STRATEGIC TECHNICAL ALIGNMENT FOR RESULTS (STAR) PROCESS

Papua New Guinea

Country Operational Plan

(COP) 2017

Strategic Direction Summary

February 16, 2017

PAPUA NEW GUINEANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS
PEPFAR

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List of Acronyms

ANC	Antenatal Clinic
ART	Antiretroviral therapy
ARV	Anti-retroviral
CCM	Country Coordinating Mechanism
CD4	Cluster of Differentiation
CDC	Centers for Disease Control and Prevention
CHAI	Clinton Health Access Initiative
CoPCT	Continuum of Prevention to Care & Treatment
CPHL	Central Public Health Laboratory
DOS	Department of State
DFAT	Australian Depart. of Foreign Affairs and Trade
DSD	Direct Service Delivery
EID	Early Infant Diagnosis
EQA	External Quality Assurance
FET	Field Epidemiology Training program
FSVAC	Family Sexual Violence Action Committee
FSW	Female Sex Workers
FY	Fiscal Year
GBV	Gender-based violence
GFATM	Global Fund to Fight AIDS, TB & Malaria
GoPNG	Government of Papua New Guinea
HCT	HIV Counseling & Testing
HIVQUAL	HIV Quality Improvement program
HIVDR	HIV Drug Resistance
HIVTWG	HIV Technical Working Group
HPDB	HIV Patient Database
HSS	Health System Strengthening
HTS	HIV Testing Services
HRSA	Health Resources Services Administration
IA	Implementing Agency
IBBS	Integrated Bio-Behavioral Survey
ILB	International Laboratory Branch
IM	Implementing Mechanism
IP	Implementing Partner
IPT	Isoniazid Prevention Therapy
K	Kina
KP	Key Populations
KP-MIS	Key Population Management Information System
LCI	Local Capacity Initiative
LES	Locally Engaged Staff
LIMS	Lab Information Management System
LTFU	Loss to Follow up
M&E	Monitoring and Evaluation
MDR-TB	Multi-drug resistant tuberculosis
MOU	Memorandum of Understanding
MSM	Men who have sex with men
NASA	National AIDS Spending Assessment
NCD	National Capital District
NCDHS	National Capital District Health Services
NDOH	National Department of Health
NHIS	National Health Information Systems
NHS	National HIV/AIDS Strategy
OI	Opportunistic infections
OU	Operating Unit
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
POC	Point of Care
PNG	Papua New Guinea
PMTCT	Prevention of mother-to-child transmission
PWID	People Who Inject Drugs
QM/QI	Quality Management / Quality Improvement
QA	Quality Assurance
SI	Strategic Information
SID	Sustainability Index Dashboard
SOP	Standard Operating Procedure
SMS	Short Message Service
SNU	Sub-National Unit
STI	Sexually Transmitted Infections
TB	Tuberculosis
TBTWG	Tuberculosis Technical Working Group
TPT	Tuberculosis Preventive Therapy
TG	Transgender
TSW	Transactional Sex Worker
UNAIDS	United Nation AIDS Organization
NUIC	National Unique Identifier Code
USG	United States Government
VL	Viral load
WHO	World Health Organization
XDR-TB	Extensively drug-resistant tuberculosis

1.0 Goal Statement

The PEPFAR program in Papua New Guinea (PNG), in collaboration with the leadership of the National Department of Health (NDOH), will focus on key policy-implementation to catalyze and bolster national and provincial HIV, key population (KP) and gender-based violence (GBV) work. The majority of PEPFAR PNG's program will comprise of above-site with some site-level pilots in support of above-site activities. The program will work to reduce the costs of providing HIV services and increase the sustainability, quality and reach of proven interventions, while also piloting innovations for future scale-up and efficiencies. The PEPFAR PNG program will work with the NDOH to adopt and roll-out new policies for HIV prevention, care and treatment, and prevention and management of GBV.

In the next two years, PEPFAR will seek to boost the above site national HIV response by focusing on three key objectives: 1) Continuing to support the government's work to roll-out Test and Start and viral load testing in the National Capital District (NCD) and nationwide; 2) Developing site level pilots to address GBV, and sustainable delivery models for key populations; and 3) Bolstering surveillance capacity and improved data collection and use at the national and sub-national unit (SNU) levels to maximize the impact of current and future Integrated Bio-Behavioral Survey (IBBS) results.

All of these will be done in the context of diminishing donor investment, as shown in the investment profile section. PEPFAR PNG continues to maximize above site partnerships by addressing GBV, collaborating on national HIV programs and developing cost-effective HIV service delivery models. It does this by building service delivery capacity across the prevention, treatment and care continuum, bringing quality laboratory testing and effective strategic information to the fore, advocating for prevention of GBV and providing care and support. It will target critical gaps in the national response and harmonize interventions with other donors.

Above-Site: Above-site activities are defined as those supporting the NDOH and the decentralized Provincial Health Authorities (PHAs) and interaction with donor or stakeholders acting at the central level. Building on activities from previous years, CDC will continue to develop national HIV guidelines and policies, strengthen surveillance capacity at the national and sub-national levels, strengthen patient monitoring systems, improve clinic level HIV quality improvement, expand KP data collection at the IBBS sites and strengthen, and support VL scale-up. CDC will work towards providing the necessary support to help the government fully understand the epidemic geographically and by population type in order to reach saturation through strategic investment and focused interventions. USAID will continue to contribute to the development and validation of policies and guidelines on care and treatment and viral load. It will train/mentor health providers, as required by the NDOH or PHAs, in areas like care and treatment, quality improvement, and outreach methodologies to reach key populations. In advocacy, policy development and training it will rely on expertise gathered from the validation of site-level interventions. USAID will use its NCD sites as demonstration sites to train and share experiences with other partners and implementers of other provinces. It will use and refine the national peer educator curriculum and the decision tree methodology it helped develop. It will use its experience in gender analysis and in developing GBV policies and guidelines to advocate for GBV prevention and care and for quality of care to clinical survivors. It will help in institutional building of Civil Society Organizations (CSOs).

Site: USAID expertise in implementation at the site level will, in coordination with CDC, support the application of policies and guidelines at HIV care and treatment sites. The USAID implementing partner providing direct service delivery (DSD) will conclude in September 2018. It is gradually transitioning activities and personnel to government and/or faith-based delivery funding. A replacement activity will overlap three months with the current partner, and is expected to have stronger local participation and to be free of any DSD functions, barring no funding problems are confronted in personnel transition. During this first year the DSD sites will continue to serve as pilot sites for testing and demonstrating interventions. The TA sites, where there may not be the same level of control in testing new interventions, through TA, training, mentoring and on the job supervision will gradually be turned into centers of excellence that can evolve into demonstration sites. CDC technical staff or its implementing partner/s will participate in the sites whenever specific technical assistance is required and will coordinate with USAID so that lessons learned can be transferred to the above-site level.

Following NDOH directives, PEPFAR PNG will focus its interventions in NCD both at the above-site and site levels. In line with the PEPFAR reasoning to test strategies and scale-up successful or promising ones, the focus on NCD will allow greater collaboration with the government and other donors. Given the current decentralization process, where a lot of the NDOH functions will be (or were) transferred to PHAs, other donor agencies have suggested that increased efficiency can be found by targeting assistance to PHAs. This implies that PEPFAR PNG will explore focused interventions in SI, QI, Lab and GBV in IBBS sites and in high burden provinces.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden and country or regional profile

PNG has a population of approximately 8 million (PNG estimates). A high maternal mortality, infant mortality, and a high fertility rate are reflective of the poor health situation in the country and of the competing priorities in health. Over ninety-five percent of HIV cases reported in the Pacific Islands between 1987 and 2016 has been from PNG. Currently, an estimated 40,000 persons are living with HIV (PLHIV) across PNG's 22 provinces (UNAIDS, 2016). The national prevalence is estimated at 0.8%; there are an estimated 2,700 new infections per year, of which 440 are children (0–14 yrs.); and there are an estimated 1,500 mothers in need of prevention of mother-to-child transmission (PMTCT) services. The NCD and four provinces in the Highlands of PNG have the highest numbers of PLHIV and HIV prevalence rates (Enga 1.68%; Jiwaka 1.61%; Western Highlands 1.3%; Eastern Highlands 1.1%; NCD 1.4%), while Madang (0.62%), where PEPFAR PNG is transitioning out of, shows a lower prevalence. These Highland provinces (see map in Section 2.4) point to a generalized epidemic. The high HIV prevalence among the general populations in geographic hotspots and certain high-risk populations indicates a mixed epidemic model of the disease in our context. The table below shows PNG HIV and TB statistics in the general population and among KPs.

Table 2.1.1 Host Country Government Results (no gender disaggregation available)

	Total		Source, Year
	N	%	
Total Population	8,000,000		PNG Estimates
HIV Prevalence		0.8	UNAIDS, 2016
AIDS Deaths /Yr)	890		UNAIDS, 2016 / WHO, 2016
PLHIV	40,000		UNAIDS, 2016
Incidence Rate (/Yr)	No incidence assays done in PNG		
New Infections (/Yr)	2,7000		UNAIDS, 2016
Annual births	33 per 1000 (CBR)		WHO,2015
% of Pregnant Women with at least one	134,603	63	WHO, 2015
Pregnant women needing ARVs	1,500		UNAIDS,2016
Notified TB cases all forms (2015)	28,696		WHO, 2016
TB/HIV Co-infection rates		11	WHO, 2015
MSM HIV Prevalence		8.5	*IBBS POM results, 2016
FSW HIV Prevalence		14.9	*IBBS POM results, 2016
PWID Prevalence (MSM)		5.1%	*IBBS POM results, 2016
	*IBBS Data in POM is Preliminary		

PNG has committed to achieve the UNAIDS 90-90-90 goals, working to increase the national coverage of the key interventions, HIV testing and care and treatment services. With the support of PEPFAR and other partners, the number of HIV testing sites nationwide has doubled over the last three years—increased from 356 in 2013 to 649 in 2016, with high testing yields in urban sites. The antiretroviral therapy (ART) sites have increased respectively from 54 in 2013 to 110 in 2016. ART coverage in 2015 has increased by 17% compared to 2014. Among the estimated

40,000 PLHIV, 81.8% know their HIV status, 81.6% are enrolled in care, and 52.8% have initiated ART (UNAIDS 2015 data). PEPFAR support of NDOH HIVQUAL program and clinic level TA has contributed to improving retention. The retention rate obtained from the HIV Patient Database (HPDB) shows 90.5%, 83.4% and 64.9% at 12, 24 and 60 months, respectively (2015 data). The Active Case Management (ACM), a new model currently being piloted in PEPFAR sites will further improve treatment coverage by increasing retention in care and treatment. The NDOH has rolled out HIV viral load testing (VL) services at 3 major ART sites in NCD since August 2016. According to the latest VL testing data from these three sites, 87.4% of patients on treatment for at least 6 months and selected for testing were found to be virally suppressed. The total tested (404) for VL is only 14% of the total on ART in the three NCD sites and 9% of the total on ART in NCD. The total gap for those needing VL testing in NCD is over 3900 patients (90% gap). PEPFAR will support the rollout of VL testing by NDOH at the NCD sites. VL lab training and onsite mentoring will be included.

