to make recommendations for PEPFAR programming. The U.S. Embassy was closely engaged in this process and advocated for an increased USG health team with multi-agency representation including the USAID, CDC, and DoD. The team would have a strong, coordinated in-country presence with strong leadership and support from the U.S. Ambassador and the Deputy Chief of Mission (DCM). In line with the goals and strategies of PEPFAR II, the most pressing needs identified by the team are to enhance collaborative technical assistance (TA) with a focus on capacity building and systems strengthening, develop country-owned and sustainable service delivery models, and strengthen public and private sector health capacity. The USG PEPFAR team has a limited funding platform and the cost of doing business in PNG is extremely high and steadily increasing. Thus, careful effort has been made to develop complementary inter-agency planning both within the USG team and with development partners to maximize the impact of USG investments.

Other contextual factors

Women and girls account for 62% of all reported HIV infections (NDOH, 2011). Yong women are at particularly high risk. In 2010, nearly forty percent of all reported HIV infections among young women were in the 15-24 year age range compared to 12% among young men (NDOH, 2011). It has been widely concluded that the increased vulnerability of women and girls relates to structural factors and the economic, social, legal, political and cultural disadvantages women face (PNG UNGASS, 2010, Amnesty International, 2006). Factors such as limited income and employment opportunities and high levels of labor migration have led to high rates of exchange of sex for cash and goods and services. Furthermore, lack of access to basic STI services and HIV prevention methods such as male and female condoms, HTC, and violence counseling in most communities contributes to vulnerability and risk (PNG UNGASS, 2010). There is a high prevalence of physical and sexual violence perpetrated against women in PNG and sexual violence is widely believed to be the norm (PNG UNGASS, 2010). While there are no national statistics on gender based violence (GBV), a recent study conducted across four provinces found that 58% of respondents reported physical or sexual abuse and 44% reported emotional abuse (Lewis et al, 2008). Statistically significant associations between reported physical, sexual, and emotional abuse and HIV infection were documented in this regional sample of women (Lewis et al., 2008).

The USG PEPFAR team integrates support for HIV/AIDS into strengthened health systems and a broader health and development agenda including an emphasis on gender equity and GBV. This is in line with the Global Health Initiative (GHI) approach of integrating services to maximize impact and efficiency, particularly focusing on women and girls health. This overall health system strengthening approach allows the USG to be more responsive to GoPNG needs and leverages PEPFAR funds to provide support and impact beyond vertical HIV programming.

II. PEPFAR focus in FY2013

Priorities

The technical focus of PEPFAR activities will be informed by: PEPFAR and GHI principles; knowledge of the epidemic in PNG; identified gaps in the national response; priorities identified by the GoPNG and civil society to intensify and sustain an effective response to the HIV epidemic; and integration with other key health issues with a focus on improving women and girls' health.

Key priorities for the USG team in FY 2013 include:

- Increase access of MARPs to HIV/AIDS services through the Continuum of Prevention to Care and Treatment (CoPCT) service delivery model and replicate and scale-up the CoPCT model;
- Build capacity and strengthen national and provincial health systems to facilitate country ownership of an effective and sustainable HIV response particularly in the areas of strategic information, care and treatment quality systems, and laboratory quality systems;
- Integrate approaches, service delivery models, and referrals to improve PPTCT of HIV, women and girls' health, and GBV into HIV/AIDS-related activities;
- Support the first integrated national household bio-behavioral surveillance survey that will provide representative population-based HIV prevalence and behavioral data to help further guide the national response; and
- Build epidemiological capacity for PNG's first Field Epidemiology Training Program.

Changes since FY 2012

- In FY 2013 the USG PEPFAR team was greatly strengthened with the staffing of the Health Attaché, USAID's HIV/AIDS Technical Advisor, and CDC's first PNG Country Director.
- This is the first year that the team has written an inter-agency Country Operational Plan as a unified USG PEPFAR team.
- USAID is starting its new five-year program (2012-2017) which focuses on increasing access of prevention, care and treatment and GBV services for MARPs in the National Capital District (NCD) and Madang province.

III. Progress and Plans

Partnership Framework/Partnership Framework Implementation Plan/Country Strategy Monitoring

The USG PEPFAR team does not currently have a Partnership Framework or Partnership Implementation Plan but is developing a long-term strategy, which will include M&E.

Country Ownership

The USG PEPFAR team developed and refined its strategies and implementation plans in close consultation with the GoPNG and civil society stakeholders, aligning country plans to support the GoPNG's plans. The USG is engaged as a key stakeholder in GoPNG-led development partner meetings and sits on the Country Coordinating Mechanism (CCM) of the GFATM. The USG is transparent in sharing its total funding for programs in-country and engages the GoPNG in resource allocation decisions. The PEPFAR country platform in PNG fits the category of "targeted assistance" in that key priorities, strategies and activities focus on strengthening service delivery models and building capacity for government and civil society. TA emphasizes building replicable service delivery models for MARPs, care and treatment and laboratory quality systems, strategic information and epidemiological capacity.

Trajectory in FY 2014 and beyond

The USG will use evidence-based approaches to evaluate and scale-up high quality models of TA and incorporate these into the national health system through the GoPNG or leveraged external support. The USG continues to strengthen the capacity of country partners, with a long-term plan to transition technical collaboration (TC) with "peer-to-peer" relationships. A road map for this transition will be planned with close attention to the four USG dimensions of country ownership: (1) political leadership and stewardship; (2) institutional and community ownership; (3) capabilities; and (4) mutual accountability including finance. In FY2014, DoD, in collaboration with the Papua New Guinea Defense Force (PNGDF), will support HIV prevention, treatment, care and support programs focused on active duty military personnel and their dependents.

IV. Program Overview

Program Area One: Prevention

Major PEPFAR activities/targets or initiatives:

The USG focus in prevention is to reach adult (over 18 years of age) MARPs (including MSM, transgenders and Women in Transactional Sex (WTS)), higher risk men and women who have multiple concurrent sexual partners, and people living with HIV (PLHIV) through Social and Behavior Change

Communication (SBCC). The USG will provide these groups with quality HIV prevention services and linkages to care and treatment in NCD and Madang. In the first year, the program will continue providing technical assistance to provincial counterparts in strengthening the delivery of the comprehensive prevention package (CPP) with referrals to care and treatment services in current sites. The CPP comprises two interrelated sets of interventions: 1) prevention services (SBCC, referrals to, and provision of HCT and STI management, and condom and lubricant distribution) and activities that address livelihood development, policy advocacy and strategic information; and 2) activities to reduce stigma and discrimination. The CPP serves as an entry point for the CoPCT model, a well-coordinated network that links and consolidates prevention, care (opportunistic infection or OI treatment), ART treatment, and support services for people vulnerable to, living with and affected by HIV/AIDS. An important new element to the model is the integration of GBV reduction interventions. These include building civil society capacity for the prevention of GBV; GBV mitigation and case management, including shelter, legal, and psychosocial services, trauma counseling, referral, and Post-Exposure Prophylaxis (PEP) treatment; referrals to and between essential and related health facilities, labs, and pharmacies; and linkages to and between essential community social services.

The USG is also providing TA to strengthen national PPTCT service delivery that is in urgent need of support with national coverage at only 12.1% in 2011 (2012 UNAIDS GAR). The USG is providing TA to develop and scale-up the HIV Quality of Care Program (HIVQUAL)-PMTCT model for improved performance monitoring and quality improvement. The model is being implemented at five major regional hospitals and plans for scale-up are being developed. In addition, the USG is providing epidemiological and Information Technology (IT) TA to NDOH to support the enhanced implementation of the national PPTCT strategic information system with strong linkages to Global Fund efforts in this area. The USG will also provide TA for a strategic assessment of PPTCT at HIVQUAL sites, including the basic analysis of M&E data to inform development of program activities to address GBV services, including linkages with Family Support Centers (FSC).

Any significant changes from FY12:

- The addition of the GBV component into programming, which provides clinical and referral services for those experiencing GBV; and
- Development and refinement of new PPTCT M&E system and PPTCT facility forms. Information Technology TA to update the computerized national HIV/AIDS strategic information system to manage and analyze these data.

