



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

Swaziland

FY 2015 Quarterly Progress Report

Covering the period of October 1, 2014 to December 31, 2014

Due: 15th January, 2015

Implementing Partner:

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Section 1: Introduction (2 Pages maximum)

1.1 Executive Summary

It is a privilege and an honor to once again report to all stakeholders about what is the contribution of Joyful Hearts Organization in the fight against HIV/AIDS and TB. As we were commemorating the World's AIDS Day, it was our desire to align ourselves with the national slogan of "Getting to Zero". We subscribe to the Zero Infections, Zero Deaths, and Zero Stigma. As stated many a times, in order to achieve the zero ambition, available evidence shows that the approach must be getting people to treatment and making sure that they adhere as a form of prevention.

Therefore, Joyful Hearts Organization has strategically created linkages with the communities of Malindza through RHM's and community leaders to make sure that everyone that test positive for HIV has access to treatment. In line with the co-infection approach, the organization has decided to follow up on the clients that have tested positive for HIV in FY14 and rescreened them for TB. It is important for PLH to be screened for TB and the organization has made that one of the priorities.

In addition, it is proper to report that about getting to ZERO STIGMA, we have been able to conduct stigma dialogues at the Malindza Refugee Reception Center achieving great success. The experience has prompted us to want to implement the dialogues at the other outreach sites as the outcomes from the ones in the Malindza Refugee Reception Center proved to be massive. The dialogues not only achieved in discussing stigma with the target group, but the organization was able to get feedback on how its services are perceived in terms of quality and relevance.

Moreover, an extended project launch was conducted in Malindza at the *umphakatsi*¹ where over 400 people convened from all the Malindza communities where we implement. The local leaders in the presence of the people were thanked for their support in the implementation of the FY14 project. A brief oral report was shared on what was achieved in FY14 as well as the gaps. Findings of the HIV/AIDS & TB KAP Survey were shared orally and the people were promised that the detailed report will be shared with each community in order to be able to provide details on the gaps discovered according to community.

Furthermore, during the extended project launch the people were made aware that there would be transport available for people that are in dire need for TB/HIV Clinical services. It was further revealed that instead of the stationery tent they are used to for HTC, the organization has decided to conduct HBHTC that involves door to door visitations. They were further made aware that soon CD4 will be taken on site instead of having to go to the clinic. The general feeling we got from the comments and questions was that the people are happy with Joyful Hearts services in the community. The local leadership responded positively and acknowledged Joyful Hearts Organization as an important partner in health and development issues in the community.

The PIMA machine has been delivered and the programme officers trained on how to use it. The CD4 machine is available and they are using it. Discussions was made with the Lab Department on future reporting measures and Lab Unit Monitoring and Evaluation Unit will soon be training Joyful Hearts Organization programme officers on how to order supplies, report to national M&E and for general capacity building. An MOU will soon be signed with Ministry of Health-Health Department on recognizing Joyful Hearts Organization as an official PIMA machine user or service provider. This is important because there are people who tested a year ago and they never took CD4 but through HBHTC they have been identified and their CD4 has been taken. The most worrying

one was that of a 6 year boy who was tested by one of the organizations that often come one time outreaches but he had not taken CD4. Besides the clients that we test for HIV, through HBHTC we have been able to identify defaulters and re-linked them to treatment. I am taking this opportunity to declare that the above has been done with the generous assistance of the American people through PEPFAR/USAID.

In this quarterly were able to reach out to a reasonable number of people through our programming. There were challenges, especially with working space at the Malindza Refugee Clinic, however, there actions in place to come up with solutions to the challenges.

In human resource development, the Finance Assistant Ntombifuthi Maseko was able to attend a Finance training organized by CANGO. We can boldly report that there are already positive results due to that training as Ntombifuthi has contributed to the compilation of the monthly financial report by our Finance and Administrative Officer. There are plans to increase the number of programme staff by engaging more volunteers on the field.

Below we present a table depicting the programmatic results as per the sites within Dvokodvweni Inkhundla and Malindza Chiefdom. The Data Code is the number representing the site on the excel data sent together with this report. Almost all the sites have been reached except for Mbadlane and Lubhuku.