Table 2.1.2 - 90-90-90 cascade: HIV diagnosis, treatment and viral suppression*

Estimated Epidemiologic Data					HIV Treatment & Viral Suppression	
Total Pop.	HIV Prevalence	Total PLHIV	PLHIV Diagnosed	On ART	ART Coverage	Viral Suppression
8,000,000	0.8%	40,000	32,900	21,198	53%	87%*

* Data from ONLY 3 sites in NCD

HIV prevalence among pregnant women is 0.6% (UNAIDS 2015 data). Although 329 antenatal clinics (ANC) provide HIV testing services for pregnant women, HIV testing and ART coverage among these pregnant women is still low (55.6% and 33.2% respectively). The percentage of infants born to HIV-positive women receiving a virological test for HIV is 40.6%. Data from the Early Infant Diagnosis (EID) program suggests a mother-to-child transmission rate of 28.1%, indicating that the PMTCT program is not functioning well, although there are likely issues with data quality, in particular, for early infant diagnosis. Given our limited resources and our focus on key populations, and with UNICEF pulling out its support, PEPFAR will try and advocate for leveraging resources through partnerships.

Key Populations

Data on key populations (KP) including men who have sex with men (MSM) is exiguous, often not collected and under-reported. PEPFAR PNG, with other partners, are developing/refining KP and GBV program-level data collection tools that are being piloted and rolled-out nationally to gain a better understanding of the KP HIV epidemic and of the relationship of GBV to HIV. PEPFAR-supported program level KP data have served to guide the interventions. PEPFAR will support the development of the national sentinel surveillance system for KPs to track KP HIV prevalence after the IBBS. Preliminary IBBS results of NCD (2016) of female sex workers, male sex workers, and transgender individuals are shown below in Table in 2.1.3; the HIV positivity rate was again high with a 14.9% prevalence in FSW and 8.5% MSM/TG. Also, the data indicate a surprising report of intravenous drug use among MSM/TG, low levels of HIV testing, high rates of unprotected sex, and high rates of gender-based violence. It also describes high STI rates among both target groups. The IBBS started in Lae in January 2017 and will start in May 2017 in Mt. Hagen.

Table 2.1.3 Preliminary results of IBBS interviews with FSW and MSM/TG - 2016 Port Moresby

	FSW	MSM/TG
Related to KP or partner's behavior		
Ever injection drug use	1.4%	5.1%
Condom use at last time sex	37.0%	26.9%
Condom use last vaginal sex with main male partner	13.7%	-
Condom use last anal sex with main male partner	6.0%	31.3%
Abused by partner in last six months	9.2%	-

Forced to have sex in last 12 months	44.9%	41.9%
Related to HIV		
Ever tested for HIV	67.0%	41.8%
HIV positive status	14.9%	8.5%
TB positive	2.4%	4.3%
Any STI (Syphilis, CT, NG,HBV)	52.1%	34.0%
Gonorrhea - anorectal	19.3%	7.1%
Gonorrhea - genital	18.6%	3.6%

ARV Resistance

A small 2013 nonrandomized study by the Burnett Institute, NDOH, and World Health Organization (WHO) in two HIV referral clinics revealed a worrisome 16% transmitted resistance to the first-line ART regimen in the NCD Heduru Clinic and 8% resistance in Mt. Hagen. PEPFAR PNG is providing fiscal support and laboratory testing for a NDOH/WHO national HIV drug resistance study to verify these numbers nationally. These data will provide information to guide national HIV care and treatment programs about the choice of the most effective ARV treatment regimens (i.e., first-line, second-line). If the study shows that there is significant resistance in NCD, PEPFAR will be better positioned to address this treatment issue. The national expansion of viral load testing, ideally by scaling-up dried blood spots (DBS) needs to be fast-tracked to better understand the status of the 3rd-90 and magnitude of treatment failure. A select set of samples for Genotype testing, which is not currently available in PNG, is being sent abroad to allow clinicians to better address virological failure and provide additional ART optimization.

Surveillance

Although the GoPNG has made some progress towards improving the national HIV program, certain key gaps still exist. The absence of a unique identifier or biometrics in the national surveillance system, and the weakness in tracking of clients from prevention to care and treatment has been a challenge. PEPFAR has been working in this area and will continue to focus on these areas by strengthening the case notification and patient monitoring systems to ensure quality data is generated and analyzed for the 90-90-90 cascade. PEPFAR PNG, in partnership with WHO and GFATM, is providing TA to rollout of the HPDB, a case-based surveillance system to track and monitor individual patients. PEPFAR PNG is also providing above-site TA, in collaboration with the NDOH and WHO, in data collection, cleaning, verification, and consolidation activities. As a result, last year's UNAIDS 2015 estimates were much improved over previous years due to more complete reporting and inclusion of more data points. This leads to a better understanding of the national HIV epidemic and informed decision making.

Also, the NDOH and WHO-led Field Epidemiology Training (FET) Program continues as the nation's best surveillance capacity building program for HIV, GBV and other diseases. With support from NDOH, WHO, DFAT, and CDC, interventions by FET fellows improved TB sputum conversion from 22% to 70% in several TB basic management units, increased HIV screening among TB patients from 12% to 100% in one province (PNG has about a 24% HIV-TB testing rate), and have shown that GBV accounts for 62% of all injuries seen at the Goroka Emergency Department (ED) (rather than 5% as previously thought).

HIV-TB

TB is closely linked to HIV and the national strategy calls for integration of TB/HIV activities. PNG has the tenth highest incidence of TB globally. The estimated TB incidence is 33,000 cases and a rate of 432 per 100,000 (WHO, 2016). Preliminary results from the KP IBBS in NCD show TB prevalence among KPs were 4 to 9 times higher than the general population (FSW at 2.2%, MSM at 4.3%) with one case of MDR-TB identified. Several cases of extensively drug resistant TB (XDR-TB) have been identified as being transmitted from one person to another in one province, increasing the danger or widespread diffusion of MDR strains.

These data demonstrates a significant HIV-TB coinfection rate and a low screening rate for HIV-TB in patients,

highlighting the continued need to initiate universal HIV testing for all TB patients and to improve the linkage to HIV care for those found to be HIV positive. HIV-TB integration is addressed in the NCD TB Strategic plan 2016-2020 that calls for integration of HIV–TB diagnostic and care activities. PEPFAR, through the FET program, has shown very well that integrated sites perform better than non-integrated sites. In NCD, integrated sites reported higher ART update than stand-alone TB sites (52% and 27% respectively). The Health Sector Strategic Priorities 2016-2020 plan calls for improve coverage of TB testing for patients with HIV from 24% (in 2013) to 91% in 2020 through TB/HIV collaborative activities. In addition, the Global Fund has called for a joint HIV- TB proposal for its next submission round in 2018.

GBV

PNG has an extensive gender-based violence problem, affecting both priority and key populations of all ages. While noting a lack of reliable data, the newly released PNG National Strategy to Prevent and Respond to Gender-Based Violence (GBV) 2016–2025 does highlight some statistics as shown below in Table 2.1.5:

Table 2.1.4 Papua New Guinea Gender Based Violence data

Priority Populations: Children, Adolescent Girls/Young Women

- 62% of sexual abuse cases in NCD involved children
- 70% of sexual violence cases in NCD involve children under 18, with majority under the
- 20% of women experienced rape in their first sexual encounter
- 65.5% of women are affected by domestic violence, particularly sexual and physical violence

Key Populations: MSM, Transgender, Female Sex Workers

- 78% of transactional sex workers in Port Moresby reported sexual abuse
- 58% of men that have sex with men in Port Moresby reported sexual assault/violence

Additional data from the past 25 years have shown that between 50% and 100% of women have experienced intimate partner physical and sexual violence. A 2008 study in PNG found that women experiencing sexual abuse in relationships were twice as likely to be HIV positive. Program-level KP data from PEPFAR PNG-supported sites show higher HIV positivity rates among KP, and there are indications that exposure to GBV may contribute to greater vulnerability to or acquisition of HIV and reduced access to HIV testing and treatment. The unfavorable legal environment and strong church and cultural belief systems, may increase prevalence of homophobic violence against MSMs and TGs.

Supply Chain

Supply chain management of medical commodities is a major risk factor to achieving the 90-90-90 targets in PNG with continued spot ARV and VL Roche test kit stock-outs and an extended 2016 national stock out of HIV rapid diagnostic test kits. A PNG Analysis for Medicines and Medical Supplies, which is yet to be released (Global Chain Supply Program - PEPFAR 2017) provides an overview of the NDOH market share for medical supplies and recommends the need to improve efficiencies in forecasting, procurement, quality control and distribution of essential medicines and medical supplies. Stock-outs of ARVs and rapid diagnostic tests also point to needs of improving the supply chain management. The GF and Clinton Health Access have been engaged in improving this systems and the Government of India has funded the purchase of ARVs. A broader base of donor support for further improvements in supply chain management has been identified.