Any new procurements for this area:

- The targeted MARPs program will be supporting STI diagnostic equipment for the clinics where TA will be provided; and
- New support of $400,000 is needed to partner with UNICEF-PNG to scale up PPTCT coverage,

build a framework for rolling out Option B+ in PNG, operationalize quality improvement, and strengthen program monitoring.

Program Area Two: Testing and Counseling, Care and Treatment

Major PEPFAR activities/targets or initiatives:
Seeking to develop a strong, long-term provider of quality HIV services, the USG team will focus on training and building capacity of providers within USG sites to deliver quality, MARP-friendly services. Since there are a highly limited number of service delivery sites currently providing a full spectrum of HIV services, the USG will expand service provider options, including for HCT, ART and STI services. According to the 2012 Global AIDS report, just over half of the population has tested for HIV in the past year; among WTS this is 46.4% and among MSM this is close to 56%. HCT is the entry point into the CoPCT model and will be a cornerstone of the program's activities. Referrals from community and hot spot-based outreach will be tracked to assure that those at highest risk - MARPs and higher risk men and women - are routinely tested and made aware of their results. It is critical to assure that these populations know their status, so they can obtain care and treatment services if they are found to be HIV positive, or prevention messaging is reinforced if they are HIV negative. HCT uptake will be heavily promoted through outreach activities, the use of media, and special events such as World AIDS Day. Clinic providers will be trained on identifying and referring clients to HCT services.

The CoPCT model in NCD and Madang will utilize home-based care and clinical-based care in its care and support activities. Case Management Teams (CMTs) will be used to deliver comprehensive services to MARPs, including PLHIV. CMTs consist of five members – including health care providers, counselors, and PLHIV case managers. The program team will further develop the scope and number of CMTs working together towards a holistic approach to care, treatment, and support of PLHIV in program implementation areas. Case managers, who will be individuals living with HIV, form a strategic client support system, particularly in urban settings, and are a key element of the National HIV/AIDS Strategy. Adult treatment will be provided to all eligible adults at the supported clinics, as well as clients seen at the Modilon General Hospital in Madang. All drugs are provided by the GoPNG for ART and OI's, as well as for TB. In addition, the clinics will be acquiring CD4 (type of white blood cell that fights infection and their count indicates the stage of HIV or AIDS in a patient) machines so that early initiation of ART is possible. Currently, the WHO staging process is being used to determine whether clients are eligible for ART. The USG is also providing TA to strengthen national HTC, treatment and care and support service delivery.

Any significant changes from FY12:
As the GoPNG has CD4 machines that were not functional, the machines will be made available in a few clinics and will allow for CD4 counts and early initiation on ART when appropriate.

Any new procurements for this area:
The MARPs program will be supporting purchase of a few CD4 machines for use in the clinics where technical assistance will be provided.

Program Area Three: Gender Equality and Preventing and Responding to GBV

Major PEPFAR activities/targets or initiatives:
The program will mainstream gender equality concerns through its participatory and inclusive approach to providing GBV and HIV prevention, care, and treatment services to MARPs. The intensive focus on MSM, transgender populations and WTS makes the program extremely gender sensitive, considering these groups are marginalized because of negative gender norms towards them in PNG society. A strong program component addressing GBV will serve women survivors of violence.

The program includes gender-responsiveness in all program activities, and places strong emphasis on the increased role of women and marginalized groups in trainings and capacity building opportunities. The program also includes strategies to provide gender training to key staff members in order to ensure comprehensive gender mainstreaming, and to monitor and address constraints that these marginalized groups face in benefitting from program activities and resources. Implementing partners will: (i) conduct a gender assessment with local partners to establish a baseline and identify programmatic gaps; (ii) assist partners to develop a gender policy for their workplace; (iii) raise awareness about gender issues through training of partner staff, service providers, and community leaders; (iv) integrate gender-sensitive indicators into the program's M&E system; and (v) seek to ensure that members of marginalized groups are integrally involved in planning and implementation of program activities through gender-responsive consultations with partner staff members. Gender-sensitive indicators are integrated into the program's M&E system. Activities will focus largely on preventing GBV and providing services for GBV survivors.

The USG will also improve linkages and quality of services aimed at improving the health of women and girls and GBV. This will be accomplished by providing TA for the: (i) development and refinement of Family Support Center (FSC) guidelines and facility-based standard operating procedures (SOPs); and (ii) development and implementation of a national FSC program M&E system to build the capacity of NDOH staff to effectively use it.

Any significant changes from FY12:
The entire GBV component within the current program is new, and will be further developed as the program implements the Gender strategy, gathering best practices to achieve results and meet targets.

Any new procurements for this area:
New procurements consist of supplies for safe houses associated with the clinics where women survivors of violence can stay for up to 6 months.

Program Area Four: Health Systems Strengthening

Major PEPFAR activities/targets or initiatives:
In order to expand the number of clinics and health care providers that deliver quality services for MARPs, the program will support new clinics in NCD and Madang, improving the capacity of clinicians and institutions. These efforts will increase the network of MARP-friendly services and further link community-based prevention and care services within settlements and urban centers. A significant amount of training and mentoring will be required to assure human resources are equipped to deliver quality services. To further develop competent, long-term providers of quality HIV services, the USG will train and build capacity of providers within supported sites with the goal of delivering quality, MARP-friendly services. Since there is a limited number of service delivery sites currently providing a full spectrum of HIV services, the USG will expand service provider options, including for HCT, ART and STI services. Critical to successful expansion of CoPCT in NCD will be strong engagement and coordination with the GoPNG and civil society partners. The CoPCT process evaluation noted cases of stigma and discrimination at health facilities, which has great potential to deter clients from accessing much-needed services. The USG will train both community members and government clinicians to assist in building confidence among MARP members to access services.

The USG team provides ongoing health system strengthening to NDOH and provincial health offices in the following areas: (i) laboratory quality systems through the strengthening of external quality assurance scheme (EQAS) and quality management systems (QMS); (ii) care and treatment quality systems using HIVQUAL for enhanced performance measurement and quality improvement; (iii) systems strengthening for HIV surveillance; and (iv) M&E systems including epidemiological and IT support. In FY 2013, a new strategic goal is to build the epidemiological capacity of the NDOH and local institutions through TA for PNG's first in-country Field Epidemiology Training Program (FETP).

Any significant changes from FY12:
The previous project worked with Hope Worldwide in the NCD. In the current program, Four Square Church and Salvation Army are the new local partners providing clinical services.
The FETP is also a new initiative to strengthen the GoPNG's epidemiological and health systems.

Any new procurements for this area: None

Program Area Five: Strategic Information

Major PEPFAR activities/targets or initiatives:
The MARP focused program will provide strategic and intensive on-the-job TA and M&E to partner staff and stakeholders on routine program monitoring, data management, analysis, and use. The progam will collaborate with partners and GoPNG counterparts to improve overall data collection, including standardizing procedures and indicators. Ongoing training and mentorship will be provided to partner staff, case managers, and clinicians, on basic and descriptive data analysis, epidemiology, and biostatistics. At the national level, the program will continue to provide TA to GoPNG through the National Oversight Committee and Strategic Information Technical Working Group to raise awareness about the importance of quality data collection and analysis. Additionally, the USG will support the GoPNG and local partners to interpret findings more accurately through rigorous analyses, and apply them to inform strategic planning, design, and implementation of CoPCT and GBV initiatives. The team will replicate the standardized Clinical Operating Guidelines in four clinics in NCD and Madang.

The USG will provide intensive TA to strengthen the national HIV surveillance system and the utilization data for epidemic monitoring and program planning purposes. This will be accomplished by: (i) providing ongoing epidemiological and IT TA for the implementation of an integrated computerized national HIV surveillance and M&E database system; (ii) building the capacity of national and provincial surveillance staff for data collection, management, analysis and national HIV estimates and projections modeling; and (iv) providing TA for data collection, data analysis and review to inform programming to improve women and girls' health and GBV.

