



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

Swaziland

FY 2014 April – June 2014 Quarterly Progress Report

Covering the period of April 1, 2014 to June 30, 2014

Due: 09 July, 2014

Implementing Partner: JOYFUL HEARTS ORGANIZATION

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Section 1: Introduction

1.1 Executive Summary

It is a pleasure to report that the TB/HIV KAP Survey is now complete with the report in the process of being finalized. Preliminary analysis is giving a good picture of the Malindza TB/HIV programming. When designing the program, the intention was to increase access to services in the Malindza area. We feel demand for services have been created and people are now aware that they need these services.

However, demand must be met with delivery. There are gaps when it comes to delivery as 82% of the people claimed to have not had access to JHO services. Nevertheless, taking into account that 82.2% of the people said that they now know their HIV status and only 17.6% claimed not to know their status. The low reach may be speaking to a refocus of the program which we think Joyful Hearts has done exceptionally well.

In this report it will show that JHO has reached 84% of the people on ART/TB and Pre/ART with clinical services that is Adherence Support. The Care and Support indicator is, by the now available evidence, the more critical one as more people have already accessed HTC and many are on treatment or in need of treatment. It is worth noting that through the KAP Survey, a majority of people felt that they have no access to ART/TB treatment.

Moreover, JHO was privileged to host a PEER REVIEW PRACTICUM whereby other partners came to the offices of JHO to review Program and M&E documents and systems for purposes of mutual strengthening. The exercise was both a motivation and an eye opener to the existing gaps with the Program and M&E gaps. Currently, the organization is compiling and adapting the program according to lessons learnt during the PRACTICUM. We are of the belief that we were able to reach our quarterly target because of the lessons learnt from the TB/HIV KAP SURVEY and the PEER REVIEW PRACTICUM. We were supposed to reach a target of 495 per quarter and this quarter we recorded 510 people who have accessed our HTC services.

1.2 Human Resource Development and Staff Changes

1.2.1 There is now a draft Human Resources Policy and Procedures that awaits the approval of the Board. All staff members as well as volunteers have signed new contracts. However, in terms of staffing there are no changes and none are expected to happen within the near future.

The staff members have received different trainings from CANGO/Pact in order to strengthening organization capacity. The Program Director, Financial Administrator, M&E officer and HR assistant Officer have received training on Human resource Management held on 5th -7th May 2014.

With support and supervision from Pact and CANGO, JHO was hosted a Programs and M&E Peer Review Practicum for partners implementing HIV Clinical Care programs on the **3rd-6th of June 2014**. This was an opportunity for peer to peer learning and sharing of best practice amongst CANGO/Pact partners implementing similar programs whereby other partners came to the offices of JHO to review Program and M&E documents and systems for purposes of mutual strengthening and learning from each other. The exercise was both a motivation and an eye opener to the existing gaps with the Program and M&E gaps

From 2nd -4th June 2014, The Nurse has received the training on NATISE quality insurance organized by Ministry of Health.

The trainings have greatly improved the quality of the project and programs within the organization.

1.3 Progress in Implementing Capacity Development Institutional Strengthening Plan (ISP/Road-Map)

1.3.1 Organizational Development

There has been a significant progress on the OD in the ISP. All the policies that needed to be developed are now available in draft. Some of the policies are awaiting the approval of the Board while others have yet to receive comments from CANGO/PACT. The staff was involved in the development of the Human Resources Policy as to keep them abreast with organizational procedures.

Meetings with Ministry of Home Affairs held in order to develop a succession plan for program take over for the benefit of beneficiaries and community partners.

The organization developed communication strategy and sensitization strategy where the PA System are used in all HTC outreach and soon will call media for Open day for the importance of having a well-crafted public relations.

Staff appraisals for the previous year have been successful conducted and shared with stakeholders. A planning and organizing workshop was held within the organization in order to adjust plans according to M&E results. In general, a culture of internal training and briefings has been developed as a way to orient staff on the organizational programs and policies, strategic plans, and general culture. New staff is clear oriented on laid down guidelines. Even volunteers are trained on the operations of the organization as a way to orient them. There is a draft policy meant for volunteers.

Effort is made to seek funding as a way to improve the dependency on one funding source that is less than a year. Partnerships are being discussed with ICAP as they will be working in the Lubombo Region in the next four years. There are also discussions being made with CABRINI Ministries for collaboration. This is done with the hope that through them there might be funding that would come the way of the organization as to build sustainability. In the past three months a concept note to TB Reach through Stop TB Partnership in Geneva was submitted, however, it did not succeed. There are also attempts to get funding from UNICEF as the organization works with a lot of vulnerable communities that include women and children.

1.3.2 Technical and programs

A majority of this on the ISP has been accomplished while there are some aspects that are now in place or in the process. A linkages strategy was developed involving all stakeholders. Meetings have been held with RHM's for future program implementation purposes. Review meetings are being held every three months before the writing of the quarterly report.

The nurse has attended training organized MOH and Elizabeth Glazier Foundation, and One HTC Counselor has attended in-service training organized MOH.