Data Code	Community	Total Tested	Male	Female	Negative	Positive
1	Malindza Refugee Clinic	354	83	271	319	35
2	Malindza Highway	158	80	78	151	7
3	Sikhuphe Village	167	77	90	157	10
4	Mbadlane	0	0	0	0	0
5	Manyeveni	89	40	49	84	5
6	Lubhuku	0	0	0	0	0
	totals	768	280	488	711	57

1.2 Integration with extended National Strategic Framework (eNSF) 2014-2018

The eNSF 2014-2018 states that, “Available evidence shows that treatment is the most effective strategy for improving the quality of life of PLHIV and has benefits for HIV prevention. With the improved provision of testing and counseling, and the adoption of CD4 350 eligibility criterion, treatment uptake has improved significantly. These efforts will be augmented by the adoption of the 2013 WHO treatment guidelines for providing the option for test and treat and for changing the eligibility criterion from CD4 350 to CD4 500. Swaziland will also prioritize the test and treat option for HIV+ mothers, HIV+ children under 14 years, people with TB/HIV co-infection and those with HIV/AIDS Hepatitis. Mobilizing and engaging communities through SBC interventions, aimed at increasing uptake of HTC amongst couples, are critical for the identification of discordant couples and ensuring early initiation of ART including TB co-infection.”

In implementation the organization has been guided by the above evidence hence focus has been mainly access and adherence to treatment. Linkages are being created as to improve uptake of HTC thus increasing the number of people who are enrolled for treatment early as a means of prevention.

1.3 Role in support of the PEPFAR-Swaziland Partnership Framework Implementation Plan

The project is supporting the *“Decentralized and improved quality of care and treatment services for adults and children, including HIV testing and TB/HIV.”*

Our program is in support of the PEPFAR Partnership framework objectives that works towards strengthening national capacity to lead, manage and monitor roll out of quality assured HIV and TB care and treatment service. On the other hand we will encourage our beneficiaries to know their status through decentralised provision of HTC services, increased number of HIV infected people receiving comprehensive care services, and quality assured ART services and TB enrolment and success rate.

1.4 Human Resource Development and Staff Changes

1.4.1 In this quarterly, there is a new nurse at Joyful Hearts Organization after it was reported that Desire Aloys HATEGEKIMANA would be leaving the organization. In addition, the part time HTC Counselor has been made full time and another HTC Counselor hired to make the full complement of HTC Counselors to be 3.

1.4.2 There are HR development actions that have been accomplished in this quarterly; the Finance Assistant Ntombifuthi Maseko was able to attend a Finance training organized by CANGO and re-orient to the staff members on the project through internal project planning meetings.

1.4.3 There are also HR development actions that have been accomplished through strategic plan workshop to all staff of Joyful Hearts organized by CANGO.

1.4.4 The program staff trained on how to use PIMA Machine

1.3 Progress in Implementing Capacity Development Institutional Strengthening Plan (ISP)

It is important to point out though that most of the remaining items on the ISP are awaiting CANGO/Pact’s input as they were done in draft by Joyful Hearts Organization and sent to CANGO for comments and guidance as a capacity building partner. Also, Joyful Hearts Organization has started on implementing the two most important items that were not addressed in FY14. The staff members met for two days at the CARITAS in Manzini for strategic planning. The plan is to have a completed Strategic Plan by the end of December 2014. A Strategic Plan draft is now available. The Board has also been oriented at the same venue and it is now in place. Due to poor attendance at the Board Meeting, a decision was made to have another orientation in January 28th, 2015.