The USG is supporting the first national household integrated bio-behavioral survey (IBBS) that will provide a wealth of much-needed information on the status of the epidemic, including HIV prevalence and risk behaviors in PNG. In addition to the IBBS data on risk estimates, census data will serve to estimate the number of MARPs in PNG.
Any significant changes from FY12: The national household IBBS is the first of its kind in PNG. USG efforts will work toward ensuring use of this data for policy decision-making and program design.

Any new procurements for this area: None

V. GHI, Program Integration, Central Initiatives, any other consideration

The USG PEPFAR team continues to build internal health capacity through the development of an inter-agency, multidisciplinary health team, taking a holistic approach to address critical health priorities. The team operates in the spirit of the GHI principles and focuses on addressing the mission's priorities by

building synergy with other key stakeholders. The team includes the in-country offices of the Health Attaché, CDC, USAID, DOD Regional Security Cooperation, and DOS public affairs (PAS), economic and political sections. The in-country PEPFAR health team works closely with the regional offices of CDC in Bangkok, USAID in Manila, and US Pacific Command in Hawaii. This framework and approach allows for the greatest positive impact within the confines of our current operating environment and resources.

The USG will continue to support the GoPNG to reduce HIV prevalence and prevent its further spread by targeting key high-risk populations and strengthening critical diagnostic and surveillance systems. Funding will allow for the continued expansion of effective HIV programs to engage a larger audience and further address crosscutting issues, such as maternal and child health, GBV and its causes including alcohol, workforce capacity development, TB, and military health and HIV risks. We will seek to leverage key academic exchange programs that encourage academic engagement and subject matter expert exchange on critical crosscutting HIV issues. This engagement will increase in-country research capacity and the general body of knowledge.

The USG PEPFAR team has developed a Local Capacity Initiative (LCI) proposal to build civil society capacity for GBV and HIV response. The USG proposes to implement the LCI in PNG to increase awareness and response to the GBV/HIV joint-epidemic. The LCI will build the capacity of a key women's health civil society organization by: (i) effectively engaging in the national HIV/AIDS policy dialogue to represent stakeholder perspectives on GBV/HIV prevention and response; (ii) contributing to the nascent evidence base demonstrating the scope of the HIV/GBV epidemic in PNG and formulating innovative community-generated approaches to preventing GBV/HIV; and (iii) reducing stigma and discrimination toward PLHIV and those affected by family and sexual violence.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	24,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	01	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	3,500	2011	AIDS Info, UNAIDS, 2013			

Deaths due to HIV/AIDS	1,100	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	1,400	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	1,700	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	207,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	1,000	2011	WHO			
Number of people living with HIV/AIDS	28,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	12,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	13,811	2011	WHO			
Women 15+ living with HIV	12,000	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

How is the USG providing support for Global Fund grant proposal development?
The USG PEPFAR team provided TA to the CCM, the Go PNG and UN agencies for epidemiological situational analysis and strategy development for the successful Global Fund (GF) Round 10 HIV/AIDs proposal entitled “To maintain essential prevention, care and treatment services and expand and scale-up in priority provinces, with a particular focus on PPTCT as an entry point”. The Round 10 proposal is in the early stages of implementation. The USG PEPFAR team has expanded and integrated inter-agency presence in PNG in FY 2013. This will allow for intensified provision of TA for GF proposal development moving forward. PNG will be eligible to apply for GF resources via the new funding model for TB, HIV/AIDS and Malaria funds. The USG PEPFAR team is able to provide TA to the CCM for grant proposal development using this new funding model. PNG is not among the early applicant countries selected by the GF, but is among the interim countries selected for applications to the GF.

Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS, or RCC) in the coming 12 months?
Yes

If yes, please indicate which round and how this may impact USG programming. Please also describe any actions the USG, with country counterparts, is taking to inform renewal programming or to enable continuation of successful programming financed through this grant(s).
The Oil Search Health Foundation was selected as the Principal Recipient (PR) to manage and implement the five-year, US$ 46 million GF Round 10 HIV programme entitled “To maintain essential prevention, care and treatment services and expand and scale-up in priority provinces, with a particular focus on PPTCT as an entry point”. Phase One will end in March 2014. The CCM hopes to receive an invitation to apply and an application package from the GF for the Phase Two application in August 2013 with a submission deadline of October 15, 2013. Oil Search is hopeful that they will be asked to apply for Phase Two of the HIV/AIDS grant. The USG PEPFAR team is prepared to provide TA for Phase Two applications.

Redacted

To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by increasing coordination between stakeholders?

Yes

If yes, how have these areas been addressed? If not, what are the barriers that you face?

Redacted

Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Surveillance	Assessment of use of PDA-based devices to transmit PMTCT program data in ANC settings	Evaluation	Pregnant Women	Planning	06/01/2014
Surveillance	Investigation of HIV surveillance discrepant HIV testing results	Laboratory Support	General Population	Planning	03/01/2014
Surveillance	National HIV Estimates and Projections Modelling	Other	General Population	Development	12/01/2013
Survey	National Household Integrated Biological and Behavioral Survey	Population-based Behavioral Surveys	General Population	Development	06/01/2014
Surveillance	Ongoing support for computerized national HIV/STI strategic information database system	AIDS/HIV Case Surveillance	General Population	Implementation	12/01/2013

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
HHS/CDC	147,500	1,072,500		**1,220,000**
HHS/HRSA		30,000		**30,000**
USAID		1,250,000	2,500,000	**3,750,000**
Total	**147,500**	**2,352,500**	**2,500,000**	**5,000,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency				Total
	HHS/CDC	HHS/HRSA	USAID	AllOther	
HBHC	17,500	0	325,729		**343,229**
HLAB	32,500		172,477		**204,977**
HTXS	30,000	0	193,351		**223,351**
HVCT	25,000		252,112		**277,112**
HVMS	433,000		372,696		**805,696**
HVOP	0		1,304,067		**1,304,067**
HVSI	67,500		346,095		**413,595**
HVTB			126,656		**126,656**
MTCT	20,000	0			**20,000**
OHSS	562,000	30,000	656,817		**1,248,817**
PDCS	15,000	0			**15,000**
PDTX	17,500	0			**17,500**
	1,220,000	**30,000**	**3,750,000**	**0**	**5,000,000**

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	343,229	0
HVTB	126,656	0
PDCS	15,000	0
Total Technical Area Planned Funding:	**484,885**	**0**

Summary:
(No data provided.)

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	204,977	0
HVSI	413,595	0
OHSS	1,248,817	0
Total Technical Area Planned Funding:	**1,867,389**	**0**

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	805,696	
Total Technical Area Planned Funding:	**805,696**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	277,112	0
HVOP	1,304,067	0
MTCT	20,000	0
Total Technical Area Planned Funding:	**1,601,179**	**0**

Summary:
(No data provided.)

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXS	223,351	0
PDTX	17,500	0
Total Technical Area Planned Funding:	**240,851**	**0**

Summary:
(No data provided.)

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP) for risk of HIV infection through occupational and/or non-occupational exposure to HIV.	100	Redacted
	By Exposure Type: Occupational	0	
	By Exposure Type: Other non-occupational	0	
	By Exposure Type: Rape/sexual assault victims	100	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV	60	

	(PLHIV) interventions		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	3,000	
	By MARP Type: CSW	1,100	
	By MARP Type: IDU	0	
	By MARP Type: MSM	700	
	Other Vulnerable Populations	1,200	
	Sum of MARP types	3,000	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	300	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	130	
	By Age/Sex: <15	0	

	Female		
	By Age/Sex: 15+ Female	170	
	By Sex: Female	170	
	By Sex: Male	130	
	By Age: <15	0	
	By Age: 15+	300	
	By Test Result: Negative	280	
	By Test Result: Positive	20	
	Sum of age/sex disaggregates	300	
	Sum of sex disaggregates	300	
	Sum of age disaggregates	300	
	Sum of test result disaggregates	300	
C1.1.D	Number of adults and children provided with a minimum of one care service	300	Redacted
	By Age/Sex: <18 Male	0	
	By Age/Sex: 18+ Male	110	
	By Age/Sex: <18 Female	0	
	By Age/Sex: 18+ Female	190	
	By Sex: Female	190	
	By Sex: Male	110	
	By Age: <18	0	
	By Age: 18+	300	
	Sum of age/sex	300	

	disaggregates		
	Sum of sex disaggregates	300	
	Sum of age disaggregates	300	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	150	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	50	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	100	
	By Sex: Female	100	
	By Sex: Male	50	
	By Age: <15	0	
	By Age: 15+	150	
	Sum of age/sex disaggregates	150	
	Sum of sex disaggregates	150	
	Sum of age disaggregates	150	
C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	40 %	Redacted
	Number of HIV-positive persons receiving	60	