National HIV Strategies

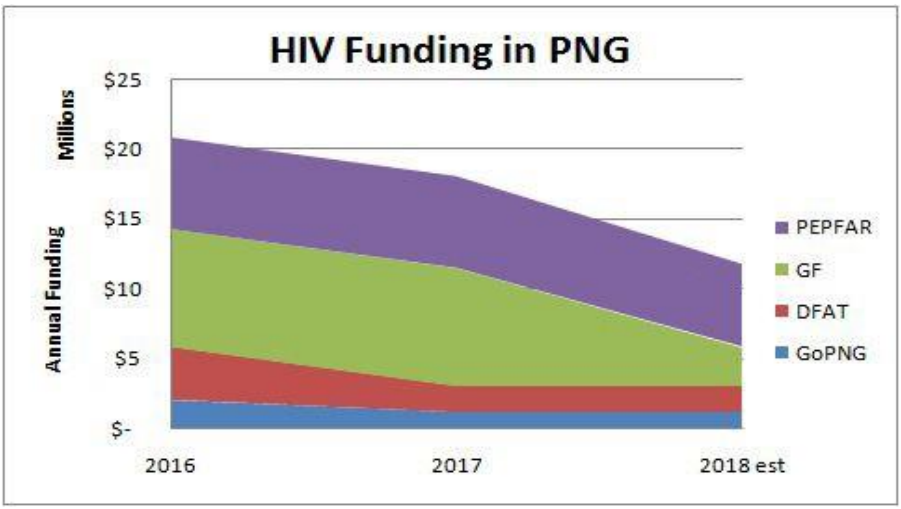
In the setting of this somber scenario, the Health Sector Strategic Priorities 2016-2020 plan has called for increased accessibility of PLHIV to ARVs from 79% in 2015 to 100% in 2020. It has also called for a decrease in HIV prevalence amongst pregnant women from 1% to less than 1% in 2020. Operational targets point to an increase in HIV testing

of women in ANC and treatment to 90% of HIV-positive women in ANC; an increase in health sector awareness and support to the general population including "marginalized and special groups and; an IBBS conducted and, an implementation of strategies to reduce prevalence amongst most at-risk populations. The National HIV/AIDS Strategy 2018-2022, being developed, will align its goals and objectives with those global agenda, such as Goal 3 of the Sustainable Development Goals (SDGs) of ending the HIV/AIDS endemic by 2030. The two policy documents published by the NDOD in 2016 also aim at improving treatment and care outcomes: 1) National HIV Treatment and Care Guidelines and 2) National HIVQUAL Framework. The guidelines were revised and the "Test and Start (Test and Treat)" policy adopted. The framework was the first national document to ensure quality assurance (QA)/quality improvement (QI) of the HIV care services. The National HIV testing services (HTS) Guidelines will also be revised in 2017, including moving from a 2 to 3 rapid test algorithm to improve the quality HIV testing services. PEPFAR has been providing TA in guideline reviews and will continue to support this area.

2.2 Investment Profile

Overall investment in Papua New Guinea's health and HIV sectors continues to decline significantly with reductions in both donor and domestic contributions planned in 2017 and 2018. According to World Bank (L. Janes Nov. 2016), these reductions include:

- GoPNG health sector expenditure will be reduced by K315m(USD$100m) or 20% in 2017.
- Health Expenditure per capita in real terms (adjusted for inflation) will decline from K74 in 2016 to K37 ($11 USD) in 2021, a reduction of 47%.
- The National AIDS Council's budget is now "zeroed out" and is expected to merge with NDoH in 2017
- NDoH will see a 43% reduction in the Disease Control and Surveillance Branch (incl. Malaria, TB & HIV).



On the donor side, Australia's DFAT is reviewing its health sector contribution, with important HIV program reductions and shifts to other health areas although firm figures have yet to be announced. The Global Fund HIV contribution will decline from $8.4 million/year in 2015-2017 to $2.7 million/year in 2018-2020. UNAIDS is reducing its presence in-country. PEPFAR PNG is now the top HIV donor in PNG, despite a decreasing budget in FY19. USAID uses non-PEPFAR funds earmarked for TB to contribute to GoPNG priorities to control and treat TB, including MDR-TB. The Global Alliance for Vaccine and Immunizations (GAVI) is investing in health system strengthening. NDOH provides all HIV commodities with 2016-17 assistance from India for ARVs. ExxonMobil, a public-private partnerships (PPPs) currently contributes one million dollars annually for University of PNG medical school professors from Baylor College including MCH, PPTCT and EID training. HIV expenditure data has not been tracked since 2011.

2.3 National Sustainability Update

PEPFAR PNG Sustainability Index and Dashboard (SID) scoring in COP17 has changed because of defunding of HIV programs and agencies in PNG in 2016–17 as detailed below:

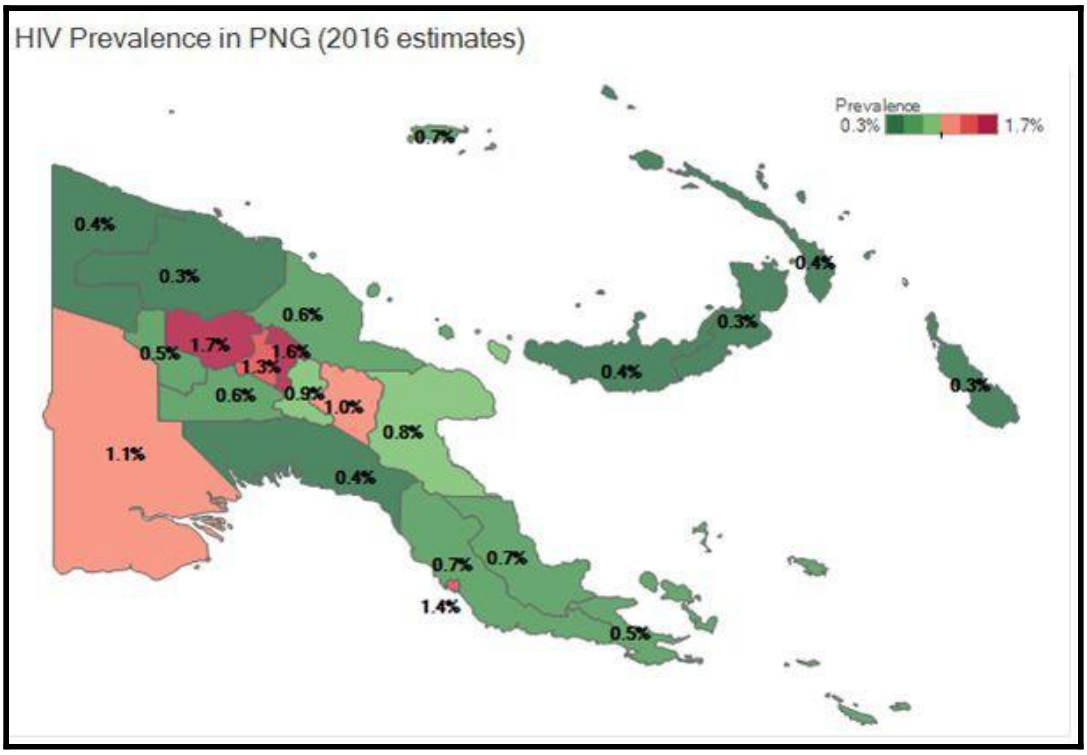
- Australia DFAT, at least temporarily defunding HIV related CSOs and for Clinton Health Access Initiative (CHAI) positions in HIV lab
- GFATM apparent reduction in total HIV funding for PNG
- Severe government shortfall in income has drastically reduced the NDOH budget
- UNAIDS PNG major reduction in staff and funds
- National AIDS Council Secretariat defunded and its functions to be absorbed into NDOH
- The TB and TB MDR/XDR public health emergency in PNG has shifted resources and focus away from HIV

As a result, SID scoring has decreased in:

- Planning and Coordination: 8.3 to 5.7 (yellow) with little coordination of National HIV implementation
- Service Delivery 3.9 to 3.1 (red) with decreases in government funding

2.4 Alignment of PEPFAR investments geographically to disease burden

Size estimates for key populations will be available in late February 2017, but available PEPFAR and stakeholder program data indicate a sizable KP population in NCD. The 2016 preliminary IBBS data from Port Moresby indicate that KPs in NCD have the highest HIV prevalence nationwide (FSW at 14.9% and MSM at 8.5%). The HIV Patient Database reports that about 48% of NCD clients originate from the mountainous Highlands region, corresponding with highest prevalence rates on the map above (i.e., the central pink and red provinces). According to the latest UNAIDS estimates, NCD has about 10% of the nation's population and 10% of the total PLHIV cases in PNG. PEPFAR sites in NCD also continue to test higher positivity rates. In addition, NCD is heavily impacted by a TB outbreak with both MDR-TB and XDR-TB



PEPFAR PNG's site level activities are exclusively in NCD and focused on providing access to friendly and high-quality care to KPs in eight clinical sites (four providing direct service delivery and four more benefiting from PEPFAR TA). The previous site in Madang is phasing out in FY17. The NCD has been designated as the main site for PEPFAR PNG activities by the NDOH. This allows for national policy activities with government and international stakeholders. NCD sites are able to provide a proving ground for innovations, which can be tried, evaluated, and endorsed by GoPNG. These sites will continue to serve as demonstration sites and exchange programs and mentoring programs will permit roll-out of best practices.

UNAIDS estimates indicate the highest HIV burden in the mountainous Highlands Region with over 48% of the nation's PLHIVs per UNAIDS 2016 estimates. In addition, the Momase Region HIV clinics (especially Lae) have high KP involvement in their programs. By Nov 2017, both the KP IBBS in Mt. Hagen in the Highlands Region, and Lae in the Momase Region will provide more detail information and KP size estimates. The two regions will receive PEPFAR PNG above-site TA to improve HIV and GBV surveillance and M&E. As surveillance data and IBBS information become available, PEPFAR PNG will use its comparative advantage to build capacity in program monitoring, assist with the quality improvement of HIV clinics and GBV services, and support increasing quality assurance of HIV related testing, including TB/HIV. PEPFAR PNG will support and assist by: leveraging resources and TA from GFATM, DFAT, and other donors, and sharing lessons learned in NCD to assist DFAT and GFATM to help improve quality of services and improve data quality in high-burden provinces.

With donor support, the GoPNG has adopted the PEPFAR-initiated CoPCT (Continuum of Prevention, Care and Treatment) model for HIV services in high burden provinces; Western Highlands, Enga, Jiwaka and Morobe. This model has created the environment and understanding of the linkage between HIV prevention to care and treatment. Other donors are in the process of rolling out the model with their partners. A key component of the FY17 COP is to further strengthen the model, specifically making it more cost effective, strengthening outreach, scaling up test and start, viral load testing, and testing new service delivery models.

Ongoing laboratory quality assurance activities will continue at the Central Public Health Laboratory (CPHL) in NCD and HIV high-burden provinces. This is a coordinated effort with NDOH and all USG partners including DFAT, GF and WHO with future expansion to "mini-labs" at the facility level in priority SNUs.

The newly released GBV strategy, supported by the national practice guidelines for clinical care and developed with PEPFAR TA, will guide the implementation of GBV activities in NCD and technical assistance to the PHAs of NCD, Eastern Highlands, Jiwaka and Chimbu and other provinces as required.

2.5 Stakeholder Engagement

In COP17 development and implementation, PEPFAR PNG is working closely with NDOH, PHAs, civil society organizations (CSOs), UN agencies, GFATM and other donors, and Oil Search and other stakeholders, both bilaterally and through multilateral meetings, such as the HIV, SI, TB, and GBV national Technical Work Groups and HIV Civil Society Forum. PEPFAR PNG will continue its solid working relationship with the NDOH and NCD health authorities. As PEPFAR activities become mostly above-site and more catalytic, PEPFAR will need to be vigilant in its involvement, information sharing and coordination with other donors and health care providers for optimal collective impact.

