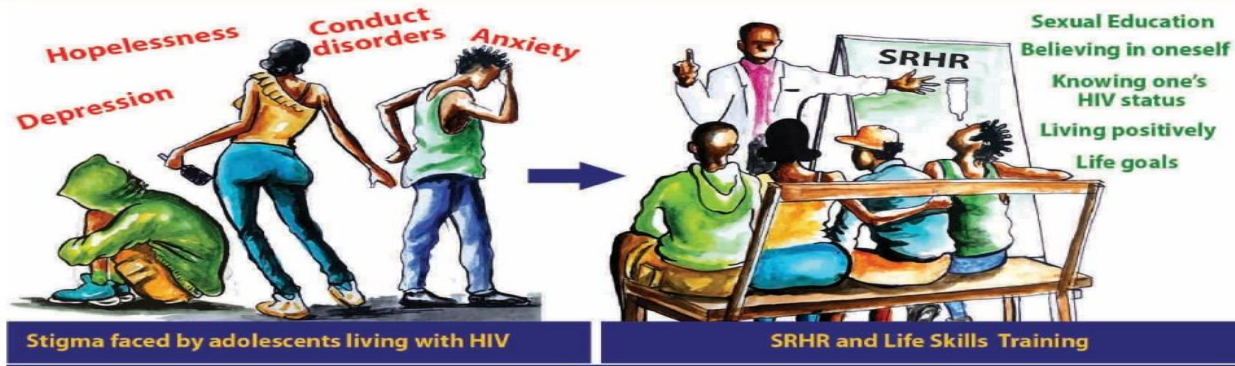


# Title : Fighting Stigma, A case of Perinatally Infected Adolescent in Rwanda

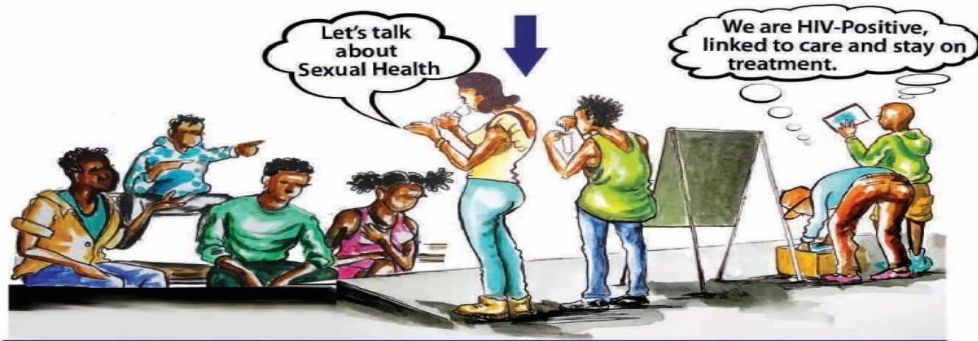


## Fighting Stigma: A Case of Perinatally Infected Adolescents in Rwanda



Stigma faced by adolescents living with HIV

SRHR and Life Skills Training



SHINE TO ALL - ALHIV GROUP

Organization	African Enterprise
Country	Rwanda

# Title : Transitioning to a local Prime Implementing Partner in Lesotho

## Transitioning to a Local Prime Implementing Partner in Lesotho: Challenges and Successes in the First Year

Lineo Thahane\*; Molarisi Mehale; Mosa Molapo Hlasoa; Mabusetsa Poopa; Polelo Yose  
Baylor College of Medicine Children's Foundation – Lesotho (BCMCFL)

### Background

In 2019, Baylor College of Medicine Children's Foundation – Lesotho (BCMCFL) became Lesotho's first local USAID prime implementing partner, signing:

- Karabo ea Bophelo (KB): a 5-year, \$35 Million cooperative agreement;
- Expanding TB and HIV Clinical Services (ETHICS): a 3-year, \$7 Million fixed amount award

As a local organization, BCMCFL has experienced challenges and successes during start-up and implementation in its first year as a prime recipient of United States Government funding.