	Cotrimoxizole (CTX) prophylaxis		
	Number of HIV-positive individuals receiving a minimum of one clinical service	150	
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	60 %	Redacted
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	90	
	Number of HIV-positive individuals receiving a minimum of one clinical service	150	
T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART	60	Redacted
	By Age: <1	0	
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	20	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	40	

	By: Pregnant Women	0	
	Sum of age/sex disaggregates	60	
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	150	Redacted
	By Age: <1	0	
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	60	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	90	
	Sum of age/sex disaggregates	150	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	n/a	Redacted
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	0	
	Total number of adults and children who initiated ART in the 12 months prior to the beginning of the	0	

	reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.		
	By Age: <15	0	
	By Age: 15+	0	
	Sum of age disaggregates	0	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	4	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	163	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
17083	FHI 360	NGO	U.S. Agency for International Development	GHP-State, GHP-USAID	3,000,024
17091	World Health Organization	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	250,000
17093	HEALTH RESOURCES, INC/NYS DEPARTMENT OF HEALTH (HIV-QUAL)	Other USG Agency	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	30,000

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 17083	**Mechanism Name: Strengthening HIV/AIDS Services for MARPs in PNG Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 3,000,024	
Funding Source	**Funding Amount**
GHP-State	1,250,000
GHP-USAID	1,750,024

Sub Partner Name(s)

Family Sexual Violence Action Committee	Kapul Champion	Madang Provincial Health Office
Modilon General Hospital	People Living with Higher Aims	The Four Square Church: Living Light Health Services
The Salvation Army in PNG		

Overview Narrative

USAID has provided technical support for the HIV response in Papua New Guinea (PNG) since 2004, with a focus on Most-at-Risk Populations (MARPs) with regional funding. Beginning in October 2012, the USAID/Philippines Strengthening HIV/AIDS Services for MARPs in PNG Program, FHI 360 works to mitigate the impact of HIV/AIDS. MARPs targeted by the project include: women who engage in transactional sex, men who have sex with men, and people living with HIV and their sexual partners. The project will continue to support, strengthen, and expand the Continuum of Prevention to Care to Treatment (CoPCT) model developed by FHI 360 in the National Capital District and Madang Province. The CoPCT model enhances clinical services and referral linkages for HIV

prevention, care and treatment among MARPs, their sexual partners, and their families. Components of the CoPCT model have been adopted by the GoPNG and adopted by other donors for scale up in other provinces. In addition to improving the demand and supply for comprehensive HIV/AIDS services by MARPs, the project will support facility and community-based gender based violence (GBV) interventions and work to provide support on monitoring and evaluation. To develop local capacity, FHI 360 has selected two faith-based, and one local NGOs/quasi-government body including Salvation Army, Four Square Church and Family & Sexual Violence Action Committee to have accountable systems to manage USG funding by the project end. Monitoring will continue throughout the project life, with illustrative five year results reaching 15,000 individuals from most-at-risk populations with prevention messages. A midterm process evaluation will be completed by FHI 360 and external final evaluation will be carried out by USAID.

Cross-Cutting Budget Attribution(s)

Gender: GBV	466,474
Gender: Gender Equality	100,000
Human Resources for Health	576,890
Key Populations: FSW	1,116,170
Key Populations: MSM and TG	401,821
Renovation	25,727

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**17083**
Mechanism Name:	**Strengthening HIV/AIDS Services for MARPs in PNG Program**
Prime Partner Name:	**FHI 360**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	288,001	0

Narrative:

The CoPCT model in NCD and Madang will utilize home-based care and clinical-based care in its care and support activities. Case Management Teams (CMTs) will be used to deliver comprehensive services to MARPs, including PLHIV. CMTs consist of five members – including health care providers, counselors, and PLHIV case managers. The program team will further develop the scope and number of CMTs working together towards a holistic approach to care, treatment, and support of PLHIV in program implementation areas. Case managers, who will be individuals living with HIV, form a strategic client support system, particularly in urban settings, and are a key element of the National HIV/AIDS Strategy. The program team will ensure the appropriate gender representation among case managers. Regular meetings between outreach teams and CMTs will take place so all clients receive the highest quality care possible.

CMTs are highly successful, particularly in improving follow-up, overcoming stigma and discrimination, and maintaining confidentiality of client data. The engagement of PLHIV as mentors and advisors is central to successful care, treatment, and support of PLHIV in PNG. CMT members will receive training, supplies, and supportive supervision to provide service linkages and address the psycho-social and other needs of clients. The CMT approach will expand to manage GBV cases. The CMTs will capitalize on lessons learned and best practices regionally and in PNG to continue improving referral follow-up, retention in care, and treatment adherence. This will include exercises in mapping, tracking, and health systems support. The CMTs will conduct the following steps to strengthen referrals; (i) quality adherence counseling by CMTs; (ii) identification of "treatment buddies" and social support; (iii) mutual identification of case managers; and (iv) use of pill counts, visual analogue scores, reminder mechanisms (e.g., SMS, alarm clocks), and specialized tools. The CMTs will improve and expand the use of tracking logs, and will train outreach teams to use referral cards to improve referral mechanisms for services at community, district, and provincial levels. PEs and OVs will further serve as patient trackers, even accompanying clients to clinics if requested. The CMTs will develop a system to monitor the completion rate of different types of referrals to differentiate clients who are referred from "hotspots" versus those referred through community-based activities, or from other health, social, and legal sectors within the "basket" of interlinked CoPCT services. Special attention will be paid to the number of individuals enrolled and retained in care (pre-ART) services over time. Staff will also periodically apply a QA checklist to assure standards are being followed. These include data quality assessments to verify whether or not program forms are being completed correctly. Under its new revised strategy, AusAID/NACS has not prioritized community home-based care (CHBC). Most of the funding by AusAID/NACS has been diverted to focus on prevention for MARPs. Due to this, CHBC which is a much sought after intervention by communities, will not be a priority in FY 2013. This will pose some challenges in dealing with the community support for PLHIV after they receive CMT support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVTB	107,792	0

Narrative:

National TB/HIV co-infection rates for PNG are very high at 9%, and TB/HIV co-infection even higher in Port Moresby at 23%.The program team will work with provincial counterparts to expand the coverage of CoPCT models in the current targeted sites, from the provincial facilities in Madang and the NCD, to lower level health facilities in select districts. Within USAID-supported facilities, all HIV cases will be screened for TB and referred for testing within government-supported facilities, and will be reported as part of the program's M&E. CMTs will be used to follow up referrals to assure any suspected case is followed up and tracked over time.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	153,613	0

Narrative:

USAID will create and strengthen laboratories within clinical sites to assure STI diagnosis and HCT. USAID will assist these laboratories in the registration process and will provide on-going mentoring to laboratory technicians. As more services become integrated, these laboratories will be able to expand to address a wider range of health issues affecting the communities in their catchment areas.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	289,503	0

Narrative:

