



## **U.S. President Emergency Plan for AIDS Relief (PEPFAR) in**

## **Swaziland**

### **FY 2013 Annual Progress Report**

***Covering the period of August 21, 2013 to September 30, 2013***

**Due: 04 October, 2013**

**Implementing Partner: JOYFUL HEARTS ORGANIZATION**

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## **Section 1: Introduction**

### **1.1 Executive Summary**

This report covers the months of August and September 2013 since the organization's program was approved August 21, 2013. The two weeks in August were spent mainly setting up the project as we needed to align our staff members to understand that now we are implementing under a PEPFAR funded program. In August we were able to organize the HTC kit for each outreach centre, as we will be implementing in four sites. We have a different tracking system for each site. The sites are Malindza Refugee Clinic (Static Site), Sikhuphe Village, Malindza Highway, and Mbadlane.

In addition, we were able to purchase all the necessary equipment necessary for implementing purposes. As an organization that needs a lot of capacity building, we were able to move into a bigger officer space, bought the Finance and M&E staff a computer (Laptop) each, and printers for the whole office. These items have made an impact in our organization as it shall be made evident in our implementation.

In September, we then started implementing mainly HTC. We were limited by transport thus only one site was active. Nevertheless, there was a significant follow on clients from the other sites who are already on Pre/ART in preparation for a systematic support care drive. True to our program description, there is a great need for support care in Malindza as evidenced by our assessment of the Pre/ART and ART records from the Malindza Clinic. Since the clinic does not have a permanent staff for HTC, there no convincing follow up for clients on Pre/ART leading to failure to know at the right time if client is ready for ART. For most of the clients, no one knows if they are still alive or whatever is happening with the. We have started to contact all the clients that are in the Pre/ART register and we will soon be having an intensive support care program as our nurse will focus on that aspect helped by our HTC Counselors.

The target was to reach out to 60 people through HTC in the month of September. However, we ended up testing and counseling 130 clients. We had targeted 60 clients because we anticipated teething challenges when setting up. There were indeed challenges as we could not secure a car for outreaches thus we ended up implementing at the static site only. Furthermore, the main focus was HTC leading to the number escalating beyond the targeted figure. As much as this may appear to be a discrepancy, it does also indicate the need for HTC in this community. Out of the 130 clients who were counseled and tested for HIV and received their results, 6 were confirmed HIV positive. The 6 clients were also screened for TB and none were suspects.

Like many start-ups, things have not gone according to our implementation. We had to postpone our mobilization campaign due to delay in the release of funds. The purchasing of the necessary equipment for mobilization also contributed to the challenge. It is important to note that we have since acquired the equipment and funds are now available for us to mobilize. As a way to improvise, the HTC Counselors went house to house at SIKHUPHE VILLAGE mobilizing the community to come to the TB/HTC services to be brought closer to them. A local shopping complex agreed to be used as a point of contact with the community.

Judging from the obtaining scenario during this period, we anticipated that things can only get better and implementation will be successful. The obtaining scenario being the enthusiasm with which all the

partners have started this project. There is creativity and commitment from our staff members, CANGO is excellent in assisting JOYFUL HEARTS where necessary and PACT is excellent in providing guidance from time to time. With this kind of attitude and commitment the program is poised for success.

## **1.2 Human Resource Development and Staff Changes**

There were no staff changes that occurred during this reporting period. There are plans to add at least two more HTC Counselors to strengthen our HTC program in response to the demand of our catchment area. However, the plans we are making are not affecting the PEPFAR funded program but are necessitated by our in-house operations. We are also looking at hiring an accountant to assist our Finance as there is a glaring need on that department.

No staff was trained in in-service or pre-service during this reporting period. Generally, it is not one of the objectives of this program to train staff.

## **1.3 Monitoring and Evaluation systems**

We now have a preliminary M&E Plan and an M&E Implementation Plan. The M&E Plan that we currently have describes the key activities of the program, strategy, objective, Indicators, Data Collection by listing source materials, frequency of collecting the data, and persons responsible for collecting that data. The main sources for our HTC program are the HTC Register and for quality purposes the data from the register is transferred to a Client Report Card book designed for recapturing data for M&E purposes. Other sources; are Malindza Refugee Clinic Pre/ART records. From these records we get the clients that are for our Pre/ART support care. For more technical information we source it from the LUBOMBO HEALTH OFFICES and SNAP. These are mainly the ones that deal with official statistics on HIV/AIDS.