Lessons learned from the organization's experiences may assist other transitioning local partners.



Karabo ea Bophelo (KB)

### Description

#### Challenges

- Key early challenges affected smooth transitions from prior implementing partners.
- Early on, BCMCFL had limited funds and experienced personnel to support rapid project start-up, including:
  - Recruitment of programmatic and support staff;
  - Scale-up of facilities infrastructure;
  - Assessment of potential sub-awardees for approval by USAID; and
  - Achievement of key early deliverables such as submission of the year 1 workplan and monitoring, evaluation, and learning (MEL) plan.
- As a local organization, recruitment was further impacted by:
  - Challenges with meeting the salary and benefits expectations of experienced candidates who were previously engaged within international organizations.
  - Smooth onboarding of a large number of new staff members without external human resources support.
- During the year, smooth implementation was impacted by:
  - Limited availability of liquid funds to support ongoing programming while awaiting funding disbursements (KB) and reimbursements (ETHICS); and
  - Challenges with ensuring rapid programmatic and operational shifts in response to COVID-19

#### Successes

- Despite these challenges, key successes have assisted BCMCFL in the transition from sub-recipient to local prime implementing partner.
  - Regular and supportive engagement of USAID's Lesotho mission team, AORs, Activity Managers and USAID/Southern Africa assisted BCMCFL with understanding USAID expectations regarding financial and programmatic performance and key deliverables.
  - Support from experienced international prime implementing partners in organizational capacity development and programmatic technical assistance (TA) was provided through the Lesotho Local Partners TA initiative and an expanded TA scope of work provided by the care & treatment implementing partner. This has helped BCMCFL to identify key strategic priorities and enabled ongoing strengthening and capacity building in these domains.
  - Frequent communication and guidance from Lesotho's PEPFAR team, including facilitation of regular implementing partner feedback meetings, has also been crucial in supporting the organization to respond appropriately to COVID-19.



Expanding TB and HIV Clinical Services (ETHICS)

### Lessons Learned

- Local organizations transitioning to first-time USAID prime award recipients may experience unique challenges with start-up and implementation, which may have implications on smooth programmatic transitions and overall performance.
- Early recognition of these potential challenges and adequate preparation for transition, drawing lessons from similar organizations and country contexts, may help alleviate some of these impacts.
- Regular communication, feedback and support from regional and country mission teams, as well as structured support from more experienced implementing partner organizations, is critical to supporting local partners to achieve successful transitions.

<b>Organization</b>	Baylor College of Medicine Children's foundation (BCMCFL)
<b>Country</b>	Lesotho



# Title : Effect of Quality Improvement of HIV Epidemic Control In Ethiopia



Organization: Common Vision for Development Association (CVDA)

Primary Contact: Bekelech Bayou, Email: bekelechbayou@gmail.com

Effect of Quality Improvement on HIV Epidemic Control in Ethiopia.

Bekelech Bayou, Tsegaye Woldegiorgis, Micheal Yilma, Bisrat Nigusse, Yonas Alemu

**Background:** The quality improvement initiatives were implemented in Common Vision Development Association(CVDA) as part of effort aiming to improve HIV epidemic control through strengthening HTS-index case testing, HTS -SELF (HIVST) and reengaging lost to follow up (LTFUs) clients from care and treatment. Yet, there is no objective evidence on its effect in the HIV epidemic control in Ethiopia.

**Data collection:** Continuous prospective and retrospective data was gathered for the study during project implementation period using semi-structured tool, document review, observation and discussion with SNU level QI teams. Data was being collected and monitored in weekly based by QI team focal Persons

**Data quality control:** QI training was provided for QI team (QIT) members found at all SNUs who are responsible for implementation of QI intervention. There was a regular control of data capturing mechanism by the principal investigator in order to maintain the data quality.

**Purpose of this study** was to assess the effect of the quality improvement initiatives in HIV epidemic control in Ethiopia.

**Data analysis:** Data was entered to excel sheet, then exported to SPSS version 23 software for further processing and analysis by PI. The effect of QI implementation on routine ICT yield and LTFU re-engagement were measured and monitored by test change using run chart.