USAID will provide strategic and intensive on-the-job TA and M&E to local partner staff and stakeholders on routine program monitoring, data management, analysis, and use. USAID will collaborate with local partners and GoPNG counterparts to improve overall data collection, including standardizing procedures and indicators.
USAID will provide training and ongoing mentorship to local partner staff, case managers, and clinicians, on basic and descriptive data analysis, epidemiology, and biostatistics. At the national level, USAID will continue to provide TA to GoPNG through the National Oversight Committee and Strategic Information Technical Working Group to raise awareness about the importance of quality data collection and analysis. Additionally, USAID will support the GoPNG and local partners to interpret findings more accurately through rigorous analyses, and apply them to inform strategic planning, design, and implementation of CoPCT and GBV initiatives.
USAID will replicate the standardized Clinical Operating Guidelines in four clinics in NCD and Madang. Another core area is to strengthen the Provincial Monitoring, Evaluation, and Surveillance Team (ProMEST) in NCD and Madang, conducting quarterly analyses to generate real-time data from the ProMEST database. USAID will engage with the provincial health offices (PHOs) to help streamline data flow from clinics working with MARPs. USAID will work with NCD Health Services and the Madang PHO to develop consensus on an electronic data

system. Priority areas include timely data reporting and data management standards, including regular backup of provincial level data, and secure storage. USAID will collaborate with government counterparts in the program's second year to establish a system that fully automates data entry at the partner level and sends reports to partners, outreach teams, and clinicians. This will facilitate timely use of data to inform service delivery. Clinical databases will link with the programmatic databases and allow for local analyses and improved case management. USAID will ensure linkages with family and sexual violence units and police stations to improve data reporting on violence. USAID will continue to conduct QI/QA assessments in Madang province, introduce these systems to new partners in NCD, and integrate global QI/QA organizational standards for care, support, and treatment for MARPs. To ensure the program achieves targets, USAID will institutionalize and link mechanisms to routine facility M&E, using client records, program data, and checklists. USAID will conduct QA/QI assessments twice yearly with each local partner and build their capacity to lead this process over time. Data Quality Audits (DQAs) will be conducted twice annually at all supported facilities. In accordance with monitoring guidelines, partner staff, the NDoH, and the PHO will jointly conduct DQAs, thereby increasing country capacity. This activity aims to improve data use and feedback, data accuracy, systems integrity, data integrity, data validity and reliability, and the overall M&E system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	581,361	0

Narrative:

In order to expand more clinics and health care providers to deliver quality services for MARPs, the program will support new clinics in NCD and Madang, improving the capacity of clinicians and institutions. These efforts will increase the network of MARP-friendly services and further link community-based prevention and care services within settlements and urban centers. Relationships with all of the new clinical sites are already established and USAID will work with the GoPNG on their accreditation. USAID will engage NCD's Health Department as a focal point in coordinating services.

Given the fragile health care system in PNG, and the lack of coordination among service providers, there are many missed opportunities to improve comprehensive care. To address this gap, USAID will work with key stakeholders to ensure linkages and positive relationships are strengthened between clients and providers of clinical (e.g., HCT, STI management, PPTCT, OI), social (e.g., GBV, legal), community (e.g., positive prevention, case management, psychosocial support, shelter homes), and non-clinical services (e.g., livelihoods, education). A significant amount of training and mentoring will be required to assure human resources are equipped to deliver quality services. The CoPCT process evaluation noted cases of stigma and discrimination at health facilities, which has great potential to deter clients from accessing much-needed services. To further develop competent, long-term providers of quality HIV services, USAID will train and build capacity of providers within supported sites with the goal of delivering quality, MARP-friendly services. Since there is a limited number of service delivery sites currently providing a full

spectrum of HIV services, USAID will expand service provider options, including for HCT, ART and STI services. Critical to successful expansion of CoPCT in NCD will be strong engagement and coordination with the GoPNG and civil society partners. The CoPCT process evaluation noted cases of stigma and discrimination at health facilities, which has great potential to deter clients from accessing much-needed services. USAID will train both community members and government clinicians to assist in building confidence among MARP members to access services.

Specialized trainings for service providers and clinicians will aim to improve: i) acceptance of clients through sensitization activities and meaningful involvement of PLHIV; ii) treatment for STIs (symptomatic and asymptomatic); iii) HIV testing uptake and ART adherence through improved counseling skills, clinical service quality, and logistics for supply chain management; and iv)testing and treatment of OIs, including TB. USAID will train staff members to conduct concurrent TB and HIV testing, and refer to public-sector services as necessary. USAID will engage MARP representatives to participate in clinic response committees, building their capacity in peer counseling, advocacy, and leadership. USAID will also seek community leader participation on stakeholder committees to promote and secure community support and buy-in and improve the response to GBV through improved trauma counseling skills and appropriate referrals. TA will enable: i) proper PEP provision in clinics; ii) ensure appropriate legal and psychosocial support; iii) contribute to effective advocacy, and raise community awareness of GBV and related issues; and iv) expand access to a comprehensive package of he

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	214,384	0

Narrative:

According to the 2012 Global AIDS report, just over half of the population has tested for HIV in the past year; among WTS this is 46.4% and among MSM this is close to 56%. HCT is the entry point into the CoPCT model and will be a cornerstone of the program's activities. Referrals from community and hot spot-based outreach will be tracked to assure that those at highest risk - MARPs and higher risk men and women - are routinely tested and know their results. It is critical to assure these populations know their status, so they are linked to care and treatment services if they are found to be HIV-positive, or prevention messaging is reinforced if they are HIV negative. HCT uptake will be heavily promoted through outreach activities, the use of media, and special events such as World AIDS Day. Clinic providers will be trained on identifying and referring clients to HCT services.

In FY 2013, the new program will aim to provide HCT services to 800 people: 200 WTS, 50 MSM, and 550 higher risk men and women. In FY12, the previous program reached 1,773 people, but new partners and the need to create testing services and train counselors makes this target unfeasible for FY 13. Approximately 40 clinical staff will be trained in HCT and quality assurance (QA). Within the program's M&E activities, routine QA will be carried out to assure counselors carry out HCT in accordance with established standards. Client satisfaction surveys will act as

"spot checks" to assure counselors are addressing key messages with clients during their interactions (i.e., understanding what results mean, the importance of encouraging partners to be tested). Within the care and treatment cascade, tracking of MARPs and higher risk men and women within communities will allow the program to identify if referrals are being taken up, and to initiate further studies to understand why these higher risk groups may not be accessing testing services. Referrals to care and treatment services will also be provided and tracked to identify the proportion of PLHIV lost between testing and pre-ART or ART services. USAID will engage a strategy using CMTs to play an essential role in following up with individuals referred to these services in order to promote service uptake and reduce the likelihood of spreading infection. The approach to testing will be focused per GoPNG guidelines, particularly to Providers Initiated Counseling and Testing (PICT) in addition to voluntary counseling and testing (VCT). The PICT will encourage pregnant mothers to undergo HCT as included in the recently developed National PPTCT Curriculum and VCT guidelines. USAID will ensure PICT is integrated with the PPTCT component of the clinics once ART is initiated. In case of any gap in PPTCT services within these clinics, local partners will work to build a strong referral and linkages system with other clinics to support these clients – a strength of the CoPCT model as observed in the last phase of the previous program. During FY 13, USAID will include interventions on partner management to improve the completeness of treatment besides testing of clients' partners. To ensure quality counseling and testing, USAID will use quality improvement/quality assurance (QI/QA) checklists and a performance standards tool to improve and substantiate the quality of GBV and HIV services in all the clinics.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,228,611	0

Narrative:

USAID's focus in prevention is to reach adult (over 18 years of age) MARPs (including MSM, transgenders and WTS), higher risk men and women who have multiple concurrent sexual partners, and people living with HIV (PLHIV) through Social and Behavior Change Communication (SBCC). USAID will provide these groups with quality HIV prevention services and linkages to care and treatment in NCD and Madang. In the first year, the program will continue providing technical assistance to provincial counterparts in strengthening the delivery of the comprehensive prevention package (CPP) with referrals to care and treatment services in current sites. The CPP comprises two interrelated sets of interventions: 1) prevention services (SBCC, referrals to, and provision of HCT and STI management, and condom and lubricant distribution) and activities that address livelihood development, policy advocacy and strategic information; and 2) activities to reduce stigma and discrimination. The CPP serves as an entry point for the CoPCT model, a well-coordinated network that links and consolidates prevention, care (OI treatment), ART treatment, and support services for people vulnerable to, living with and affected by HIV/AIDS. An important new element to the model is the integration of GBV reduction interventions. These include building civil society capacity for the prevention of GBV; GBV mitigation and case management, including shelter, legal, and psycho-social services, trauma counseling, referral, and Post-Exposure Prophylaxis (PEP) treatment; referrals to

and between essential and related health facilities, labs, and pharmacies; and linkages to and between essential community social services.
The program team will recruit 30 outreach team members across 30 sites (20 sites in NCD and 10 sites in Madang), including peer educators (PEs) recruited from MARPs to cover "hotspots" and outreach volunteers (OVs) to cover general community sites where higher risk men and women can be reached. These higher risk men and women differ from our MARPs populations in that they: 1) do not identify as being at high risk for HIV transmission; and 2) engage in higher risk sexual behaviors such as having multiple, concurrent sexual partners and/or engage in high levels of unprotected anal or vaginal intercourse. The outreach team will focus on raising awareness of HIV, convey prevention messages, conduct service promotion activities and provide referrals to HIV testing and STI management services. The outreach team will also distribute and promote male and female condoms and lubricants, address negative social norms regarding condom use, strengthen condom negotiation skills, and increase self-efficacy for requesting condom use, particularly within relationships that may be non-monogamous. The outreach team will also focus its efforts on reducing stigma and discrimination within communities and in clinical settings, by adapting and enhancing the training and advocacy package. This includes sensitization activities to improve policies and practices, heighten access to information, and link MARPs to other services and opportunities. In order to better understand the effect of these prevention efforts, a care and treatment cascade will be integrated into the program to track progression from prevention through to treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	136,759	0