Section 2: Program Results

HIV COUNSELING AND TESTING

Indicator [] not applicable	FY 15 Target	Result	% of Target
P 11.1.D Number of individuals who received Testing and Counseling services for HIV and received their test results (Total)	1300	768	59%
By Test Result: Negative	1090	711	
By Test Result: Positive	210	57	
Sum of Test Result disaggregates	1300	768	
Age/sex: <1 Male	1	0	
Age/sex: 1-4 Male	3	48	
Age/sex: 5-9 Male	14	26	
Age/sex: 10-14 Male	34	19	
Age/sex: 15-19 Male	42	27	
Age/sex: 20-24 Male	124	33	
Age/sex: 25-49 Male	217	80	
Age/sex: 50+ Male	53	46	
Age/sex: <1 Female	1	0	
Age/sex: 1-4 Female	4	33	
Age/sex: 5-9 Female	19	24	
Age/sex: 10-14 Female	54	24	
Age/sex: 15-19 Female	68	57	
Age/sex: 20-24 Female	156	117	
Age/sex: 25-49 Female	408	161	
Age/sex: 50+ Female	102	70	
Sum of Age/Sex disaggregates	1300	768	
Aggregated Age/sex: <15 Male	52	93	
Aggregated Age/sex: 15+ Male	436	187	
Aggregated Age/sex: <15 Female	78	81	
Aggregated Age/sex: 15+ Female	734	407	
Sum of Aggregated Age/Sex disaggregates	1300	768	
Individual counseling*	1284	742	
Couples counseling*	16	26	

Please indicate how you calculated the downstream counts.

Definition

This indicator measures the number of individuals who received testing and counseling services for HIV and received their test results. An individual will be counted once in a reporting period. The HTC services to be reported on are those taking place in the Malindza Refugee Camp, Sikhuphe Village, Malindza Highway and Mbadlane in the Lubombo Region.

Individual Counseling

The indicator is counting individuals as those who were counseled and tested and received their results alone (without their spouses) even though they may have spouses.

Couple Counseling

The indicator is counting couple counseling as those who were counseled and tested and received their results together as a couple.

The indicator counts couples as individuals though they will be recorded in the couple's disaggregation to track how many people came for testing and counseling for HIV and received their results. In this section it is expected that the number would be an even number since couples imply people come by 2, nevertheless, one of them may opt not to receive the results which may lead to an odd number being reported. In this particular case, an explanation has to be made why that is the case.

Counting

Despite the disaggregation as individuals and couples, the number of total tested has to combine the number of individuals plus the number of couple tested. For example, if the total number of people who received the service is 100; assuming 78 of them were individuals; it follows that 22 of them therefore came as couples.

Included

Only those who receive pre-test counseling, are tested, and receive post-counseling and have received their results are included. An individual has to go through the whole process of pre-test counseling, testing, receiving their results, and post-counseling.

Excluded

Individuals or couples who may not have received their results even though they were pre-counseled, or tested, or post counseled are excluded in this indicator. An individual has to go through the process of pre-test counseling, testing, receiving the test results, and post-counseling to be included in this indicator.

Measurement

Measurement is based on age and gender of the individual tested.

Indicator	[] not applicable	FY 15 Target	Result	% of Target
Number of supported service outlets providing counseling and testing according to national or international standards		6	4	68%

Please indicate how you calculated the downstream counts.

Definition

This indicator measures the number of service outlets for HTC services according to national or international standards. Four sites are operational for the HTC services, one being static and the other three mobile in that they are in the communities around the Malindza area. The four sites are Malindza Refugee Camp (being the only static site), Sikhuphe Village, Malindza Highway, and Mbadlane (as the 3 mobile sites).

Inclusive

All areas that are within the demarcated geographical that is Malindza area in the Lubombo Region and is part of either Sikhuphe Village, Malindza Highway, and/or Mbadlane is included in this indicator as a mobile site and is to be rightly classified under the three mobile sites names during service delivery and data collection.

Excluded

An area may be within the Malindza area, however, as long as it is not within the jurisdiction of the three mobile sites of Sikhuphe Village, Malindza Highway and Mbadlane, or is in close proximity at a radius of not more than 5 kilometers

to the static site shall be excluded from this indicator. For example, Manyeveni is in the Malindza area but cannot be counted in this indicator since it is more than 5 kilometers away from the static site and is not part of the three targeted areas of Sikhuphe Village, Malindza Highway, and Mbadlane.

It has been communicated to us that now a site constitutes an iNkhundla. Based on that readjustment, Joyful Hearts Organization implements in one site and that is Dvokodvweni iNkhundla. However, for purposes of our reporting we opted to continue reporting based on the 6 sub-sites that are Malindza Refugee Reception Centre, Malindza Highway, Sikhuphe Village, Mbadlane, Lubhuku, and Manyeveni.