**Method:**

**Study design:** A follow up prospective and retrospective study design approach was employed from February to mid-September 2020 among the CVDA project sites; Addis Ababa and Southern Nations, Nationalities and Peoples (SNNP) regions at two sub national units (SNUs). The SNUs were selected purposefully and representing both regions with good OI intervention implementation.

**Summary Result:**

HTS\_INDEX yield increased from 2.6% to 8.9%, HIV positivity rate improved from 0% to 3.4% through HTS-SELF and LTFU reengagement from 30% to 75%. The detailed is indicated on Figure 1 & 2

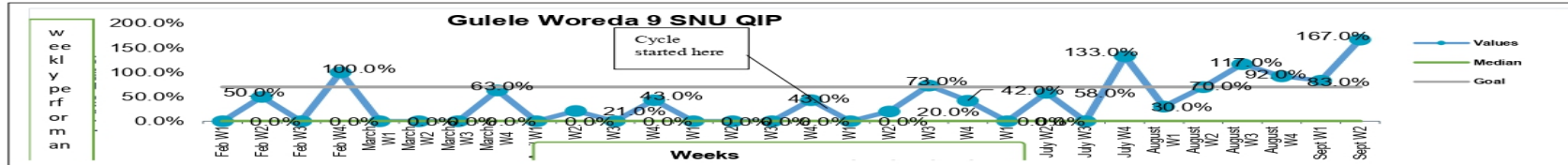


Fig-1. Gulele woreda 9 SNU Run chart of completed data.

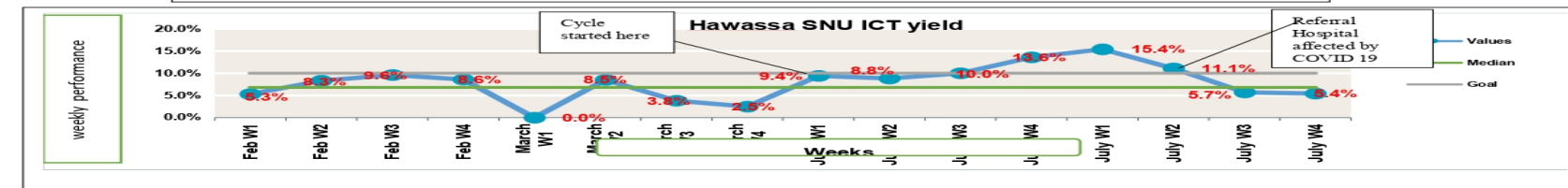


Fig-2. Hawassa SNU Run chart of completed data.

**Conclusion:** The observed improvement within short period of QI implementation is promising. Expanding the QI intervention by Government and developmental partners will lead to provision of standardized quality service to the beneficiaries' at all level and have positive effect on the health system at all.

Organization	Common Vision for Development Association (CVDA)
Country	Ethiopia

# Title : The Effectiveness of Zambia Family South Central Initiative Improving family resilience and childcare for graduation

## The Effectiveness of Zambia Family South Central Initiative (ZAMFAM SC) improving family resilience and child care for graduation.

Authors: John Phiri, Elise Soerensen, Fredick Mwansa Katunga, Bernard Kasawa

Organisation: Development Aid from People to People (DAPP) in Zambia



### 1. BACKGROUND

Development Aid from People to People in Zambia (DAPP) is implementing a 5-year (2016 – 2020) USAID funded OVC Zambia Family Initiative (ZAMFAM) in 14 districts across Southern and Central Provinces, supporting 125,000 OVC, with some children graduating and new enrollments each year. Furthermore, it supports families and caregivers.

In COP19, PEPFAR established the Graduation Benchmarks Assessment Tools and ZAMFAM assessed 61,544 families, graduated 39,270 (64%) and established new case plans for those who did not graduate. ZAMFAM will transition all 22,274 families and 46,075 OVCs to other stakeholders including Government line ministries.