Narrative:

As part of its start-up activities, USAID will hire and train 35 clinicians (including staff from local partners and government clinics) to provide high quality HCT, STI management and OI care. These trainings will be carried out over a period of a few days and periodically followed up using QA and supportive mentoring to assess the degree to which skills are being utilized and identify areas where strengthening is required. Clinician job aids will be provided so they can reference specific steps in case management to assure a comprehensive response. USAID will provide on-site supportive supervision by providing hands-on mentoring for clinical and non-clinical staff. The Senior Technical Officer for Care, Support and Treatment will visit clinics managed by partners in the NCD twice in a week while visiting Id Inad clinic and Modilon Hospital in Madang once every quarter. The Senior Technical Officer and M&E Officer will provide support for partners weekly in NCD, and support Madang partners quarterly. Program officers both in Madang and NCD will provide on-site supportive supervision daily. Performance data is collected using case sheets and summary sheets at the clinical level. PEPFAR and other indicators will be used to measure progress in achieving outcomes and outputs.
CMTs will be based within ART clinic sites to assure continuity and monitor loss to follow up and to track down clients who have not returned for treatment. Under the previous program, the introduction of this approach contributed to a decrease in loss to follow up for patients on OI medication and/or ART. Rates decreased from 38%

in 2008 to 5% in 2011 at the two NCD clinics and from 14% to 1% at the Id Inad Clinic (Modilon Hospital) over the same period. Adherence will be supported by counseling. Under the previous program, CHBC activities helped increase adherence to ART from 58.8% to 75.1% among 184 PLHIV in the NCD-funded sites. *Under the care to treatment cascade, the clinical data available in USAID-supported clinics and hospitals will be critical to assess overall outcomes of the CoPCT. At this level of the cascade, close attention will be paid to enrollment into treatment and survival at 12 months. At the site level, clinical data can be used to carry out mortality assessments and identify cases of premature mortality, which could indicate areas where further provider capacity building may be needed.* *Transition will occur over time, and facilities will be integrated into existing government facilities where applicable form the beginning of the program. This will maximize exposure to government officials and reinforce the concept of a "one-stop shop" for clients.*

Implementing Mechanism Details

Mechanism ID: 17091	**Mechanism Name: World Health Organization PNG**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 250,000	
Funding Source	**Funding Amount**
GHP-State	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The cooperative agreement with the WHO PNG Country Office provides collaborative technical assistance to the GoPNG. This alignment of CDC and WHO technical work areas in PNG is based on a history of close inter-agency partnerships and shared mission objectives. In September 2008, a central CDC-WHO Cooperative Agreement to

"support services for the HIV/AIDS Pandemic" was initiated, which included funding of the planned activities in PNG. Since 2008, The Division of Global HIV/AIDS (DGHA) has provided technical assistance to NDOH and provincial health departments through the CDC-WHO Cooperative Agreement in the amount of $250,000 annually. CDC-DGHA provided an increased funding level to $400,000 in the PNG FY12 CAP for the final (YR5) year of the CoAg. Implementation of YR1 of the follow on five year CoAg is planned to commence Oct 1, 2013 at the original $250,000 funding level, unless further funds are made available.
This IM's goals and objectives are directly related to providing collaborative TA to support the GoPNG implement the strategies in the 2011-2015 National HIV and AIDS Strategy and the 2011-2020 National Health Plan. The major target population of the TA will be the National Department of Health (NDOH) and provincial health departments with a focus on the Highlands region of the country where PNG's population and he HIV epidemic is focused. The objective of this TA is to increase the capacity of GoPNG at national and provincial levels so that they can then provide future capacity building to the local districts level health units. An annual M&E review of planned activities funded through the CoAg.

Cross-Cutting Budget Attribution(s)

Gender: GBV	30,000
Key Populations: MSM and TG	10,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
TB

Budget Code Information

Mechanism ID:	**17091**

Mechanism Name:	World Health Organization PNG
Prime Partner Name:	World Health Organization

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	17,500	0

Narrative:

The overall strategy and goal is to provide technical assistance to improve adult care and support services and the national M&E system.
This will be accomplished through the following three objectives:
1. To improve the quality of adult care and support services.
2. To strengthen the adult HIV care and support national monitoring and evaluation system.
3. To strengthen activities to address gender-based violence for women accessing adult care and support services.
Major activities:
Conduct regularly scheduled bi-annual workshop for the five HIVQUAL- PNG pilot regional hospital sites to review progress in implementing data collection and analysis and to build capacity to use performance results for quality improvement purposes.
Develop strategic plan and TA to scale-up and expand the adult HIVQUAL-PNG model to additional sites in collaboration with NDOH, provincial health departments and international and local NGOs.
As part of a planned NDOH-led inter-agency assessment, review and the national adult care and support M&E system and develop activity action plan for to strengthen data collection, management, analysis and use at national, provincial and facility levels.
Conduct a strategic assessment of adult care and support sites (starting at HIVQUAL sites), including the basic analysis of M&E data, to inform program activities to address gender-based violence (GBV) services including linkages with Family Support Centers (FSC).
Provide TA for M&E capacity building and carry out program activities to address gender-based violence (GBV) services including linkages with FSCs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	15,000	0

Narrative:

The overall strategy is to provide technical assistance to improve pediatric care and support services and the national M&E system.
This will be accomplished through the following three objectives:
1. To improve the quality of pediatric care and support services.
2. To strengthen the pediatric HIV care and support national monitoring and evaluation system.

3. To strengthen activities to address gender-based violence for young girls accessing pediatric care and support services.
Major activities:
Conduct regularly scheduled bi-annual workshop for the five HIVQUAL- PNG pilot regional hospital sites to review progress in implementing data collection and analysis and to build capacity to use performance results for quality improvement purposes.
Develop strategic plan and TA to scale-up and expand the pediatric HIVQUAL-PNG model to additional sites in collaboration with NDOH, provincial health departments and international and local NGOs.
As part of a planned NDOH-led inter-agency assessment, review and the national pediatric care and support M&E system and develop activity action plan for to strengthen data collection, management, analysis and use at the national, provincial and facility levels.
Conduct a strategic assessment of pediatric care and support sites (starting at HIVQUAL sites), including the basic analysis of M&E data, to inform program activities to address gender-based violence (GBV) services including linkages with Family Support Centers (FSC).
Provide TA for M&E capacity building and carry out program activities to address gender-based violence (GBV) services including linkages with FSCs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	32,500	0

Narrative:

The overall strategy and goal is to provide technical assistance to improve national laboratory quality systems for HIV-related testing services.
This will be accomplished through the following two objectives:
1. Support the continued development of the External Quality Assurance Scheme System (EQAS) for HIV serology.
2. Support the development of a national HIV laboratory Quality Management System (QMS).
Major Activities:
Provide ongoing capacity building to CPHL staff on EQAS sample panel data analysis for provincial laboratory performance assessment.
Provide ongoing TA to strengthen integration of the EQAS database system for routine use at the Central Public Health Laboratory (CPHL).
Conduct national training workshop on HIV laboratory QMS for CPHL staff and provincial participants.
Provide ongoing training and mentorship to CPHL staff to enhance supervision and monitoring skills to for oversight of provincial laboratory staff to support HIV POC HIV rapid testing roll out.
Conduct supervisory monitoring visits to priority sites to identify performance problems/solutions and

provide ongoing mentoring for HIV rapid testing and quality assurance practices.
Conduct an investigation of discrepant HIV testing results to identify reasons for high false positivity rates at certain HIV testing facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	67,500	0