Stakeholders continue to be important supporters of the HIV program, albeit some at a reduced rate or changed modality. In anticipation of the DFAT cutbacks, the GFATM has budgeted for treatment of 10,000 HIV patients cared for by Catholic Church (CHASI) and Anglicare. DFAT has pulled back from funding multiple CSOs, but has indicated interest with GFATM and UNAIDS in developing a consolidated single CSO amalgamation. The GFATM will continue to fund TB and HIV activities although it has changed its modality requiring the programs to submit a single funding proposal. GFATM and GAVI propose to strengthen supply chain management, e-NHIS, roll out of m-supply and lab strengthening with PEPFAR. More engagement is needed with the Indian government who has recently donated an 18-month supply of ARVs and could donate more. In this volatile funding environment, WHO and UNAIDS will continue to handle the crucial role of supporting NDOH to coordination all partners and activities.

3.0 Program Activities for Epidemic Control

3.1 Description of strategic outcomes

3.1.1 Test and Start/90-90-90

In order to fast-track the 90-90-90 goals among the KPs in NCD, PEPFAR has increased its efforts on targeted testing with consistent higher yields in all its testing sites. PEPFAR has also supported the incorporation of WHO Test and Start and Viral Load (VL) recommendations into the National HIV testing and treatment, with PEPFAR sites now implementing test and start in NCD. The IBBS 2016 preliminary results for NCD also showed that about 84% of HIV positive FSW and 46% of HIV positive MSM are currently taking ARVs. Among the general population, about 4,358 PLHIV are on ART, whilst another 3,389 are in care, needing treatment. Intensive/active case finding and focused coaching and mentoring will be used with HIVQUAL programs.

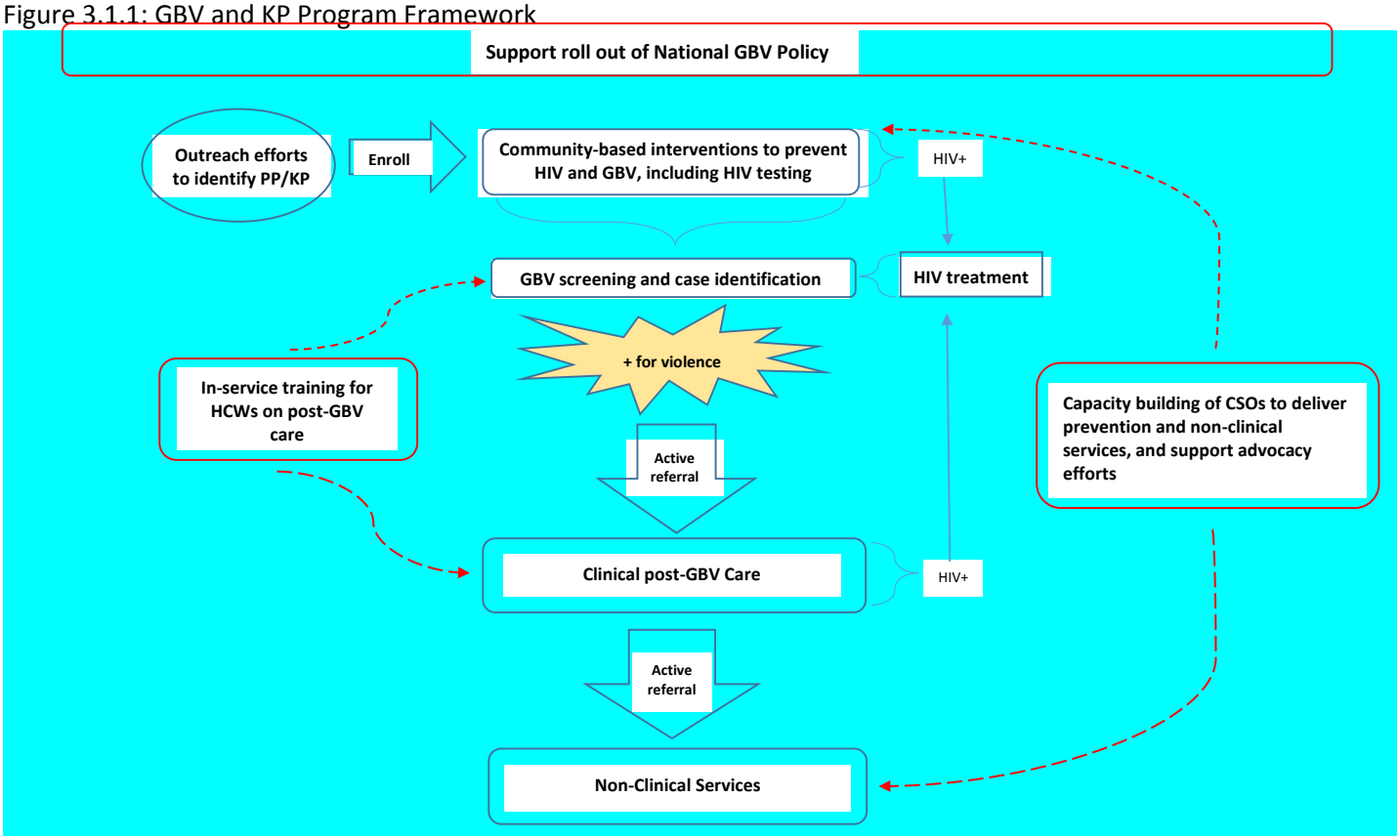
Viral load roll-out has had some delays for a number of reasons. Since the VL pilot commenced in 2013 led by CHAI, discrepancies with plasma and DBS VL results has delayed roll-out of VL nationally. With DFAT's defunding of CHAI, stock-out VL test kit supplies and now a staffing shortage is also hindering VL scale-up efforts. NDOH has taken on board procurement of VL testing kits whilst staffing issues are slowly being addressed by NDOH and partners. As viral load is scaled-up, more data will become available to elucidate the current status of viral suppression in the country and reexamine cascade drop-offs.

Retaining PLHIV on ART is quite a challenge, and PEPFAR PNG is supporting the NDOH HIVQUAL program as tool to measure status of LTFU in each clinic and come up interventions to improve retention in care. Previous HIVQUAL analysis can be labor intensive which inhibits optimal use by clinics who are overwhelmed with clinic obligations. PEPFAR is supporting implementation of HIVQUAL analysis within the HPDB for easier analysis.

3.1.2 GBV/KP

Figure 3.1.1 below illustrates the program framework catalytic models of integrated HIV and GBV prevention and response services for key and priority populations. The strategic objective will be to develop cost efficient models at demonstration sites in NCD for other stakeholders, such as the GoPNG and civil society, to adopt, replicate, and bring to scale. This approach is based upon the principles of sustainability and transition to local ownership.

Figure 3.1.1: GBV and KP Program Framework



GBV constitutes a significant barrier to achieving 90-90-90 targets in Papua New Guinea and negatively affects individuals' access to care, health and well-being. PEPFAR PNG, with other partners, are providing above-site TA to develop and implement KP and GBV program-level data collection tools to be rolled out nationally. PEPFAR PNG is undertaking Gender and GBV training, including KP sensitivity training, training in GBV screening and peer education. With the development of the national GBV Strategy, PEPFAR PNG will support the GoPNG to implement its objectives, with a particular emphasis on HIV/GBV integration for key and priority populations. This will include support to the national GBV Secretariat of the Department of Community Development (DCD) to ensure it is effectively functioning as the lead coordinator of GBV activities with harmonized activities across all stakeholders. A particular emphasis for PEPFAR will be the sharing of lessons learned and best practices from implementing KP/HIV/GBV services at PEPFAR sites for replication and adoption by other national actors. Support to KP will form the nucleus of this integrated approach and the peer-to-peer outreach model will support this purpose. Small grants will enable institutional capacity building or focused attention on specific issues. PEPFAR PNG will provide TA, training and mentoring to enhance quality integrated HIV/KP/GBV services. Innovative interventions, based on lessons learned from current activities and from other countries will be tested and successful site level pilots will, in turn, be used at demonstration sites.

3.1.3 Strategic Information

Despite significant progress in scaling up data collection efforts, PNG's progress towards reaching saturation and the 90-90-90 goals nationally has been a challenge to measure in a full and completely accurate manner. This challenge is compounded by a lack of sufficient national data on key populations for program planning and targeted interventions. The mixed epidemic model with higher HIV prevalence among the general populations in geographic hotspots and in key populations presents a unique epidemiology of the disease. To address these challenges, PEPFAR has, over the last two years, focused its efforts on strategic information by investing in the IBBS and targeting national and other above site level work towards strengthening HIV surveillance and effective

program monitoring-improving data systems and tools in addition to building capacity for data collection, transmission and analysis. PEPFAR assisted in developing the Key Population Management Information System (KP-MIS), a tool that is now being approved for use nationally to collect KP aggregate program level data to complement the IBBS data to improve the KP 90-90-90 cascade. PEPFAR's ongoing support in the HPDB has resulted in improved HIV surveillance and monitoring of patients in care and on treatment, providing a better understanding of quality issues affecting PLHIV. Through the integration of HIVQUAL reporting with the HPDB we are now able to measure LFTU and generate reports for a number of care and treatment indicators to complement the national HIV surveillance data.

The PEPFAR team will continue to work with NDOH, NCDHS and partners to ensure data generated from the national HIV surveillance systems, HPDB and KP-MIS are used for program planning and targeted interventions, geographically and by population type. This work will include the expansion of HPDB to more ART centers; the integration and use of a National Unique Identifier Code (NUIC) - a code or biometrics used to link patients in HIV care across clinics to reduce lost to follow-up; the roll out of a centralized SQL-based HIV Patient database for aggregation of national HPDB data allowing for the generation of National HIVQUAL Indicator Reports and case-based surveillance and finally the roll-out of CommCare in NCD. Data utilization, analysis and feedback for program improvement will be emphasized through data for management training, the established FET program, and a new initiative aimed at developing the health informatics workforce at the NDOH.

With the transition of the existing national health information system (NHIS) to an electronic platform (eNHIS) PEPFAR will conduct formal assessments to better understand how to integrate HIV Surveillance activities with this new platform to decentralize data entry and improve reporting rates. In addition, PEPFAR PNG will assume a primary role in the annual EPP spectrum analysis, which historically has been a UNAIDS role, and build capacity to transition this role to the NDOH. To support VL scale-up, maturity-model assessments of current lab information systems at CPHL will be conducted in collaboration with NDOH to ensure a suitable LIMS is selected and deployed to improve VL sample management. To improve GBV reporting rates, GBV indicators will be refined and incorporated into existing GBV reporting systems.