### 2. INTERVENTIONS

Key interventions to improve living conditions and build resilience for OVC and their families include:

- Organizing all caregivers in Community Action Groups for them to learn, support and challenge one another. These groups provide links to government community structures (i.e. Community Welfare Assistance Committees).
- Case Managers, working with volunteers develop case plans, refer to and facilitate services.
- Improve household resilience through Saving Groups and a Pass on Gift system for legumes, chickens and goats, combined with training in market linked farming/ business skills/ financial literacy.



Together we achieve much more. Community Action Group



Individual and family case planning



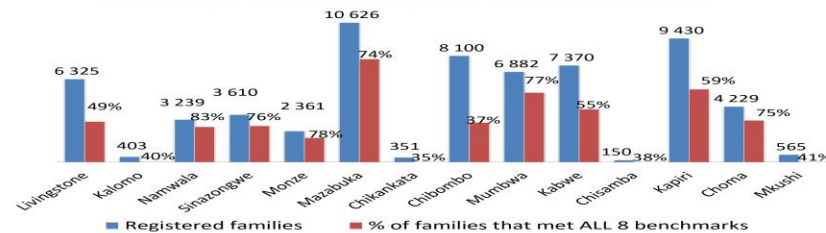
Families in focus – building resilience



Volunteers create linkages between Health Facilities and communities

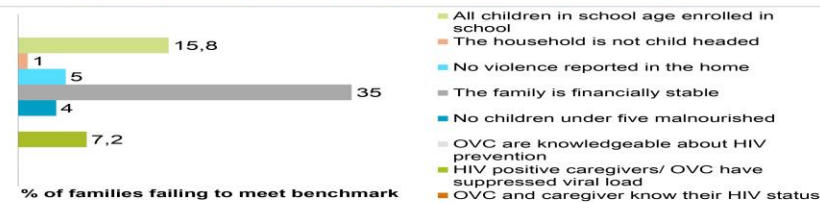
### 3. RESULTS

#### Families Meeting all 8 PEPFAR Benchmarks by Districts



4 districts started 2019 have rates 35-40%, 10 districts started 2016-17 have rates 49-83%

#### Families failing to meet PEPFAR graduation benchmarks



- All beneficiaries had a known HIV status and all OVC had adequate knowledge related to HIV prevention.
- Economic strengthening benchmark proved problematic to meet for most families. The problem was more severe in urban districts.

### 4. CONCLUSION

The benchmark graduation assessment (BGA) ensures key issues in families are being addressed in continued case management.

The high number of families graduating and passing most benchmarks indicates success of the project.

Among the key lessons learnt are:

- The BGA tool is effective for the graduation process and planning for further case management, for those not graduating;
- Organizing beneficiaries in Community Groups increases outcomes, as the families support each other and take collective actions to improve economy for example through improved productions and savings, increased health interventions among others to reach HIV epidemic control and stop any form of violence against children.
- Involvement of volunteers as Case Workers, project staff as Case Managers and engagement of the children themselves, families and community structures are keys to success.

Organization	Development Aid from people to people
Country	Zambia

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# Title: Effect of HRH Investments of cervical screening and Treatment for positive women on ART

## Effect of HRH investment on cervical cancer screening and Treatment for HIV positive women on ART

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Affiliations: <sup>1</sup>Partners in Hope, Lilongwe, Malawi

### Background

- Cervical cancer is an important public health problem worldwide and the number one cancer killer of women in sub-Saharan Africa.
- Malawi has the highest cervical cancer incidence and mortality in the world with age-standardized rates of 75.9 and 49.8 per 100,000 population respectively.
- Cervical cancer accounts for 45.4% of all malignancies in Malawian women and the risk is >4 times higher in women living with HIV (WLHIV).
- Access to cervical cancer screening and treatment of pre-invasive lesions is a major challenge, mainly due to shortage of trained providers.