A deliberate effort has been made to improve the understanding of program officers and community facilitators to understand the program goals, objectives, and design model through strategic meetings.

A referral system is now in place and a way to receive clients' feedback is being designed or better put, is in the pilot stage. The organization through the Malindza Refugee Clinic does collect and record lab samples for quality assurance. Through Malindza Refugee Clinic, the organization does ensure that all test kits in use are within the

expiry date. The issue of confidentiality has been addressed. In addition, a comprehensive infection control strategy is now in place. Staff members are now well informed and do make use of personal protective equipment, understand PEP, and the many other hazards that come with working in the health sector.

1.3.3 Monitoring and Evaluation

This also has a lot of the ISP covered although there is a need for improvement in almost all of them. There is a documented M&E plan and activities are aligned to it. The M&E Officer has attended CANGO organized trainings both through PACT and JICA. There is now a systematic procedure for data backups. A hard filing system has been improved and a database created.

During staff meetings, the M&E Officer is afforded enough time to present on M&E findings and deliberations are made by all present as a way to reflect on them. There are data tools in place and data verification and processes. Data cycle is being developed. An evaluation protocol is in draft form awaiting comments from CANGO. However, it has already gone through a peer evaluation process that has been addressed and sent to CANGO for final input.

Data generated during routine monitoring is being effectively used. There are reporting schedules in place that are being utilized. Progress Reports are shared on monthly staff meetings and during the quarterly review meetings.

1.3.4 Grants and Finance

The Finance Department is the most improved as almost all the ISP gaps are attended to. There are drafts in place for the accounting and procurement policies. Physical counts and reconciliation of petty cash is being done. The accounting software was procured and is being used for accounting purposes. There is a good system utilized for tracking VAT separately. Payroll and all necessary documentation is now being prepared by the Finance Administrator efficiently.

There are internal controls in place. Tasks are distributed among staff; Clara, an HTC Counsellor sits on the procurement committee; Gift, the M&E Officer is responsible for signing delivery notes. Futhie Maseko, a volunteer has been hired to do journals instead of the Finance Administrator doing it himself. A date stamp is now available; however, the organization is still using the CANGO stamp as our grant is still in kind.

The organization complies with all Government Laws, Policies and Regulations. A Conflict of Interest Policy is in draft but is already being utilized.

Section 2: Program Results

HIV COUNSELING AND TESTING

Indicator [] not applicable	FY 14 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)	1980	1270	64%
By Test Result: Negative	1287	1125	
By Test Result: Positive	693	145	
Sum of Test Result disaggregates			
Age/sex: <1 Male	18	4	
Age/sex: 1-4 Male	12	28	
Age/sex: 5-9 Male	9	10	
Age/sex: 10-14 Male	49	10	
Age/sex: 15-19 Male	120	21	
Age/sex: 20-24 Male	80	77	
Age/sex: 25-49 Male	360	171	
Age/sex: 50+ Male	140	88	
Age/sex: <1 Female	21	5	
Age/sex: 1-4 Female	15	22	
Age/sex: 5-9 Female	11	8	
Age/sex: 10-14 Female	45	8	
Age/sex: 15-19 Female	315	125	
Age/sex: 20-24 Female	312	233	
Age/sex: 25-49 Female	309	329	
Age/sex: 50+ Female	164	131	
Sum of Age/Sex disaggregates			
Aggregated Age/sex: <15 Male	88	54	
Aggregated Age/sex: 15+ Male	700	355	
Aggregated Age/sex: <15 Female	92	43	
Aggregated Age/sex: 15+ Female	1100	818	
Sum of Aggregated Age/Sex disaggregates	1980	1270	
Individual counseling*	1860	1230	
Couples counseling*	120	40	

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.

Explanation of Reach

75% of the FY14 target was not reached because of the previous under reach, however, looking at the current trends, the overall reach for FY14 will not be less than 90%.

There are no other reasons that could be attributed to the under reach except that there was too much deficit from the past two previous quarters. Strategies have been put in place to make sure that an acceptable reach is achieved in the next quarter, which would be the FY14 reach.

Indicator	[] not applicable	FY 14 Target	Result	% of Target
Number of supported service outlets providing counseling and testing according to national or international standards		4	4	100

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 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.

Please briefly describe major accomplishments and/or constraints (bulleted format) that support or explain your results in this HTC program area.

Accomplishments

- ❖ reached the target for this quarter which was supposed to be at 495 and 510 people were reached with the services
- ❖ 75% of the FY14 target was not reached because of the previous under reach, however, looking at the current trends, the overall reach for FY14 will not be less than 90%
- ❖ The reach shows that the organization has been able to implement lessons learnt and respond to capacity building it is getting from CANGO
- ❖ The new mobilization strategies of engaging key people on the ground like RHM's are working and it is being applied together with other unique approaches to mobilization.
- ❖ Demand to HTC services has been created and access has been increased.