On the other hand, the M&E Implementation Plan has the key activities and indicators, but in addition, it has the baseline, interim, and final. The M&E implementation will be used to monitor the flow of the program. There are also Visitation Forms that our HTC counselors fill in as a form of reporting on their support care. We are in the process of developing more ways to source information, analyze and collate data as well as putting in place quality insurance systems. There are challenges but we hope with time they will be addressed.

**Section 2: Program Results**

**HIV COUNSELING AND TESTING**

<b>Indicator</b> [ ] not applicable	<b>FY 13 Target</b>	<b>Result</b>	<b>% of Target</b>
P 11.1.D Number of individuals who received Testing and Counseling services for HIV and received their test results (Total)	<b>60</b>	103	172%
Male <15 years	0	3	
Male 15+ years	24	24	
Female <15 years	0	6	
Female 15+ years	36	70	
Individual counseling*	60	103	
Couples counseling*	0	0	
HIV Positive	21	6	
HIV Negative	34	95	
Inconclusive	0	2	

**Please indicate how you calculated the downstream counts.**

**Explanation**

The static site at Malindza Refugee Camp was the only active testing and counseling site for the month. The numbers were sourced from the HTC Register. These clients were tested and they received their results. Those who did not receive their results were not considered for having been tested and counseled. The indicator states that the clients to be considered here are all those who tested and were counseled as well as received their results.

There were no couples that were tested even though strategies are in place to encourage couples to come for counseling and testing that are being put in place. The main strategy for couple counseling involves going house to house for testing and counseling. This reporting time we were not able to do it because of the set up responsibilities.

**Calculations**

Initially, we targeted to reach 60 people. However, 103 people were reached because the program staff concentrated on HTC because of lack of transport. Surprisingly, only 6 people tested HIV positive instead of the 21 we had targeted. We think this was as a result of focusing on 1 site instead of all 4 that were targeted. From the 103 clients reached, 3 males were under 15 years, 24 males were above 15 years, 6 females were below 15 years, and 70 females were above 15 years.

All the 103 clients were provided with individual counseling with 6 clients testing HIV positive, 95 clients testing HIV negative, and 2 clients being inconclusive.

Indicator [ ] not applicable	FY 13 Target	Result	% of Target
Number of supported service outlets providing counseling and testing according to national or international standards	4	1	25%
<b>Please indicate how you calculated the downstream counts.</b>			
There are four sites, 1 static site and 3 mobile sites. The sites are Malindza Refugee Camp (Static site), Sikhuphe Village, Malindza Highway, and Mbadlane (Mobile Sites).			

**Please briefly describe major accomplishments and/or constraints (bulleted format) that support or explain your results in this HTC program area.** (Limit to 2000 characters; feel free to use bulleted format)

<p><b>Results</b></p> <ul style="list-style-type: none"> <li>➤ The target surpassed 100% of the COP target for this indicator.</li> <li>➤ The main reason for this was that HTC was the primary service that was being implemented.</li> </ul> <p><b>SNAP</b></p> <ul style="list-style-type: none"> <li>➤ We were able to build a relation with the SNAP Office in Lubombo</li> <li>➤ Each outreach site was provided with an HTC Register</li> <li>➤ A Reporting Number for the outreach sites is being made available as each site will be tracked separately</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>➤ Transport challenges affected implementation to the other 3 mobile (outreach) sites</li> <li>➤ The records at Malindza Refugee Clinic for Pre/ART were not properly done causing difficulty in implementing support care</li> <li>➤ As much as there were challenges in implementing for FY13, but this has become a learning curve for implementing in FY14 as there were crucial lessons learnt.</li> </ul>
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## CLINICAL CARE

Indicator [ ] not applicable	FY 13 Target	Result	% of Target
C2.1.D Number of HIV-positive adults and children receiving a minimum of one CLINICAL service* (De-duplicated Total)	21	6	29%
Males <15 years	0	0	
Males 15+ years	0	0	
Females <15 years	0	0	
Females 15+ years	0	6	
Males <18 years	0	0	
Males 18+ years	10	0	
Females <18 years	0	1	
Females 18+ years	11	5	