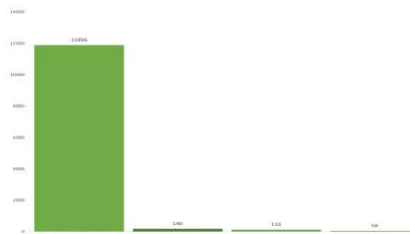
### Objective

We sought to extend cervical cancer screening services for women on ART at selected Partners in Hope (PIH) supported facilities in Malawi

### Methods

- Initially, cervical cancer services depended on available trained Ministry of Health providers in PIH supported facilities.
- However, they were frequently deployed to other health care activities due to competing priorities, creating gaps in cervical cancer service delivery.
- To address this challenge, PIH trained and engaged dedicated Community HIV Nurses and nurse-mentors to provide cervical cancer screening services during ART clinics.
- Between August-September 2019, PIH trained a total of 16 of its staff across all the 9 PIH cervical cancer supported sites

Table 1: VIA cascade as of July 2020



### Conclusions

- Having dedicated and well trained cervical cancer screening providers in ART clinics improved access to cervical cancer services for women on ART.
- In COP20 PIH will recruit and deploy additional HCWs to greatly expand direct service delivery of HIV services, including cervical cancer screening and management programs can be tailored to reduce incidence in this population

### References

- Arbyn M, Weiderpass E, Bruni L, de Sanjosé S, Saraiya M, Ferlay J, Bray F. Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis. *The Lancet Global Health* 2019.
- Mwayemba KP, Phiri T, Sitali W, Kuenda W, Kachale F. Cervical Cancer screening uptake and challenges in Malawi from 2011 to 2015: Retrospective cohort study. *BMC Public Health* 2016, 16(1):806.

### Contact Author

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### Results

- Despite Covid-19, by end July 2020 a total of 11,896 women were screened against the annual target of 16,662 representing 71.4% as compared to 2,659 in the same period last year.
- A total 190 were VIA positive (1.7%) with 133 treated for precancerous lesions on the same day and 56 were referred due to larger lesions (100% management coverage).

Organization	Partners In Hope
Country	Malawi



# Title: Leveraging existing DREAMS project communication channel to maintain contact with and deliver services to AGYW during Coronavirus Disease (COVID-19) pandemic



## Leveraging existing DREAMS project communication channel to maintain contact with and deliver services to AGYW during Coronavirus Disease (COVID-19) pandemic

Bernadette Harases<sup>1</sup>, Natalia Halweendo<sup>1</sup>, Charlene Uakuramenua<sup>1</sup>, Rosanne Kahuure<sup>1</sup>, Simon Mathias<sup>1</sup>, Justine Heita<sup>1</sup>, Sharon Zambwe<sup>1</sup>, Nordin Brendell<sup>1</sup>, Mohamed Nur<sup>2</sup>, Endalkachew Derese<sup>3</sup>, Rosalia Indongo<sup>1</sup>, Steven Neri<sup>2</sup>, and Molisa Manyando<sup>1</sup>

<sup>1</sup>Project HOPE Namibia, DREAMS Project, <sup>2</sup>Project HOPE US, <sup>3</sup>United States Agency for International Development (USAID) Namibia

### Background

- As of September 9, 2020, Namibia reported 9,108 confirmed COVID-19 cases with 4,640 recoveries and 93 deaths.
- The Namibian Government declared a state of emergency on March 17, 2020
- Physical distancing, quarantine, and lockdown help reduce COVID-19 transmission but hampered the implementation of HIV prevention programs.
- The PEPFAR/USAID funded DREAMS project, which is implemented by Project HOPE Namibia and its partners, adapted flexible service delivery approaches according to the local COVID-19 epidemic status in Khomas, Oshikoto and Zambezi regions
- The DREAMS project delivers core package of age appropriate 'primary' interventions for all AGYW and 'secondary' interventions that are based on need to vulnerable AGYW 10 –24 years old as per the PEPFAR Namibia guidance (See figure 1)

### Methods

- Since April 2020, the project used phone calls to conduct individual assessments and convey messages on COVID-19 and HIV/Gender Based Violence prevention during lockdown periods
- The assessments were conducted biweekly by community care workers (CCWs) and focused on identifying critical needs of AGYW
- CCWs are trained on the paper-based assessment tool and provided with adequate airtime
- Data was captured using REDCap database and Power BI based dashboard was used to monitor performance
- Descriptive statistics were used to explore results