Constraints

- ❖ The number of HTC counselors sometimes limited the number of people who could be reached in a day at Outreaches
- ❖ Unforeseen community events led to cancellations of planned outreaches thus affecting the reach. Nevertheless, attempts were always made to remedy the situation.

CLINICAL CARE

Indicator [] not applicable	FY 14 Target	Result	% of Target
C2.1.D Number of HIV-positive adults and children receiving a minimum of one CLINICAL service* (De-duplicated Total)	693	584	84%
Males <15 years	33	12	
Males 15+ years	120	95	
Females <15 years	40	6	
Females 15+ years	50	179	
Males <18 years	80	15	
Males 18+ years	120	93	
Females <18 years	100	10	
Females 18+ years	150	175	

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.

Please briefly describe major accomplishments and/or constraints (bulleted format) that support or explain your results in this Clinical care program area.

- ❖ In this quarter a decision was made to maintain the reach to the new people that are access these services through HTC and not to take on more clients as the reach was already beyond 50% at semi-annual.
- ❖ Only the people who tested positive for HIV are reported in this indicator as they are the ones who received a service through home visits from the program officers.

Clinical Care: TB/HIV and Pre-ART

Indicator [] not applicable	FY 14 Target	Result	% of Target
Number service outlets providing TB treatment to HIV-infected individuals	4	4	100

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 14 Target	Result	% of Target
C2.4.D Number of HIV-positive patients who were screened for TB in HIV care or treatment settings.	693	584	84%
Males <15 years	33	12	
Males 15+ years	120	95	
Females <15 years	40	6	
Females 15+ years	50	179	
Males <18 years	80	15	
Males 18+ years	120	93	
Females <18 years	100	10	
Females 18+ years	150	175	
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> <p><u>Included</u> All individuals testing positive for HIV are included in this indicator.</p> <p><u>Excluded</u> 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.</p> <p><u>Monitoring Systems</u> The organization is using the standard TB Screening as approved by the World Health Organization.</p>			

Indicator [] not applicable	FY 14 Target	Result	% of Target
TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	100%		84%
Numerator: Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	693	584	
Denominator: Number of HIV-positive individuals receiving a minimum of one clinical service	693	584	
By Age/Sex: <15 Female	40	6	
By Age/Sex: <15 Male	33	12	
By age: <15	73	18	
By Age/Sex: 15+ Female	300	179	
By Age/Sex: 15+ Male	320	95	
By age: 15+	620	274	
By sex: Male	353	107	
By sex: Female	340	185	

No age	0	0
	693	584

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.

- 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.
- There are 12 males below the age of 15 and 6 females below the same age. This makes a total of 18 when disaggregated by age.
- There also 95 males above the age of 15 and 179 females above the same age making a total of 448 when disaggregated by age.

Please briefly describe major accomplishments and/or constraints (bulleted format) that support or explain your results in this TB/HIV program area

- ❖ In this quarter a decision was made to maintain the reach to the new people that are access these services through HTC and not to take on more clients as the reach was already beyond 50% at semi-annual.
- ❖ Only the people who tested positive for HIV are reported in this indicator as they are the ones who received a service through home visits from the program officers.

Clinical Care: Custom Indicators

Indicator	FY 14 Target	Result	% of Target
Number of HIV positive individuals receiving ART adherence support services	450	407	90%
0-17 years	0		
18+ years	0		
18+ years, caregivers	0		
Males <18 years	50	34	
Males 18 years +	85	134	
Females <18 years	65	30	
Females 18 years +	250	209	

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.

Indicator	FY 14 Target	Result	% of Target
Number of TB suspects identified and referred for treatment	180		16%
0-17 years	0		
18+ years	0		
18+ years, caregivers	0		
Males <18 years	30	6	
Males 18 years +	45	13	
Females <18 years	80	5	
Females 18 years +	25	5	

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	FY 14 Target	Result	% of Target
Number of TB patients receiving TB treatment adherence support	10	35	350%
0-17 years	0		
18+ years	0		
18+ years, caregivers	0		
Males <18 years	2	1	
Males 18 years +	3	19	
Females <18 years	2	0	
Females 18 years +	3	14	

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.

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)

- ❖ Only 1 person was added to this indicator reach

UMBRELLA CARE INDICATOR

Indicator [] not applicable	FY 14 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.	693	584	84%
Males <18 years	80	35	
Males 18+ years	120	219	
Females <18 years	100	24	
Females 18+ years	150	306	
18+ years, caregivers	0	0	
No age	0	0	

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.

Please briefly describe major accomplishments and/or constraints (bulleted format) that support or explain your results in this program area. †

- ❖ In this quarter a decision was made to maintain the reach to the new people that are access these services through HTC and not to take on more clients as the reach was already beyond 50% at semi-annual.
- ❖ Only the people who tested positive for HIV are reported in this indicator as they are the ones who received a service through home visits from the program officers.

Section 3: Surveillance and Surveys

Surveillance or Survey Name	Type	Target Population	Stage	Expected Due Date	Activity Completed Date	Notes
TB/HIV KAP SURVEY	Baseline	3216	Report Writing	Completed	Report Writing	Preliminary report available