**Please indicate how you calculated the downstream counts.**

- There is a report card that is used to record all the clients that were counseled and tested and received their results. From that number all the ones that test HIV positive are identified. All those who test HIV positive are then screened for TB. Some people come for testing at a very late stage so they are referred to Malindza Refugee Clinic for Pre/ART initiation thus becoming part of CTX adherence support for Pre-ART clients.
- As much as we screen all the people that come to our sites for TB, in this indicator we record only those who tested HIV positive.
- A person is only counted once so that there can be accuracy of Data in terms of people being reached with CLINICAL CARE.
- There was only 1 female below 18 years who tested HIV positive and 5 that were above 18 years who tested positive.
- In the planning we had targeted 10 males above 18 to test HIV positive and 11 females above 18 to test HIV positive.
- The above target reached represents only 29% of the initial targeted number of people to test HIV positive.

\* Please see the last section of the guidance for a listing of clinical care services.

<b>Custom Indicator</b> [ ] not applicable	<b>FY 13 Target</b>	<b>Result</b>	<b>% of Target</b>
Number of HIV positive individuals receiving ART adherence support services	0	0	0
0-17 years	0	0	
18+ years	0	0	
18+ years, caregivers	0	0	
Males <18 years	0	0	
Males 18 years +	0	0	
Females <18 years	0	0	
Females 18 years +	0	0	
<b>Please indicate how you calculated the downstream counts.</b>			
There were no targets for this indicator for FY13 because of the time frame involved. August 2013 and the first two weeks of September 2013 were earmarked for Set up purposes. Nevertheless, attempts have been made to be ready to implement in FY14.			

#### Clinical Care: TB/HIV and Pre-ART

<b>Indicator</b> [ ] not applicable	<b>FY 13 Target</b>	<b>Result</b>	<b>% of Target</b>
Number service outlets providing TB treatment to HIV-infected individuals	4	1	25%
<b>Please indicate how you calculated the downstream counts.</b>			
There are four sites, 1 static site and 3 mobile sites. The sites are Malindza Refugee Camp (Static site), Sikhuphe Village, Malindza Highway, and Mbadlane (Mobile Sites).			

<b>Indicator</b> [ ] not applicable	<b>FY 13 Target</b>	<b>Result</b>	<b>% of Target</b>
C2.4.D Number of HIV-positive patients who were screened for TB in HIV care or treatment settings.	21	6	29%
Males <15 years	0	0	
Males 15+ years	0	0	
Females <15 years	0	0	
Females 15+ years	0	6	
Males <18 years	0	0	
Males 18+ years	10	0	

Females <18 years	0	1	
Females 18+ years	11	5	

**Please indicate how you calculated the downstream counts.**

- As much as we screen all the people that come to our sites for TB, in this indicator we record only those who tested HIV positive.
- A person is only counted once so that there can be accuracy of Data in terms of people being reached with CLINICAL CARE.
- There was only 1 female below 18 years who tested HIV positive and 5 that were above 18 years who tested positive.
- In the planning we had targeted 10 males above 18 to test HIV positive and 11 females above 18 to test HIV positive.
- The above target reached represents only 29% of the initial targeted number of people to test HIV positive.

Custom Indicator [ ] not applicable	FY 13 Target	Result	% of Target
Number of TB suspects identified and referred for treatment	0	0	0
0-17 years	0	0	
18+ years	0	0	
18+ years, caregivers	0	0	
Males <18 years	0	0	
Males 18 years +	0	0	
Females <18 years	0	0	
Females 18 years +	0	0	

**Please indicate how you calculated the downstream counts.**

There were no targets for this indicator for FY13 because of the time frame involved. August 2013 and the first two weeks of September 2013 were earmarked for Set up purposes. Nevertheless, attempts have been made to be ready to implement in FY14.