PEPFAR will scale up CommCare, a system that captures data in the field and syncs it with databases at the office in the four direct service delivery sites and four other technical assistance sites in NCD. (eCascade is the new nomenclature for CommCare which is an application created by Dimagi, Inc. This application allows community health workers to carry a simple smartphone that runs an application that presents them with customized, easy to use forms for data collection. Data is immediately synced directly to the database located on the internet – and if the phone has no connectivity at the moment, it stores the new data and syncs it automatically the next time a signal is found. The eCascade is the new nomenclature for CommCare). The aim of this project is to strengthen referrals and linkages to clinics in NCD for HIV counselling and testing, STI, GBV, and HIV care and treatment services and strengthen the work the CoPCT model has been doing.

3.2 Site level (rationale, geographic and population prioritization)

3.2.1 Test and Start/90-90-90

Site-level investments will address program needs by supporting strategic, high-quality HTC in the current NCD sites. These testing services will continue to focus on KP, and include peer navigation, rapid HCT in the field, strong referral networks / social and sexual network testing, peer navigators / social media and online navigation, medical service integration and/or linkages to care, in order to improve patient outcomes and reduce loss to follow-up. Technical assistance will continue in eight HIV clinic sites in NCD to establish KP user-friendly services, including active case management and electronic patient tracking. Clinic staff will be trained on patient monitoring,

retention and viral load. Importantly, emphasis will include finding previously diagnosed and lost to follow-up patients (i.e., pre-ART patients) and linking to treatment.

PEPFAR PNG will support demonstration sites in NCD establishing strong patient tracking systems and quality assured systems of care for HIV. Pilot sites will become demonstration sites for training and mentoring to government-operated health clinics to promote proven best practices as requested by the NDOH and provincial health services. PEPFAR PNG will continue to use hotspot mapping and data analysis to conduct peer-to-peer outreach to KP in priority areas, linking KP to HTC, treatment and care services. By adopting a targeted approach to conducting outreach with KP, PEPFAR PNG hopes to conduct intensified case finding and maximize the effect and efficiencies of the program. PEPFAR hopes that this additional focus on reaching the right populations will boost HIV testing yields and increase the number of PLHIV who know their status, are on treatment, and are virally suppressed.

3.2.2 GBV/KP

At PEPFAR supported sites in NCD, models to test best practices in integrated GBV and HIV prevention and response will be testing with the aim to replicate best practices at additional sites, and to have the models adopted by government and civil society. For prevention, community-based activities will deliver evidence-based interventions to prevent gender-based violence and HIV, including HIV testing, with referrals of all HIV positive individuals to ART treatment sites. GBV screening and case identification will be conducted, with all individuals reporting experiences of GBV immediately offered an escorted referral to clinical and non-clinical support services. At clinics, post-GBV care will be provided to all survivors of GBV, with referrals to supportive non-clinical services such as legal assistance. Technical assistance will be provided to health care workers, including supportive supervision in order to make healthcare delivery points more friendly and accessible to GBV patients.

3.3.3 Strategic Information - All activities are above site

3.3 Critical above-site systems investments for achieving sustained epidemic control

3.3.1 Test and Start/90-90-90

Above-site level investments include revising national HIV treatment guidelines that address target populations and differentiated service delivery and providing TA for the rollout of viral load testing and implementation.

Above-site TA for strategic information will continue, with a strategic focus on building capacity at the national and priority SNUs through the FET program, and national level TA, with targeted mentoring on data collection, data entry and data analysis and use.

Ensuring adequate supply of diagnostic kits and ARVs is essential for program success. Above-site TA for HSS will coordinate with other stakeholders in assuring that there is proper forecasting and that systems are in place to purchase and distribute commodities. PEPFAR PNG will follow-up of the recommendations of the supply chain analysis undertaken with PEPFAR support (2017).

PEPFAR PNG will also provide above-site TA to improve the 90-90-90 cascade, targeting KPs (especially in NCD) and by assisting with the rollout of a Test and Start policy nationwide. It will assist the NDOH to train and mentor health care workers (HCW) on updated treatment guidelines which include Test and Start. Once national VL testing has been quality assured, PEPFAR PNG will provide technical assistance to clinics on multi-month scripting and other differentiated service approaches that improve retention and/or lessen the strain on the existing service delivery systems. An emphasis will be placed on quality improvement and programmatic evaluation to determine the best

practices for scaling up Test and Start and VL monitoring. Testing platforms will be strengthened and will include the lab quality improvement systems. Health services in NCD will be positioned to undertake these activities and to serve as demonstration sites that will contribute to policy validation and to form a base for outreach activities to other provinces.

3.3.2 GBV/KP

Above-site interventions will be focused on disseminating best practice models, providing technical assistance to improve service quality and program delivery, and ensuring a sustainable response is transitioned to GoPNG. This will be achieved by building the management and technical capacity of CSO/NGOs to deliver HIV/KP/GBV services and conduct advocacy for key and priority populations. To support these efforts, small grants will be awarded to CSOs, including via the Ambassador's Small Grants Program. Technical assistance will support the GoPNG to strengthen clinical SOPs for HIV/KP/GBV service delivery, as well as strengthening and institutionalizing the GBV "Kaunselling" hotline services. Finally, PEPFAR will support the development and implementation of standardized GBV indicators and an M&E system in order to support a more data-driven response to GBV.

3.3.3 Strategic Information

While there has been steady progress in improving strategic information by building data collection tools and improving reporting efficiencies within the HIV program in PNG, significant gaps still exist, particularly as they pertain to the use of information systems in HIV surveillance activities, clinic-based health records, and laboratory. Additionally, there is a major disconnect between data collection and using that data for program monitoring and decision making. PEPFAR proposed SI activities aim to improve the timeliness and quality of data through strengthening and expanding existing systems (see FOIT Activity 3.01-3.08), while also improving data utilization at both facility and national levels (see FOIT Activity 3.09 - 3.13).

With significant gaps in national data, particularly regarding key populations, PEPFAR will have a continued focus on producing much needed KP data through the IBBS and will work on developing the national sentinel surveillance activities for KP's to reinforce existing surveillance programs (see FOIT Activity 3.03). The PEPFAR team will also adopt a primary role in establishing national HIV estimates and projections in response to the reduced capacity of UNAIDS in country, with the eventual goal of transitioning this leadership to the NDOH (see FOIT Activity 3.09).

With PEPFAR heavily involved in work to scale-up viral load testing in NCD coupled with the need for a robust lab information system to support this, PEPFAR aims to conduct formal assessments of the CPHL information system needs and work with NDOH to adopt solutions particularly for viral load sample management (see FOIT Activity 3.14).

PEPFAR has been key in advancing SI activities at the national level by providing technical expertise and direct TA through partners, such as WHO and FHI360. With the changing funding landscape and the economic downturn, PEPFAR has a greater role to play in country. With established strengths in SI, a continued focus in surveillance, monitoring and evaluation, research and data utilization is required in order to sustain programs while also building capacity to transition to national ownership.

By focusing on human capacity development through established programs like the FET and through innovative approaches like the Regional Health Informatics Fellowships, PEPFAR will continue to prioritize the need to develop the required in-country capacity to ensure the transition to national ownership is both sustainable and effective (see FOIT Activity 3.05, 3.13). With NDoH leadership and support from PEPFAR, DFAT, and WHO, FET has produced 52 Field Epidemiologists to date, with over 50% of them having duties and responsibilities in HIV, TB and/or GBV. Interventions have seen improved HIV and TB screening, improved data quality and data use, and cost-effective

public health interventions totally funded by government. Furthermore, FET has resulted in an estimate of over 400 lives saved because of the interventions alone. Due to higher HIV prevalence in NCD (1.4%) the PEPFAR country team in PNG will focus its resources in NCD, with a modest phased roll out in Lae and in Mt. Hagen for the Highlands region to strengthen clinical HIV surveillance, specifically in case reporting and patient monitoring (especially KPs). There are future plans to move efforts in other high HIV prevalence areas in PNG but concerted efforts are now redirected to scale up activities in NCD by expanding technical assistance to the clinics, intensifying above site capacity building and other TA for NCDHS, and working with other partners to initiate a phased roll out of viral load services with effective data management and reporting systems to achieve the test and start 90: 90:90 targets by year 2020.

PEPFAR will continue to provide above site TA by building the capacity of partner organizations to collect and report KP data and utilize existing electronic data reporting systems. The PEPFAR sites will fully utilize the KP-MIS tool to report KP data to the government. With the leadership of the NDOH, a concerted effort will be made to harmonize data systems ensuring that central and provincial levels use compatible electronic platforms, that there is no duplication of data collection and that the technology is appropriate to the existing local conditions.

3.4 Description of how PEPFAR will support greater sustainability

PEPFAR PNG will continue to support greater sustainability by increasing ambassadorial and HIV program promotion with national and provincial government leadership. This will include NDOH and provincial health authorities (PHA) in an effort to increase investment in HIV programs, staffing and commodities. Continued engagement with multilateral stakeholders and donors, particularly at a time of reduced resources, will seek to harmonize interventions, align HIV activities for maximum effectiveness, and explore opportunities to leverage resources.

In order to maximize the impact of our work, we will continue to implement the majority of our program in NCD. This will allow greater collaboration with NDOH, NCDHS and other donors, both in planning and implementing our activities. Any pilot efforts will be collaborative, allowing for greater understanding of those who would potentially be scaling up these efforts.

PEPFAR PNG activities are designed for sustainability:

3.4.1 Test and Start/90-90-90/HIV: Build staff capacity and implement phased rollout for Test and Start and VL programs for ongoing NDOH, NCDHS and PHA management.

3.4.2 GBV/KP: High-level engagement, training and capacity building to meet the needs of GBV survivors. KP-focused services will increase acceptability, openness and staff capacity to boost health care system responsiveness.

3.4.3 Strategic Information: Central level development of national policy and capacity building so NDOH can support these activities.

3.5 USAID Mechanism Transition

The current USAID cooperative agreement with FHI 360, Strengthening of HIV/AIDS Services for KPs in PNG, ends in September 2018. The new activity will focus on above site activities to reach 90:90:90, revise lessons learned, extract best practices, and concentrate on building program efficiencies through health area integration. It will adapt to the new donor context with a priority on country ownership, accountability and sustainability and on

increased involvement of local organizations and professionals.

4.0 Management and staffing considerations

PEPFAR PNG's management strategy in PNG national staff capacity building seeks strong in-country capacity to support core activities within the national HIV response. The U.S. Ambassador leads the interagency team with staff from DOS, USAID, and CDC.