Narrative:

The overall strategy and goal is to provide technical assistance to strengthen the national HIV surveillance system and the utilization data for epidemic monitoring and program planning purposes
This will be accomplished through the following three objectives:
1. Provide ongoing epidemiological and Information Technology TA for the implementation of an integrated computerized national HIV surveillance and M&E database system.
2. Build the capacity of national and provincial surveillance staff for data collection, management, analysis and HIV estimates & projections modeling
3. Provide TA for data collection, data analysis and review to inform programming to improve the health of women and girls and gender-based violence.
Major Activities:
Provide ongoing epidemiological and IT TA for the implementation of the CDC-developed NDOH-based computerized national HIV surveillance and M&E system for data entry, management, analysis and report generation and associated facility-based record-keeping systems and forms.
Provide ongoing TA and capacity building to NDOH and NACS for data analysis, interpretation and writing of the annual national HIV/AIDS/STI surveillance report.
Conduct capacity building training workshop for provincial staff from the high burden Highlands region on program M&E data management, analysis, quality systems and data triangulation.
Provide ongoing mentoring supervisory and performance monitoring visits to priority surveillance and M&E sites to identify problems/solutions for QI purposes.
Provide capacity building and mentoring to NDOH and NACS for epidemiological modeling on the theory and use of official UNAIDS EPP and SPECTRUM software to conduct national HIV estimates & projections.
Conduct and assessment of use of PDA-based devices to transmit facility-based PMTCT program data in ANC settings with UNICEF.
Conduct assessment of Family Support Center M&E system to inform development of national Family Support Centers that provide services to victims of GBV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	OHSS	25,000	0

Narrative:

The overall strategy and goal is to build the epidemiological capacity of the National Department of Health and local institutions through TA for PNG's first in-country Field Epidemiology Training Program (FETP).
The objectives of the FETP are as follows:
1. To increase the epidemiological capacity of public health professionals and local institutions by participating in FETP program activities with the following objectives:
1. Design and implement effective surveillance systems to identify and monitor threats to health and their contributing factors.
2. Understand and use surveillance information to aid health planning, monitoring and evaluation.
3. Detect health problems early and initiate appropriate investigations that lead to proper interventions measures.
Major Activities:
Conduct an in-country assessment to meet with NDOH local collaborating institutions to customize FETP short and long-term objectives.
Develop course curriculum (lecturers, case studies and proposals for presentation of data analysis) and identify suitable national and provincial participants.
Conduct in-country epidemiological capacity building training workshop.
Conduct follow-up workshop where participants present project results and course faculty offer constructive recommendations.
Conduct follow-up in-country seminar reviewing epidemiologic methods and evaluating the effectiveness of participants' interventions and data analysis project results

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	25,000	0

Narrative:

The overall strategy and goal is to provide technical assistance to the scale-up and strengthening of high-quality HIV Testing and counseling (HTC) services.
This will be accomplished through the following three objectives:
1. To build the capacity of health care providers for HTC services, including Provider-Initiated Testing and Counseling (PITC).
2. To support the provincial roll-out of the rapid national HIV testing and counseling algorithm.
3. To assess the feasibility of rolling out VCTQUAL-PNG as a method for performance monitoring and quality improvement of HTC services.

4. To build the capacity of local HTC sites to collect, manage, analyze and use data for program decision-making.
5. To strengthen data use and sharing between facilities, district, provincial and central levels through strengthened M&E systems.
6. To provide TA for the refinement of HTC guidelines for use in Family Support Centers (FSCs) and build capacity for their use at sites.
Major activities:
Conduct a regional training workshop on PITC for front-line TB health care workers staff including use of the national HIV rapid testing algorithm.
Conduct supervisory and performance monitoring visits to high-burden provinces rolling out rapid HIV testing to identify problems/solutions and provide ongoing mentorship to HTC staff.
Provide TA to adapt national HTC guidelines for use in Family Support Centers (FSCs) and with appropriate SOPs, indicators and reporting forms and M&E database system.
Conduct assessment on the readiness of adapting VCTQUAL during regularly scheduled bi-annual HIVQUAL.
Provide ongoing TA to strengthen the national HTC M&E system and provide ongoing TA to strengthen data collection, management, analysis and use at the national, provincial and facility levels.
Provide TA for expanded supervisory and monitoring visits to support the national roll-out of PITC HIV rapid testing algorithm.
Provide TA to FSCs to identify problems/ solutions and provide ongoing mentorship to FSC staff on the use of HTC guidelines and associated M&E system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

Not Provided

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	20,000	0

Narrative:

The overall strategy and goal is to provide technical assistance to strengthen national PMTCT services and the national PMTCT M&E system.
This will be accomplished through the following three objectives:
1. To improve the quality of PMTCT service delivery.
2. To strengthen the national monitoring and evaluation system and operational planning.
3. To strengthen activities to address gender-based violence for women accessing PMTCT services.

Major activities:
Support regularly scheduled bi-annual workshop for five HIVQUAL- PNG pilot regional hospitals to review progress in implementing data collection and analysis and to build capacity to use performance results for PMTCT quality improvement purposes.
Provide TA to scale-up and expand HIVQUAL-PMTCT model to additional sites in collaboration with NDOH, provincial health departments and international and local NGOs.
Provide ongoing TA to strengthen the national PMTCT M&E system. This will include TA for the strengthening of associated data collection systems including revision of register and log books and computerized health information systems.
Strengthen the capacity of participating HIVQUAL-PNG PMTCT sites to use data for quality improvement and expand HIVQUAL to additional PMTCT sites.
Conduct a strategic assessment of PMTCT at HIVQUAL sites, including the basic analysis of M&E data, to inform development of program activities to address gender-based violence (GBV) services including linkages with Family Support Centers (FSC).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	30,000	0

Narrative:

The overall strategy and goal is to provide technical assistance to improve adult treatment services and the national M&E system.
This will be accomplished through the following three objectives:
1. To improve the quality of adult treatment services.
2. To strengthen the adult HIV treatment national monitoring and evaluation system.
3. To strengthen activities to address gender-based violence for women accessing adult treatment services.
Major activities:
Conduct regularly scheduled bi-annual workshop for the five HIVQUAL- PNG pilot regional hospital sites to review progress in implementing data collection and analysis and to build capacity to use performance results for quality improvement purposes.
Develop strategic plan and TA to scale-up and expand the adult HIVQUAL-PNG model to additional sites in collaboration with NDOH, provincial health departments and international and local NGOs.
As part of a planned NDOH-led inter-agency assessment, review and the national adult treatment M&E system and develop activity action plan for to strengthen data collection, management, analysis and use at the national, provincial and facility levels.
Conduct a strategic assessment of adult treatment sites (starting at HIVQUAL sites), including the basic analysis of M&E data, to inform program activities to address gender-based violence (GBV) services

including linkages with Family Support Centers (FSC).
Provide TA for M&E capacity building and carry out program activities to address gender-based violence (GBV) services including linkages with FSCs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	17,500	0

Narrative:

The overall strategy is to provide technical assistance to improve pediatric treatment services and the national M&E system.
This will be accomplished through the following three objectives:
1. To improve the quality of pediatric treatment services.
2. To strengthen the pediatric treatment national monitoring and evaluation system.
3. To strengthen activities to address gender-based violence for young girls accessing pediatric treatment services.
Major activities:
Conduct regularly scheduled bi-annual workshop for the five HIVQUAL- PNG pilot regional hospital sites to review progress in implementing data collection and analysis and to build capacity to use performance results for quality improvement purposes.
Develop strategic plan and TA to scale-up and expand the pediatric HIVQUAL-PNG model to additional sites in collaboration with NDOH, provincial health departments and international and local NGOs.
As part of a planned NDOH-led inter-agency assessment, review and the national pediatric treatment M&E system and develop activity action plan for to strengthen data collection, management, analysis and use at the national, provincial and facility levels.
Conduct a strategic assessment of pediatric treatment sites (starting at HIVQUAL sites), including the basic analysis of M&E data, to inform program activities to address gender-based violence (GBV) services including linkages with Family Support Centers (FSC).
Provide TA for M&E capacity building and carry out program activities to address gender-based violence (GBV) services including linkages with FSCs.