Custom Indicator [ ] not applicable	FY 13 Target	Result	% of Target
<i>Number of TB patients receiving TB treatment adherence support</i>	0	0	0

0-17 years	0	0
18+ years	0	0
18+ years, caregivers	0	0
Males <18 years	0	0
Males 18 years +	0	0
Females <18 years	0	0
Females 18 years +	0	0

**Please indicate how you calculated the downstream counts.**

There were no targets for this indicator for FY13 because of the time frame involved. August 2013 and the first two weeks of September 2013 were earmarked for Set up purposes. Nevertheless, attempts have been made to be ready to implement in FY14.

**UMBRELLA CARE INDICATOR**

Indicator	[ ] not applicable	FY 13 Target	Result	% of Target
C1.1.D Number of adults and children who were provided with a minimum of one care service (de-duplicated total of the CLINICAL CARE and SUPPORT CARE targets). Total.		21	6	29%
Males <18 years		0	0	
Males 18+ years		10	0	
Females <18 years		0	1	
Females 18+ years		11	5	
18+ years, caregivers		0	0	

**Please indicate how you calculated the downstream counts.**

**Explanation**

These targets are for CLINICAL CARE since we do not have targets for SUPPORT CARE. These clients are the ones that tested HIV positive when testing and counseling and they were also screened for TB and those ready were referred for Pre/ART at Malindza Refugee Clinic while also becoming the CTX Pre/ART Adherence Support clients for Joyful Hearts.

**Disaggregation**

From all those who tested HIV positive, there were no males below the age of 18 years and above the age of 18 years. There was only 1 female below 16 years that tested HIV positive and 5 females above 18 years that tested HIV positive.

**Please briefly describe major accomplishments and/or constraints (bulleted format) that support or explain your results in this program area. (Limit to 2000 characters; feel free to use bulleted format)**

## **Explanation of Results**

We reached only 25% of the intended target for CLINICAL CARE because of set up challenges. The funding was approved August 21, 2013 and that meant we had more or less 6 weeks to implement for FY13. This means we did not meet at least 75% of the target set.

However, indications are there that the program is needed in the community. Clients on Pre/ART that are to be referred to Joyful Hearts by Malindza Refugee Clinic for CTX Pre/ART Adherence Support are 75 clients. The nurse responsible for Malindza Refugee Clinic has stated that there is a great need for adherence support for clients on Pre/ART since the clinic has limited capacity because of staff shortages. The Pre/ART Register does reveal glaring evidence that there is a need for a consistent follow up for clients on Pre/ART.

In addition, indications are there for a Home Based Care strengthening in Sikhuphe Village. While building up contacts in preparation for program implementation, we have discovered that there are a large number of bedridden clients in this village. Sikhuphe Village is a community that was formed after people were moved in preparation for the construction of Sikhuphe International Airport. The homes are clustered together creating a semi-urban community susceptible to the spread of communicable diseases like TB and HIV/AIDS.

Furthermore, we have since realized that at this current program we might be using HTC as an entry point for CLINICAL CARE and SUPPORT CARE; however, on the ground there is a great need to strengthen HTC as a program by itself. The people are ready to know their HIV status as shown by their enthusiasm to embrace JOYFUL HEARTS services when introduced to the community. The level of poverty is in contradiction to the houses that were built by government. We have since identified a lot of gaps in SIKHUPHE VILLAGE that need to be addressed if positive impact in combating the spread of TB and HIV.

These observations and in roads were mainly associated with SIKHUPHE VILLAGE. When touching base with the communities of Mbadlane and Malindza Highway we realized that we are currently touching the tip of an iceberg as the need is massive. Malindza Highway is the vastest and populous communities of the 3 mobile sites and a project of 14 months will not be enough to make a meaningful impact. Therefore, we are currently working hard at enticing other partners who could assist as the goal is to improve the quality of life for PLWH in Malindza. We also implore our current partners, CANGO and PACT to consider doing a field trip with JHO with a view to appreciate the situation on the ground in these communities when it comes to CLINICAL CARE and SUPPORT CARE.

Lastly, there is a need to consider a fully fledged HOME BASED CARE services that are focused in these communities to complement what other PEPFAR partners that are already on the ground are doing. The situation is more complex on the ground for one implementer to accomplish when it comes to HBC services. We implore PEPFAR to consider strengthening the HBC aspect in Malindza as many people are in need of it.