Each Agency uses its unique expertise to provide focused TA in support of core activities. USAID's TA focuses on building capacity of the GoPNG and civil society to efficiently implement and scale up the CoPCT model for KPs, and to address GBV issues. Work at the NCD above site and site levels is aimed at implementing, testing and validating innovative practices, while transitioning direct service delivery to TA provision. Lessons learned and best practices from implementation are shared with policy makers to improve national guidelines and procedures. These centers of excellence will increase their role as demonstration sites where best practices can be shared and mentorship programs can be established (as was the case when DFAT sites in the Highlands profited from PEPFAR PNG experiences). Increased TA will be provided at the above-site level. With core strengths in quality improvement in HIV care and treatment, HIV laboratory strengthening and HIV strategic information, CDC's cost effective TA uses CDC country staff to help build above-site capacity of national and provincial health staff. DOS leads the PEPFAR PNG Small Grants Program that focuses on building capacity among local NGOs to impact the HIV epidemic. Table 4.1 below summarizes the activities of the PEPFAR PNG staff.

Table 4.1 PEPFAR PNG Staff			
Position Title	**Type**	**Main activity**	**% time on TA**
USAID			
Health Advisor	PSC	Team lead, inter-donor coordination, technical and management TA to NDOH and partners. Reports to USAID Manila - recruited 10/16	30%
Development Assistance Specialist	LES	M&E and reporting activities. Supports implementing partner in M&E - recruited 9/16	100%
Development Assistance Specialist	LES	Management support, support to gender issues and government and interagency coordination (not funded by PEPFAR)	40%
Administrative Assist.	EFM	Administrative support (not funded by PEPFAR)	
Gender Specialist	LES	In final recruitment stages	100%
USAID Manila staff	USDH LES	Part of "in-country" PNG PEPFAR staff giving strategic, technical, programmatic, procurement, administrative and management support. (not funded by PEPFAR)	
CDC			
CDC Director	USDH	Inter donor coordination, technical and management TA to NDOH and partners	30%
CDC Deputy	LES	Operations and management specialist, TA to CSO/NGO M&O	20%
HIV Senior Public Health Specialist	LES	HIV medical director and team lead, care and treatment, quality improvement, mentoring	90%
Strategic Information Advisor	LES	PEPFAR PNG SI Liaison, Field Epidemiology, SI TA to NDoH and partners, health information systems	100%
Health Informatics Advisor	LES	Information systems, e-health coordination, computerization of information's systems	100%
Laboratory Advisor	LES	Coordination of viral load rollout, HIV algorithm quality assurance	100%
DOS			
DOS Economist & staff	USDH LES	Support to small grants program	5%

APPENDIX A

A.1 Planned Spending in 2017

Table A.1.1 Total Funding Level

Applied Pipeline	New Funding	Total Spend
$US341,949	$US6,258,051	$US 6,600,000

*Data included in Table A.1.1 should match FACTS Info records, and can be checked by running the "Summary of Planned Funding by Agency" report

Table A.1.2 Resource Allocation by PEPFAR Budget Code

PEPFAR Budget Code	Budget Code Description	Amount Allocated
		TOTAL
HVOP	Other Sexual Prevention	1,016,273
HVCT	Counseling and Testing	557,238
HBHC	Adult Care and Support	3,166
HTXS	Adult Treatment	1,565,359
HTXD	ARV Drugs	48,426
HVTB	TB/HIV Care	121,613
HLAB	Lab	568,800
HVSI	Strategic Information	812,569
OHSS	Health Systems Strengthening	680,358
HVMS	Management and Operations	1,226,198
TOTAL		**6,600,000**

*Data included in Table A.1.2 should match FACTS Info records, and can be checked by running the "Summary of Planned Funding by Budget Code" report

A.2 Resource Projections

PEPFAR PNG used activity-based budgeting for COP 2017. Considering USAID's exit from Madang, close-out of its current mechanism and start-up of a follow-on mechanism, USAID's use of unit expenditures would not be applicable for COP 2017. USAID, however, referenced the EA 2016 allocations per program area to estimate the amounts needed to support each USAID activity for COP 2017.

APPENDIX B

Focused Outcome and Impact Table (FOIT), saved as a separate excel worksheet

Focused Outcome and Impact Table (FOIT) Overview
Papua New Guinea

Area of intervention	Activity Description	1 year benchmarks	2 year benchmarks	PEPFAR Indicators	Additional indicator category that best represents activity progress (if relevant)	List specific additional indicators (if relevant)	Total Planned Amount and Applied Pipeline Amount (Column R + Column S)
Strategic Outcome 1: Continue to Support the Government's efforts to roll-out Test and Start and Viral Load in NCD and nationally							
Systems: Health workforce (including CHWs)	Facilitate NDOH training of Health Care Workers (HCWs) on updated TPT, HIV care & treatment guidelines including Test & Start	• HCWs trained on updated HIV care and treatment guidelines (Emphasis on Test and Start, promoting same day initiation) in: Southern Region - 25; Momase - 50; Highlands - 75; New Guinea Islands - 25. • Curriculum updated for HIV/KP/GBV service providers and options for pre-service training identified.	• Test and Start incorporated into Integrated Management Adult Illnesses (IMAI) curriculum to regularly train HCWs on Test & Start and same day initiation.		Other	# HCW Trained, HIV Integrated Management of Adult & Adolescent Illness (IMAI) Curriculum developed, # IMAI Refresher Trainings	$70,000
Systems: Health workforce (including CHWs)	Provide leadership and facilitate NDOH curriculum/training of HCWs on updated TPT, HIV care and treatment guidelines, which include Test & Start.	PEPFAR Staff Contribution to Activity 1.01 • Provides leadership on New TPT & HIV Care and Treatment guidelines committee. • TA to develop training materials for updated guidelines training • Facilitate/mentor 2 days refresher training for HCWs on new guidelines.	PEPFAR Staff Contribution to Activity 1.01 • Provide leadership in the development of IMAI Curriculum with TPT • Facilitate IMAI Training				$0
Service delivery and quality improvement: key populations	Provide TA and mentoring with NDOH & GFATM for HIVQUAL data reviews for Quality Improvement (QI) of KP HIV patients Care and Treatment	• All HIV clinics in NCD have HIV Patient Database (HPDB) installed to analyze HIVQUAL indicators to improve retention and care and viral load monitoring.	• All major clinics nationally (17) outside of NCD will have HPDB installed to analyze HIVQUAL indicators to improve retention and care and viral load monitoring.		Other	# Clinics Utilizing HPDB for HIVQUAL, HIVQUAL Indicator % improvement, HIV-Testing %, TPT%	$60,000
Service delivery and quality improvement: key populations	Provide leadership and mentoring for NDOH HIVQUAL data reviews for Quality improvement of KP HIV patients Care and Treatment	PEPFAR Staff Contribution to activity 1.03 • Leadership, training/mentoring & TA in using HPDB for HIVQUAL Analysis • Reviewer of HIVQUAL Data analysis	PEPFAR Staff Contribution to activity 1.03 • Leadership, training/mentoring & TA in using HPDB for HIVQUAL Analysis • Reviewer of HIVQUAL Data analysis				$0
Systems: Institutional Capacity Building	Provide coordination and partial funding with GFATM to continue delayed national HIV Drug Resistance (HIVDR) study	• Successful completion of HIVDR study as per approved protocol.	• National treatment guidelines updated as needed.		Other	Completion of HIVDR study, Development of DR Testing & 3rd Line ARV Policy	$50,000
Systems: Institutional Capacity Building	Provide Leadership and onsite TA to continue delayed national HIVDR study (Operational Research)	PEPFAR Staff Contribution to Activity 1.05 • Provide leadership, coordination & direct TA: HIVDR study completed, results analyzed and report disseminated	PEPFAR Staff Contribution to Activity 1.05 • Provide leadership, coordination & mentoring in developing, facilitate training on updated national treatment guidelines.				$0

Focused Outcome and Impact Table (FOIT) Overview
Papua New Guinea

Area of intervention	Activity Description	1 year benchmarks	2 year benchmarks	PEPFAR Indicators	Additional indicator category that best represents activity progress (if relevant)	List specific additional indicators (if relevant)	Total Planned Amount and Applied Pipeline Amount (Column R + Column S)
Systems: Laboratory	Coordinate with NDOH and WHO to support CPHL with VL and EQA training and mentoring.	• Technical guidance provided to strengthen specimen transport for VL testing at CPHL and improve return of results from CPHL to 6/7 clinics in NCD. • 85% of staff from the 6/7 clinics in NCD are trained and competent in proper specimen transport procedures. • Quality of VL testing at 6/7 clinics in NCD (480 VL tests/month) ensured by conducting specimen transport according to guidelines. • Increase of supervisory visits by 10% to clinics in NCD	• Technical guidance provided to strengthen specimen transport for VL testing at CPHL and improve return of results from CPHL to 9/17 clinics in PNG (inclusive of NCD). • 50% of staff from the 9/17 ART clinics in PNG are trained and competent in proper specimen transport procedures. • Quality of VL testing at 9/17 clinics (720 VL tests/month) ensured by conducting specimen transport according to guidelines. • Increase of EQA participation by clinics in NCD by 10%		Other	# Clinics conducting VL, SOP Developed, VL Reporting Times, # staff trained	$60,000
Systems: Laboratory	Provide leadership and guidance to NDOH through the VL TWG to scale-up HIV viral load services	PEPFAR Staff Contribution to 1.07 • Reviewer of CPHL VL technical guidance for specimen transport • Documenter of progress of VL training, testing and return of results	PEPFAR Staff Contribution to 1.07 • Reviewer of CPHL VL technical guidance for specimen transport • Documenter of progress of VL training, testing and return of results				$0
Systems: Laboratory	Support CPHL in continuous quality improvement activities and pathway to accreditation.	• CPHL participation and over 100% improvement in 1 external audit • CPHL participated and demonstrated proficiency (100% passing rate) in VL EQA (proficiency testing program) • Completion of HIV quality manual and laboratory handbook at CPHL which will set quality standards for HIV testing and pathway to ISO accreditation	• CPHL participation and 100% improvement in 2 external audits • CPHL participated and demonstrated proficiency (100% passing rate) in VL EQA (proficiency testing program) • Approved HIV quality manual and laboratory handbook at CPHL is disseminated to 7/7 VL clinics in NCD.		Other	SOP Developed	$75,000
Systems: Laboratory	Support CPHL in continuous quality improvement activities and pathway to accreditation.	PEPFAR Staff Contribution to Activity 1.10 • Coordiinate with CDC-Contractor for CPHL TA • Reviewer of CPHL documentation for HIV QMS • Technical editor for CPHL HIV lab manuals & handbooks	PEPFAR Staff Contribution to Activity 1.09 • Coordiinate with CDC-Contractor for CPHL TA • Reviewer of CPHL documentation for HIV QMS • Technical editor for CPHL HIV lab manuals & handbooks				$0
Systems: Laboratory	Support CPHL with development of national strategic laboratory plan and HIV testing platforms. GFATM co-funding	• The national VL laboratory strategic plan is drafted. • New PEPFAR-approved molecular technology (e.g. DBS for VL) to increase coverage of VL testing is validated. • The 3-test HIV rapid diagnostic algorithm is validated to ensure accurate start of 90/90/90	• The national VL laboratory strategic plan is rolled-out to all 17 ART clinics in PNG. • The 3-test HIV RDT is piloted in selected PEPFAR-supported clinics in NCD.		Other	SOP Developed, # 3-test RDT sites, # VL Testing sites outside of NCD, % of VL Testing Sites in NCD	$100,000