This month only two sub-sites were reached and that are the static site Malindza Refugee Reception Center and Sikhuphe Village. Therefore, 3 out of 6 sub-sites were reached. Nevertheless, based on the PEPFAR guidelines in defining a site and the above indicator, we have been able to achieve a 100% reach in terms of DSD for PEPFAR Funded program.

CLINICAL CARE

Indicator	[] not applicable	FY 15 Target	Result	% of Target
C2.1.D Number of HIV-positive adults and children receiving a minimum of one CLINICAL service* (De-duplicated Total)		584 + 210 =794	584+57 =641	81%
	Males <15 years	1	1	
	Males 15+ years	6	16	
	Females <15 years	2	1	
	Females 15+ years	49	39	
	Males <18 years	8	1	
	Males 18+ years	40	16	
	Females <18 years	4	3	
	Females 18+ years	100	37	

Please indicate how you calculated the downstream counts.

Definition

The indicator measures the number of HIV-positive adults and children receiving a minimum of one CLINICAL service by means of not duplicating. Only those who test positive for HIV in this program will receive a Clinical service in a form of TB screening, ART Adherence Support, CTX adherence support for Pre-ART clients, and or TB Contact and Tracing; this indicator will count only once an individual even though that individual may have received a service in more than one of the CLINICAL areas. For example, a client on ART may also be taking CTX; however, that person will only be counted once.

Counting

An individual will be counted only once in a reporting period. The counting will be a de-duplicated total of all those that have tested positive for HIV inclusive of those that will be referred through Malindza Refugee Clinic or RHMs from Sikhuphe Village, Malindza Highway, and Mbadlane.

Included

All the clients that will test positive for HIV will be included in this indicator. An individual will be counted only once in the reporting period.

Explanation

As defined above, this indicator is concerned with the clients that have tested positive for HIV and have received at least one clinical care service de-duplicated. The main clinical service that clients receive from Joyful Hearts is TB screening. This month 45 clients tested positive for HIV and received TB screening. In addition, of the 584 who tested positive for HIV in FY14. This takes the number to 629 of HIV positive clients that have received a minimum of one clinical service this month.

Accomplishments

It has possible for the organization to follow on clients that tested positive in FY14 and as required they received TB screening. It is important for PLH to be screened for TB on a regular basis. This afforded the HTC Counselors an opportunity to provide Treatment Adherence Support as they engaged the clients. Furthermore, this exercise was utilized for index clients tracking HTC as an opportunity was availed for next of kin who would like to test for HIV during the visits. The disaggregated numbers are only those that have tested for HIV this reporting month since the others were cumulatively disaggregated in FY14.

Constraints

The challenge was with the new clients that have tested positive for HIV at outreaches. Since the CD4 machine is not yet available, clients had to be transported to the clinic for CD4 while the transport would have better catered for those who needed ART refills and initiations as the CD4 would have been provided immediately on site. There were challenges of stigma when it came to using the transport, however, this provided an opportunity for stigma eradication and it worked as the clients were able to use the available transport to access the clinical services.

Clinical Care: TB/HIV and Pre-ART

Indicator [] not applicable	FY 15 Target	Result	% of Target
Number service outlets providing TB treatment to HIV-infected individuals	6	4	68%

Please indicate how you calculated the downstream counts.

Definition

This indicator measures the number of service outlets providing TB treatment to HIV-infected individuals according to national or international standards. Four sites are identified for the TB/HTC services, one being static and the other three mobile in that they are in the communities around the Malindza area. The four sites are Malindza Refugee Camp (being the only static site), Sikhuphe Village, Malindza Highway, and Mbadlane (as the 3 mobile sites).

Inclusive

All areas that are with the demarcated geographical that is Malindza area in the Lubombo Region and is part of either Sikhuphe Village, Malindza Highway, and/or Mbadlane is included in this indicator as a mobile site and is to be rightly classified under the three mobile sites names during service delivery and data collection.

Excluded

An area may be within the Malindza area, however, as long as it is not within the jurisdiction of the three mobile sites of Sikhuphe Village, Malindza Highway and Mbadlane, or is in close proximity at a radius of not more than 5 kilometers to the static site shall be excluded from this indicator. For example, Manyeveni is in the Malindza area but

cannot be counted in this indicator since it is more than 5 kilometers away from the static site and is not part of the three targeted areas of Sikhuphe Village, Malindza Highway, and Mbadlane.