Implementing Mechanism Details

Mechanism ID: 17093	**Mechanism Name: HEALTH RESOURCES, INC/NYS DEPARTMENT OF HEALTH (HIV-QUAL)**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: HEALTH RESOURCES, INC/NYS DEPARTMENT OF HEALTH (HIV-QUAL)	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 30,000	
Funding Source	**Funding Amount**
GHP-State	30,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

HEALTHQUAL International provides collaborative technical assistance to the Government of Papua New Guinea (GoPNG) in collaboration with the CDC-PNG Country Office, the CDC Thailand Asia Regional Office and WHO-PNG Country Office. In FY 2012 HEALTHQUAL International was contracted to provide technical assistance for the implementation of HIVQUAL to support the National Department of Health (NDOH) and provincial health departments for intensive training for key staff at five regional hospitals. The annual budget in FY 2012 for this support was $75,000. In FY 2013 budget was reduced to $30,000 to reflect the hand over and integration of HEALTHQUAL International support into GoPNG country plans.

In FY 2012 technical assistance included the following:

- *Supported the participation and provide intensive coaching for 5 participants (in the HEALTHQUAL International All Country Learning Network workshop in Kampala, Uganda.*
- *Conducted training for NDOH and the five regional hospital staff and NGOs in the national HIVQUAL-PNG workshop to build capacity to use performance results for quality improvement purposes*

This IM's FY 2013 focus will on providing enhanced in-country TA for the 2013 annual HIVQUAL-PNG workshop (PMTCT and adult and pediatric treatment and care & support components) to (i) review further progress at the five regional hospitals particularly related to the use of performance monitoring data for quality improvement, (ii) the potential integration of VCTQUAL and STIQUAL at these pilot sites, and (iii) development of a scale-up plan for HIVQUAL-PNG to additional facilities in-country. In addition this IM will also conduct site visits to select hospitals after the workshop to conduct in-depth assessments, on-site mentoring and provide detailed recommendations

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**17093**
Mechanism Name:	**HEALTH RESOURCES, INC/NYS DEPARTMENT OF HEALTH (HIV-QUAL)**
Prime Partner Name:	**HEALTH RESOURCES, INC/NYS DEPARTMENT OF HEALTH (HIV-QUAL)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

The overall objective is to provide technical assistance to strengthen the quality of national adult care and support services.
Major activities:
Provide technical assistance for the agenda and curricula for the planned 2013 National HIVQUAL-PNG workshop with the following objectives: (i) Review progress in implementing data collection and analysis and to build capacity to use performance results for adult care and support service quality improvement purposes at the five participating regional hospitals, provide in-depth training and coaching on use of HIVQUAL data for QI specific initiatives, and (iii) development of a national scale-up plan for HIVQUAL-PNG to additional facilities in-country.
This IM will also conduct additional site visits to select hospitals after the workshop to conduct in-depth assessments, on-site mentoring and provide detailed recommendations for future improvement.
This IM will meet with the leadership of the National Department of Health to review progress and specifically on steps that can be taken for the NDOH to play a more central strategic leadership role in guiding national HEALTHQUAL activities moving forward.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	0	0

Narrative:

The overall objective is to provide technical assistance to strengthen the quality of national pediatric care and support services.
Major activities:
Provide technical assistance for the agenda and curricula for the planned 2013 National HIVQUAL-PNG workshop with the following objectives: (i) Review progress in implementing data collection and analysis and to build capacity to use performance results for pediatric care and support service quality improvement purposes at the five participating regional hospitals, provide in-depth training and coaching on use of HIVQUAL data for QI specific initiatives, and (iii) development of a national scale-up plan for HIVQUAL-PNG to additional facilities in-country.
This IM will also conduct additional site visits to select hospitals after the workshop to conduct in-depth assessments, on-site mentoring and provide detailed recommendations for future improvement.
This IM will meet with the leadership of the National Department of Health to review progress and specifically on steps that can be taken for the NDOH to play a more central strategic leadership role in guiding national HEALTHQUAL activities moving forward.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	30,000	0

Narrative:

HQ correction in November 2013. Zero out direct service budget codes. All funding in Health Systems Strengthening.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

The overall objective is to provide technical assistance to strengthen the quality of national PMTCT services.
Major activities:
Provide technical assistance for the agenda and curricula for the planned 2013 National HIVQUAL-PNG workshop with the following objectives: (i) Review progress in implementing data collection and analysis and to build capacity to use performance results for PMTCT quality improvement purposes at the five participating regional hospitals, provide in-depth training and coaching on use of HIVQUAL data for QI

specific initiatives, and (iii) development of a national scale-up plan for HIVQUAL-PNG to additional facilities in-country.
This IM will also conduct additional site visits to select hospitals after the workshop to conduct in-depth assessments, on-site mentoring and provide detailed recommendations for future improvement.
This IM will meet with the leadership of the National Department of Health to review progress and specifically on steps that can be taken for the NDOH to play a more central strategic leadership role in guiding national HEALTHQUAL activities moving forward.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

The overall objective is to provide technical assistance to strengthen the quality of adult treatment services.
Major activities:
Provide technical assistance for the agenda and curricula for the planned 2013 National HIVQUAL-PNG workshop with the following objectives: (i) Review progress in implementing data collection and analysis and to build capacity to use performance results for adult treatment service quality improvement purposes at the five participating regional hospitals, provide in-depth training and coaching on use of HIVQUAL data for QI specific initiatives, and (iii) development of a national scale-up plan for HIVQUAL-PNG to additional facilities in-country.
This IM will also conduct additional site visits to select hospitals after the workshop to conduct in-depth assessments, on-site mentoring and provide detailed recommendations for future improvement.
This IM will meet with the leadership of the National Department of Health to review progress and specifically on steps that can be taken for the NDOH to play a more central strategic leadership role in guiding national HEALTHQUAL activities moving forward.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0

Narrative:

The overall objective is to provide technical assistance to strengthen the quality of national pediatric treatment services.
Major activities:
Provide technical assistance for the agenda and curricula for the planned 2013 National HIVQUAL-PNG workshop with the following objectives: (i) Review progress in implementing data collection and analysis and to build capacity to use performance results for pediatric treatment service quality improvement purposes at the five participating regional hospitals, provide in-depth training and coaching on use of

HIVQUAL data for QI specific initiatives, and (iii) development of a national scale-up plan for HIVQUAL-PNG to additional facilities in-country. This IM will also conduct additional site visits to select hospitals after the workshop to conduct in-depth assessments, on-site mentoring and provide detailed recommendations for future improvement. This IM will meet with the leadership of the National Department of Health to review progress and specifically on steps that can be taken for the NDOH to play a more central strategic leadership role in guiding national HEALTHQUAL activities moving forward.

USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services			7,206	7,206
ICASS			323,470	323,470
Management Meetings/Professional Developement			4,840	4,840
Non-ICASS Administrative Costs			37,180	37,180
Staff Program Travel			207,273	207,273
USG Staff Salaries and Benefits			170,007	170,007
Total	**0**	**0**	**749,976**	**749,976**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-USAID		7,206
ICASS		GHP-USAID		323,470
Management Meetings/Professional Developement		GHP-USAID		4,840
Non-ICASS Administrative Costs		GHP-USAID		37,180

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
ICASS		160,000		160,000
Non-ICASS Administrative Costs		273,000		273,000
Staff Program Travel		37,000		37,000
USG Staff Salaries and Benefits	147,500	352,500		500,000
Total	**147,500**	**822,500**	**0**	**970,000**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State	ICASS lite	160,000
Non-ICASS Administrative Costs		GHP-State	supplies, equipment etc	273,000