Focused Outcome and Impact Table (FOIT) Overview
Papua New Guinea

Area of intervention	Activity Description	1 year benchmarks	2 year benchmarks	PEPFAR Indicators	Additional indicator category that best represents activity progress (if relevant)	List specific additional indicators (if relevant)	Total Planned Amount and Applied Pipeline Amount (Column R + Column S)
Systems: Laboratory	Support CPHL with development of national strategic laboratory plan and HIV testing platforms. GFATM co-funding	PEPFAR Staff Contribution to Activity 1.12 • Develop VL laboratory strategic plan • Coordinate with WHO, NRL and CDC-contractor for 3-test validation	PEPFAR Staff Contribution to Activity 1.11 • Roll out VL laboratory strategic plan • Coordinate with WHO, NRL and CDC-contractor for 3-test validation				$0
Systems: Governance (including policy)	Support NDOH and NCD Health Services to strengthen guidelines and procedures for Test and Treat All and Viral Load, with emphasis on inclusion of KP	• Efficiency and cost effectiveness analysis; assessment report from phased roll out of Test and Start and Viral Load (VL) services in PEPFAR supported sites shared with the National Department of Health (NDOH) and National Capital District Health Services (NCDHS)			# of NDOH TWG meetings facilitated		$99,099
Systems: Governance (including policy)	Support NDOH and NCDHS to strengthen guidelines and procedures for Test and Treat All and Viral Load, with emphasis on inclusion of KP	• Required revisions to clincial SOPs identified as a result of lessons learned from phased roll out of Test and Start and VL services in PEPFAR supported sites	• Clincial SOPs updated by NDOH and NCDHS.				$43,794
Strategic Outcome 2: Develop site level pilots to address Gender Based Violence and Sustainable Models for Service Delivery for Key Populations							
Systems: Governance (including policy)	Support GoPNG to strengthen implementation of the national GBV strategy, with emphasis on HIV/KP/GBV issues	• GBV Secretariat of the Department of Community Development (DCD) effectively functioning as lead coordinator of GBV activities and harmonizing interventions by developing an annual workplan, holding quarterly meetings with key stakeholders (CMIC, UNAIDS and NDOH), and meeting minutes disseminated. • Systematic coordinating procedures established for stakeholders, including Family Sexual Violence and Action Committee (FSVAC), NDOH, DCD, law enforcement and legal institutions and CSOs • Lessons learned / best practices from implementing KP/HIV/GBV services at PEPFAR sites shared with GBV Secretariat. • Scoping review to determine gaps in GBV prevention and care completed			Other	# GBV Secretariat coordination meetings supported; # KP/HIV/GBV tools/studies developed by GBV Secretariat with PEPFAR support	$245,708

Focused Outcome and Impact Table (FOIT) Overview
Papua New Guinea

Area of intervention	Activity Description	1 year benchmarks	2 year benchmarks	PEPFAR Indicators	Additional indicator category that best represents activity progress (if relevant)	List specific additional indicators (if relevant)	Total Planned Amount and Applied Pipeline Amount (Column R + Column S)
Systems: Governance (including policy)	Support GoPNG to strengthen implementation of the national GBV strategy, with emphasis on HIV/KP/GBV issues	PEPFAR Staff Contribution to Activity 2.01 and 2.02 • Served as Facilitator, Trainer and Advisor at GBV Secretariat Coordination Meetings • Participated in monthly national GBV technical working group and Coordinated Implementation and Monitoring Committee (CIMC) to help with the roll out of the national GBV policy • SIMS assessment for the GBV Secretariat completed.	PEPFAR Staff Contribution to Activity 2.01 and 2.02 • Served as Facilitator, Trainer and Advisor at GBV Secretariat Coordination Meetings • Participated in monthly national GBV technical working group and Coordinated Implementation and Monitoring Committee (CIMC) to help with the roll out of the national GBV policy • SIMS assessment for the GBV Secretariat completed.		Other	# GBV Secretariat coordination meetings supported; # KP/HIV/GBV tools/studies developed by GBV Secretariat with PEPFAR support	$0
Systems: Governance (including policy)	Support GoPNG to strengthen clinical SOPs for HIV/KP/GBV service delivery	• Dissemination and 1 training workshop on GBV manuals for 20 clinical service providers • Efficiency and cost effectiveness analysis; assessment report from implementation of HIV/KP/GBV services in DSD sites shared with the National Department of Health (NDOH) and National Capital District Health Services (NCDHS) • Gap analysis completed; weaknesses identified and solutions proposed to NDOH and NCDHS in the supply chain management of HIV/KP/GBV commodities.			Other	# Guidelines established/revised; # training conducted	$243,318
Systems: Governance (including policy)	Support GoPNG to strengthen clinical SOPs for HIV/KP/GBV service delivery		• Clinical SOPs updated by NDOH and NCDHS • Referral networks between CSOs and service providers established and functioning in all PEPFAR supported sites.		Other	# Guidelines established/revised	$134,436
Systems: Institutional Capacity Building	Build management and technical capacity of CSO/NGOs to deliver HIV/KP/GBV services and conduct advocacy for key and priority populations	• 1 capacity building activity conducted per quarter to strengthen 5 CSO/NGOs			Other	# CSO/NGOs with increased capacity	$215,236
Systems: Institutional Capacity Building	Develop a sub-grant component to fund and build capacity of CSO/NGOs in delivering HIV/KP/GBV services and conducting advocacy for key and priority populations		• Sub-grants awarded to CSO/NGOs for institutional strengthening, advocacy and delivery HIV/KP/GBV non-clinical services • Evaluation of CSO first year grantees completed and sub-grant component adjusted.		Other	# CSO/NGOs grants awarded to address HIV/KP/GBV issues	$100,925

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Systems: Institutional Capacity Building	Develop a sub-grant component to fund and build capacity of CSO/NGOs in delivering HIV/KP/GBV services and conducting advocacy for key and priority populations		PEPFAR Staff Contribution to Activity 2.07 and 2.08 • Recommendations documented and provided to improve workplans of sub-grantees		Other	# CSO/NGOs mentored; # Gender/GBV recommendations made to CSO/NGOs	$0
Other: specify in activity description	Strengthen and institutionalize the GBV “Kaunselling " hotline services	• GBV “Kaunselling " hotline improved by training staff, promoting post GBV service uptake, establishing referrals with health facilities, and publicizing services. • Metrics: # of calls per quarter increased by 10%. • Client satisfaction surveys and quality evaluation conducted through mystery callers and used to improve services			Other	# GBV "Kaunselling" staff trained; # of referrals made by GBV "Kaunselling" staff	$57,618
Other: specify in activity description	Strengthen and institutionalize the GBV “Kaunselling " hotline services		• Metrics: # of calls per quarter increased by 10%. • Sustainability plan developed		Other	# CSOs supporting GBV "Kaunselling" hotline	$25,463
Demonstration site: key populations	Provide technical assistance to strengthen innovations in the KP/GBV peer-to-peer outreach model and consolidate for replication	• 24 PEPFAR-supported peer educators mentored on: - GBV integration, including referrals to GBV services, how to work with perpetrators, and in-person counseling; - Customized outreach approaches per KP sub-group; and - Enhanced outreach approach. • Number of KP/GBV survivors referred by peers and tested/treated in PEPFAR supported sites increased by 10% from previous year. • Efficiency and cost effectiveness analysis; assessment report shared with NDOH and NCDHS • KP/GBV peer-to-peer outreach model consolidated and disseminated to stakeholders for potential replication		KP_PREV	Other	# peer educators mentored	$460,943
Demonstration site: key populations	Provide TA to improve community-based activities aimed at reducing acceptance of GBV	• Baseline survey conducted to understand attitudes towards GBV • In partnership with civil society, appropriate target audience identified and GBV prevention interventions designed; • up to 20 facilitators trained to deliver community-based GBV prevention interventions.		HTC_TST, TX_NEW, GEND_GBV			$211,392

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Demonstration site: key populations	Provide TA to improve community-based activities aimed at reducing acceptance of GBV		• Follow up survey conducted to measure change in attitudes towards GBV as a result of the prevention interventions. • Based on successes and lessons learned, report developed with recommendations on improving interventions and scale-up		Other	# Lessons learned / best practices identified; # Strategies proposed	$93,419
Service delivery and quality improvement: key populations	Provide TA in PEPFAR-supported sites to enhance quality of HIV/KP/GBV services	• 3 additional PEPFAR-supported sites recognized by NDOH and NCDHS as models for high-quality HIV/KP/GBV services and used as learning sites. • Strategies to sustain, scale-up and replicate lessons learned / best practices proposed.	#REF!	HTC_TST, TX_NEW, GEND_GBV	Other	# PEPFAR-supported sites recognized by NDOH and NCDHS as models	$132,877
Systems: Health workforce (including CHWs)	Support NDOH and NCDHS to increase the capacity of HCWs in delivering HIV/KP/GBV services	• HCWs from 4 non-model sites trained and mentored on high-quality HIV/KP/GBV services			Other	#HCWs from non-DSD sites mentored on Test and Start and VL services in PEPFAR-supported DSD sites.	$190,873
Systems: Health workforce (including CHWs)	Support NDOH and NCDHS to increase the capacity of HCWs in delivering HIV/KP/GBV services		• HCWs from an additional 4 non-model sites trained and mentored on high-quality HIV/KP/GBV services		Other	#HCWs from non-DSD sites mentored on Test and Start and VL services in PEPFAR-supported DSD sites.	$31,140
Systems: Strategic information	Assess Information Systems Needs of GBV Focused Programs / Improve GBV Indicator Reporting	PEPFAR Staff Contribution: • Serves as Facilitator, Trainer and/or Advisor on Gender/GBV SI issues at TWG meetings	PEPFAR Staff Contribution: • Coordinate implementation of recommendations • Direct TA resulting in 50% Improvement in GBV Reporting Rates • Direct TA improving GBV Data Quality and timeliness in NCD		Other	GBV Reporting Rates	$0
Strategic Outcome 3: Support improved data collection and use at the National and Provincial levels to maximize the impact of current and future IBBS Results							
Systems: Strategic information	HIV Patient Database (HPDB) - Continue Scale Up / NUIC Integration / Pilot SQL Migration / Expand Functionality /Improve TB and HIVQUAL Integration	• HPDB expanded from 20 to 26 major ART Centers (85% coverage) in Priority SNUs • HPDB Monthly Reporting Rates >80% • HPDB ToT workshop participants increased from 20 to 26 regional HPDB Trainers • HPDB Site Mentoring/M&E Visits completed in all NCD Sites • NUIC Solution piloted at 3 major ART Centers in NCD • TB Rx and TPT tracking functionality expanded in HPDB in all NCD sites • VL Reporting Functionality incorporated in HPDB GFATM co-funding of activities	• National HPDB SQL Datastore Beta Version Developed and Trialed at NDOH • National HIVQUAL Reports Developed and disseminated monthly in all PEPFAR sites • HPDB Site Mentoring/M&E Visits completed in all priority SNU's • TB Preventative Therapy Data completeness improved by 50% at all NCD Sites GFATM co-funding of activities		Other	• # of HPDB Sites • HPDB Monthly Reporting Rates • # of HPDB ToT Held • # of HPDB Site Visits • # of NUIC Sites	$60,000