Indicator [] not applicable	FY 15 Target	Result	% of Target
C2.4.D Number of HIV-positive patients who were screened for TB in HIV care or treatment settings.	584 + 210 =794	584+57 =641	81%
Males <15 years	1	1	
Males 15+ years	6	16	
Females <15 years	2	1	
Females 15+ years	49	39	
Males <18 years	8	1	
Males 18+ years	40	16	
Females <18 years	4	3	
Females 18+ years	100	37	

Please indicate how you calculated the downstream counts.

Definition

This indicator measures the number of HIV-positive people screened for TB in HIV care or treatment settings. It is in practice that all those who come for HTC services also go through TB screening.

Counting

This indicator will count only those that have tested positive for HIV regardless of whether they are TB suspects or not. These clients will be expected to receive further screening every three months as a means to minimize the level of co-infection thus counting all those who test positive for HIV but may not be TB suspects.

Included

All individuals testing positive for HIV are included in this indicator.

Excluded

It is assumed that out of all the people who go through counseling and testing for HIV services, a number of them shall test HIV negative, and for the purposes of this indicator they are excluded. An individual that might be a TB suspect but test negative for HIV is till excluded as this indicator solely measures those that are HIV positive that have received TB screening.

Monitoring Systems

The organization is using the standard TB Screening as approved by the World Health Organization. However, there is a new tool that has not been completely rolled out yet, but Joyful Hearts Organization is making efforts to access that tool as to be up to date with WHO requirements. We are now aware that suspects are now referred to as TB *presumptive*. Clients are *presumed* to have active TB instead of *suspecting* them to have active TB.

Indicator [] not applicable	FY 15 Target	Result	% of Target
TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	100%	100%	81%
Numerator: Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	584 + 210 =794	584+57 =641	
Denominator: Number of HIV-positive individuals receiving a minimum of one clinical service	584 + 210 =794	584+57 =641	
By Age/Sex: <15 Female	6	1	
By Age/Sex: <15 Male	9	1	
By age: <15	15	2	
By Age/Sex: 15+ Female	149	39	
By Age/Sex: 15+ Male	46	16	
By age: 15+	195	55	
By sex: Male	55	17	
By sex: Female	155	40	
Sum of Age/Sex disaggregates	584 + 210 =794	584+57 =641	81%
Please indicate how you calculated the downstream counts.			
<p><u>Definition</u> This indicator measures the number of HIV-positive people screened for TB in HIV care or treatment settings. It is in practice that all those who come for HTC services also go through TB screening.</p> <p><u>Counting</u> This indicator will count only those that have tested positive for HIV regardless of whether they are TB suspects or not. These clients will be expected to receive further screening every three months as a means to minimize the level of co-infection thus counting all those who test positive for HIV but may not be TB suspects.</p> <ul style="list-style-type: none"> ➤ All individuals testing positive for HIV are included in this indicator. ➤ It is assumed that out of all the people who go through counseling and testing for HIV services, a number of them shall test HIV negative, and for the purposes of this indicator they are excluded. ➤ An individual that might be a TB suspect but test negative for HIV is till excluded as this indicator solely measures those that are HIV positive that have received TB screening. 			

Explanation

As defined above, this indicator is concerned with the clients that have tested positive for HIV and have received at least one clinical care service de-duplicated. The main clinical service that clients receive from Joyful Hearts is TB screening. This month 32 clients tested positive for HIV and received TB screening. In addition, of the 584 who tested positive for HIV in FY14, 204 were rescreened for TB as per the mandatory every three months TB screening for clients on Pre-ART/ART. This takes the number to 236 of HIV positive clients that have received a minimum of one clinical service this month. The disaggregated numbers are only those that have tested for HIV this reporting month since the others were cumulatively disaggregated in FY14.

Accomplishments

It has possible for the organization to follow on clients that tested positive in FY14 and as required they received TB screening. It is important for PLH to be screened for TB on a regular basis. This afforded the HTC Counselors an opportunity to provide Treatment Adherence Support as they engaged the clients. Furthermore, this exercise was utilized for index clients tracking HTC as an opportunity was availed for next of kin who would like to test for HIV during the visits.