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Systems: Strategic information	HPDB - Continue Scale Up / NUIC Integration / Pilot SQL Migration / Expand Functionality /Improve HIVQUAL Integration	PEPFAR staff contribution to Activity 3.01 • Facilitator at HPDB ToT Workshop • HPDB Site Visit Mentor/Trainer • HPDB Developer	PEPFAR staff contribution to Activity 3.01 • Co-Developer of HPDB SQL Datastore • Design National TB and HIVQUAL Reports				$0
Systems: Strategic information	IBBS data dissemination and training/mentoring for use in decision making / strengthen KP sentinel surveillance. GFATM co-funding	• IBBS Report Completed for all three sites and disseminated to all SNUs • Size Estimates for three sites available • KP Cascade Data Available for all three IBBS Sites • KP Sentinel Surveillance Tools Developed and Sites Identified for piloting the tool	• KP Sentinel surveillance sites identified • KP sentinel surveillance piloted in one IBBS province GFATM co-funding of activities		Other	# IBBS Reports, Size Estimates availability, # KP Sentinnel Surveillance Tools, # KP Sentinnel Surveillance Pilot Sites	$60,000
Systems: Strategic information	IBBS data dissemination and training/mentoring for use in decision making / strengthen KP sentinel surveillance	PEPFAR staff contribution to Activity 3.03 • Development of Sentinel Surveillance Tool • Protocol Development • IBBS Data Analysis	PEPFAR staff contribution to Activity 3.03 • Surveillance Tool Training • Coordinate Sentinel Surveillance Pilot				$0
Systems: Institutional Capacity Building	NDOH Health Informatics Capacity Building - Global Health Informatics Initiative Fellowships / National eHealth Strategy CDC HQ co-funding	• At least two (2) NDOH staff selected and participated in Regional Informatics Training Program • At least one (1) HIV Focused Informatics Project successfully completed	• First cohort of NDOH participants complete informatics fellowship program • National eHealth Strategy Developed and approved through eHealth Steering Committee		Other	# of Regional Informatics Training Participants, # of Informatics Projects Completed	$30,000
Systems: Strategic information	HIV Surveillance - Improve reporting and Data Quality / De-Centralize/ Assess eNHIS Integration or Adoption/Strengthen Case-base Surveillance	• HIV Surveillance monthly reporting rates improved from 50% to 70% in three (3) IBBS provinces and six (6) high burden provinces • Active use of HPDB for case based surveillance in all PEPFAR sites and all IBBS • 50% of Private Health Facilities in NCD Reporting HIV Surveillance Data to NDOH • Assessment of eNHIS Integration completed GFATM co-funding of activities	• HIV Surveillance Monthly Reporting Rates Improved from 70% to 90% in three (3) IBBS provinces and six (6) high burden provinces • Decentralization of HIV Surveillance Data Entry in NCD, GFATM co-funding of activities		Other	HIV Surveillance Monthly Reporting Rates, % of Private Health Facilities Reporting Surv Data, eNHIS Assessment, # HPDB Sites reporting case based data, # Decentralized HIV Surveillance Data entry sites	$50,000
Systems: Strategic information	HIV Surveillance - Improve reporting and Data Quality / De-Centralize/ Assess eNHIS Integration or Adoption/Strengthen Case-base surveillance	PEPFAR staff contribution to Activity 3.07 • Coordinate eNHIS assessment completion • Leadership & TA in HIV Surveillance SQL Server Testing and Development	PEPFAR staff contribution to Activity 3.07 • TA in design and Beta Test Decentralized Data Entry for NCD • TA to develop HIV Surveillance Data Entry Tracking System				$0

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Systems: Strategic information	Adopt Primary Role in Annual EPP (Spectrum Analysis) / Transition to NDOH	• PEPFAR develops and releases Spectrum Analysis. • Improved Timeliness of EPP Activity	• NDOH develops and releases Spectrum Analysis with PEPFAR support • One (1) NDOH Spectrum Lead Identified and mentored • Facilitate EPP/Spectrum Workshop • Ongoing EPP/Spectrum Mentoring Provided (Data Analysis / Spectrum Software use) • Leadership in improved reporting coverage for surveillance data		Other	Surveillance Data reporting coverage, NDOH participation in EPP	$0
Systems: Strategic information	Improve Data Utilization/Analysis/Feedback for Program Improvement thru use of national quality measures & Data for Management Training	• Active Data Feedback loops established for three (3) IBBS provinces and six (6) high burden provinces • One (1) Training for HIV data use and analysis for Provincial & National leadership GFATM co-funding of activities	• Active Data Feedback loops developed for all reporting facilities nationally • 50% Provincial HIV Program Coordinators actively using data for decision making GFATM co-funding of activities		Other	# of Provinces receiving active feedback, #HIV Data use trainings, % of HIV Program Coordinators using program data	$60,000
Systems: Strategic information	Improve Data Utilization/Analysis/Feedback for Program Improvement thru use of national quality measures & Data for Management Training	PEPFAR staff contribution to Activity 3.10 • Designer and Facilitator of HIV Data Use Training	Contributes to Activity 3.10 • Develop Tools to Track Provincial Feedback • Develop Protocols for Data Feedback • Provide Leadership &TA for Provincial HIV Program Coordinators and assess data utilization				$0
Systems: Institutional Capacity Building	Field Epidemiology Training with surveillance, HIV/TB and GBV Focus/ FET building provincial and regional surveillance capacity	PEPFAR staff contribution to Activity 3.12 • FET Fellow Mentoring-mentor three (3) fellows • Facilitating Abstract Writing and Presentations- three(3) fellows • Coordinating Field Activities for three (3) fellows • One Lab FET fellow trained	PEPFAR staff contribution to Activity 3.12 • FET Fellow Mentoring-mentor three (3) fellows • Facilitating Abstract Writing and Presentations-three (3) fellows • Coordinating Field Activities for three (3) fellows One Lab FET fellow trained				$0
Systems: Laboratory	CPHL Lab Information System Assessment /Planning / Implement VL Module to Support VL Scale Up. DFAT co-funding	• CPHL Lab Information System Maturity Assessment completed • LIMS development approved through CPHL Management	• Lab Information Management System (LIMS) established at CPHL with VL Sample Management functionality		Other	CPHL LIMS Maturity Assessment, % LIMS Implementation	$50,000
Systems: Laboratory	CPHL Lab Information System Assessment /Planning / Implement VL Module to Support VL Scale Up. DFAT co-funding	PEPFAR staff contribution to Activity 3.14 • Conduct and co-author CPHL LIMS Maturity Assessment • Obtain approval for LIMS Development	PEPFAR staff contribution to Activity 3.14 • Assist in Implementation of LIMS Roll-out				$0

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Systems: Strategic information	Support KP MIS Scale up in NCD	PEPFAR staff contribution to Activity 3.16 • Facilitate and Train in the use of the KP-MIS Tool • Lead KP MIS Data analysis • Develop KP C&T Cascade	PEPFAR staff contribution to Activity 3.16 • Co-ordinate Roll-out • Lead KP MIS Data analysis • Develop KP C&T Cascade				$0
Systems: Strategic information	Support roll-out of CommCare (e-Cascade) and National Unique Identifier Code (NUIC)	• CommCare and NUIC for community outreach activities expanded in all DSD sites			Other	# of PEPFAR-suppoprted sites implementing CommCARE and NUIC	$87,822
Systems: Strategic information	Support KP MIS Scale up in NCD	• KP MIS Tool expanded in all DSD sites • 3 PEPFAR-supported sites recognized by NDOH and NCDHS as models for high quality utilization of the KP MIS Tool				# of PEPFAR-suppoprted sites implementing KP MIS	$58,548
Systems: Strategic information	Support NDOH and NCDHS to strengthen KP/HIV/GBV data management and reporting	• Efficiency and cost analysis; assessment report from implementation of KP MIS reporting tool and use of NUIC in DSD sites shared with the National Department of Health (NDOH) and National Capital District Health Services (NCDHS)				# of PEPFAR-suppoprted sites implementing SI improvements approved by NDOH: # of SI initiatives led by NCDHS with PEPFAR support.	$29,274
Systems: Strategic information	Support NDOH and NCDHS to strengthen KP/HIV/GBV data management and reporting	• Required revisions to SOPs for KP MIS tool, e-Cascade and NUIC identified as a result of lessons learned from DSD sites. • Strategies for sustaining, replicating and/or scaling up the KP MIS tool, e-Cascade and NUIC proposed.	• SOPs updated by NDOH and NCDHS • Strategies for sustaining, replicating and/or scaling up KP MIS, NUIC and SI improvements initiated • 3 additional PEPFAR-supported sites recognized by NDOH and NCDHS as models for high quality utilization of the KP MIS Tool		Other	# Guidelines established/revised; # Plans to roll-out guidelines established and implemented.	$12,937
Systems: Strategic information	Support NDOH and NCDHS to strengthen KP/HIV/GBV data management and reporting	PEPFAR staff contribution to Activity 3.20 and 3.21 • Facilitator, Trainor and Advisor on HIV/KP/GBV SI issues at TWG meetings	PEPFAR staff contribution to Activity 3.20 and 3.21 • Facilitator, Trainor and Advisor at SI TWG meetings		Other	# TWG meetings supported; # SI recommendations made to TWGs	$0