Constraints

There were not many challenges this month.

Clinical Care: Custom Indicators

Indicator [] not applicable	FY 15 Target	Result	% of Target
Number of HIV positive individuals receiving ART adherence support services	116	116/5 =23	20%
Males <15 years	6	6	
Males 15 years +	30	0	
Females <15 years	12	0	
Females 15 years +	68	0	
Sum of aggregates	116	6	

Please indicate how you calculated the downstream counts.

Definition

This indicator measures all those who receive ART adherence support services. These are the people who are either identified through HTC services or referred to Malindza Refugee Clinic by Good Sheppard Hospital or are either referred to JHO for adherence support by Malindza Refugee Clinic.

Counting

The indicator counts only the number of people who are HIV positive and are receiving ART adherence support.

Including

All clients on ART adherence support either entered into the program through HTC or referred by GHS/MRC.

Excluding

PEP clients are not included in this indicator even though they may receive support from JHO staff

Explanation of Results

The disaggregation is for December only. The accumulated number is 123 plus the number of those that have been referred from other centers through RHM's and Good Shepherd Hospital clients that are currently on ART. A count is currently being conducted to determine how many clients we have that are currently on ART as we work in collaboration with Malindza Clinic.

Indicator [] not applicable	FY 15 Target	Result	% of Target
Number of TB suspects identified and referred for treatment	80	6	8%
Males <18 years	3	0	
Males 18 years +	27	2	
Females <18 years	12	0	
Females 18 years +	38	4	
Sum of disaggregates	80	6	

Please indicate how you calculated the downstream counts.

Definition

This indicator measures all those who are TB suspects identified through screening during HTC services. The aim is to only include those who are TB suspects and are referred for Diagnosis/treatment.

Counting

This indicator counts all TB suspects referred for treatment. A client may be a suspect but as long as they are not yet referred for treatment they cannot be counted.

Excluded

People may have been screened for TB; however, they are excluded in this indicator on the basis that they are not TB suspects.

Indicator [] not applicable	FY 15 Target	Month's Target	Result
<i>Number of TB patients receiving TB treatment adherence support</i>	10	1	10%
Males <18 years	2	0	
Males 18 years +	3	1	
Females <18 years	2	0	
Females 18 years +	3	0	

Please indicate how you calculated the downstream counts.

Definition

This indicator measures all TB suspects who are enrolled on TB Treatment and are receiving Adherence Support. The aim is to only include those who are on TB treatment adherence support.

Counting

This indicator counts TB patients on treatment adherence support. A suspect may be referred to treatment but if they were not receiving adherence support will not be counted.

Included

All TB clients receiving TB treatment Adherence support.

Excluded

People may be on treatment; however, they are excluded in this indicator on the basis that they are not TB treatment adherence support.

Explanation of Results

There is one elderly man in Sikhuphe Village that has been referred to Joyful Hearts Organization by an RHM. He is receiving assistance in taking his medication as well as adherence counseling from the HTC Counselors. The nurse was able to visit with him in order to inspect living conditions and other clinical issues that might affect full recovery from treatment.

CD4 Count Referral

Indicator	FY 15 Target	Result	% of Target
5.5.1 Number of individuals that are tested and counseled HIV received services for CD4 count.	210	57	28%

Explanation of Results

These are all those that have tested positive for HIV in the month of October to December 2014. This indicator has since been changed to “those who received PIMA CD4 Count Services,” as JOYFUL HEARTS now gives to all those who test positive for HIV their CD4 count results the same day using a PIMA CD4 Count machine. However, the PIMA is for first time results only, those who are already on Pre-ART or ART are still referred for CD4 count through Malindza Refugee Clinic.

UMBRELLA CARE INDICATOR

Indicator [] not applicable	FY 15 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.	584 + 210 =794	584+57 =641	81%
Males <18 years	9	1	
Males 18+ years	46	16	
Females <18 years	6	3	
Females 18+ years	149	37	

Please indicate how you calculated the downstream counts.

Definition

This is an umbrella indicator measures all adults and children provided with a minimum of one care service (de-duplicated of the CLINICAL CARE and SUPPORT CARE targets).

Includes

The indicator includes only those who have tested HIV positive and thus became clients for CLINICAL and SUPPORT CARE.

Counting

This indicator counts all the clients that have received CLINICAL services and SUPPORT CARE de-duplicated total. This means a person can only be counted once during a reporting period.

Included

All clients that have received either a CLINICAL service or SUPPORT CARE, or both will be reported under this indicator; nevertheless, an individual will only be counted once despite the number of service they may have received.

Excludes

It does exclude all those who might have received HTC services and TB screening but were neither not HIV positive nor TB suspects that eventually enrolled on TB treatment.

Explanation

As defined above, this indicator is concerned with the clients that have tested positive for HIV and have received at least one clinical care service de-duplicated. The main clinical service that clients receive from Joyful Hearts is TB screening. This month 32 clients tested positive for HIV and received TB screening. In addition, of the 584 who tested positive for HIV in FY14, 204 were rescreened for TB as per the mandatory every three months TB screening for clients on Pre-ART/ART. This takes the number to 236 of HIV positive clients that have received a minimum of one clinical service this month.

Accomplishments

It has possible for the organization to follow on clients that tested positive in FY14 and as required they received TB screening. It is important for PLH to be screened for TB on a regular basis. This afforded the HTC Counselors an opportunity to provide Treatment Adherence Support as they engaged the clients. Furthermore, this exercise was utilized for index clients tracking HTC as an opportunity was availed for next of kin who would like to test for HIV during the visits. The disaggregated numbers are only those that have tested for HIV this reporting month since the others were cumulatively disaggregated in FY14.

Constraints

The challenge was with the new clients that have tested positive for HIV at outreaches. Since the CD4 machine is not yet available, clients had to be transported to the clinic for CD4 while the transport would have better catered for those who needed ART refills and initiations as the CD4 would have been provided immediately on site. There were challenges of stigma when it came to using the transport, however, this provided an opportunity for stigma eradication and it worked as the clients were able to use the available transport to access the clinical services.

Prevention

Condom Distribution

Indicator	FY 15 Target	Result	% of Target
5.2.1 Number of targeted Condom Service Outlets	6	4	68%

It has been communicated to us that now a site constitutes an iNkhundla. Based on that readjustment, Joyful Hearts Organization implements in one site and that is Dvokodweni iNkhundla. However, for purposes of our reporting we opted to continue reporting based on the 6 sub-sites that are Malindza Refugee Reception Centre, Malindza Highway, Sikhuphe Village, Mbadlane, Lubhuku, and Manyeveni.

This month only three sub-sites were reached and that are the static site Malindza Refugee Reception Center and Sikhuphe Village. Therefore, 3 out of 6 sub-sites were reached. Nevertheless, based on the PEPFAR guidelines in defining a site and the above indicator, we have been able to achieve a 100% reach in terms of DSD for PEPFAR Funded program.

Indicator	FY 15 Target	Result	% of Target
5.1.2 Number of condoms distributed	21 000	7370	35%
Male Condoms	15 000	3460	
Female Condoms	6000	3910	

Explanation of Results

Condoms were distributed at outreaches and at the clinic VCT room. There is a challenge with sourcing the condoms, but Malindza Refugee Clinic has been of great assistance in providing condoms. In practice, all those who receive a service from Joyful Hearts Organization are offered a condom. 98% of the clients receive the condoms. On average, each person is given a maximum of 10 condoms, male or female.

Each person testing for HIV was given a minimum of 10 condoms to use for self and/or share with other people who might need a condom. This strategy was aimed at making sure that the condoms are given to a person to distribute than just to place them in a community building where they may not be picked up by anyone.

Section 3: Gender Integration

As it is displayed in the table presented at the executive summary, it is clear that more women come to the clinic than men. Therefore, JHO has deliberately targeted male dominated community clusters like *Tibondza* and other community meetings. The counselors approach males more for counseling than females hence the reach is almost at 50:50 at community level. In Malindza Highway more males than females were tested as there is direct mobilization for men to test. This trend takes over from the established one in FY14 where by the target was to reach more men than women in community outreaches. Means are being made to target male youth so that the culture of men testing could be established in the communities of Malindza.