Figure 1: Namibia DREAMS project core package

	10-14 years old	15-19 years old	20-24 years old
<b>Primary Interventions</b>	<ul style="list-style-type: none"> <li>HIV/GBV prevention education</li> <li>Social asset building</li> <li>Risk assessment for HIV and provision of HTS as appropriate</li> <li>SRH screening and provision of contraceptive method mix as appropriate</li> <li>GBV screening and provision of post-violence care as appropriate</li> <li>Financial literacy (Aftatoun)</li> </ul>	<ul style="list-style-type: none"> <li>HIV/GBV prevention education</li> <li>Social asset building</li> <li>Risk assessment for HIV and provision of HTS as appropriate</li> <li>SRH screening and provision of contraceptive method mix as appropriate</li> <li>GBV screening and provision of post-violence care as appropriate</li> <li>Financial literacy (Aftatoun)</li> </ul>	<ul style="list-style-type: none"> <li>HIV/GBV prevention education</li> <li>Social asset building</li> <li>Risk assessment for HIV and provision of HTS as appropriate</li> <li>SRH screening and provision of contraceptive method mix as appropriate</li> <li>GBV screening and provision of post-violence care as appropriate</li> <li>Condom provision</li> <li>Financial literacy (Aftatoun)</li> </ul>
<b>Secondary Interventions</b>	<ul style="list-style-type: none"> <li>Parenting program</li> <li>Condom provision</li> <li>Economic strengthening for families</li> <li>Education support</li> <li>IMPower</li> </ul>	<ul style="list-style-type: none"> <li>PrEP as appropriate</li> <li>Condom provision</li> <li>Parenting program</li> <li>Economic strengthening for the AGYW</li> <li>Education support</li> <li>IMPower</li> </ul>	<ul style="list-style-type: none"> <li>PrEP as appropriate</li> <li>Economic strengthening for the AGYW</li> <li>Parenting program</li> <li>Education support – bridge to tertiary or employment</li> </ul>
<b>Contextual Interventions</b>	<ul style="list-style-type: none"> <li>Community mobilization &amp; norms change: Engaging Men and Boys</li> <li>Preferate (HTC, VMMC, ART) for male sex partners</li> <li>GBV Post Violence: training and dissemination of clinical guideline</li> <li>Condom promotion campaign/demand creation</li> </ul>		

### Results

- Of the 22,655 AGYW enrolled in the project, 13,586 (60%) had documented phone numbers (See figure 2).
- Between April-August 2020, 13,073 AGYW were called and 11,073 (85%) were reached with only 2 declining the services.
- Phone number changes, limited network coverage and switched mobile phones contributed for the AGYW not reached.
- AGYW 15-19 accounted for the highest number reached (n=4,968) and many of the AGYW reached (71%) were from Oshikoto region. This region had the highest number of active DREAMS beneficiaries. (See figures 3 & 4)
- Issues identified include sexual violence (n=52), physical/emotional violence (n=136), severe hunger (n=1176), medical emergency (n=166) and overdue medication refill visits (n=190).

Figure 2: Virtual Assessment and Service Delivery Cascade

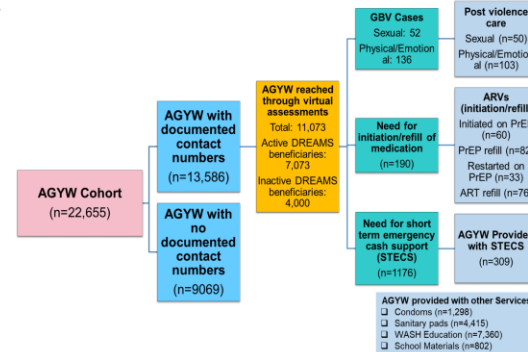


Figure 3: # of AGYW Reached through Phone Call by District

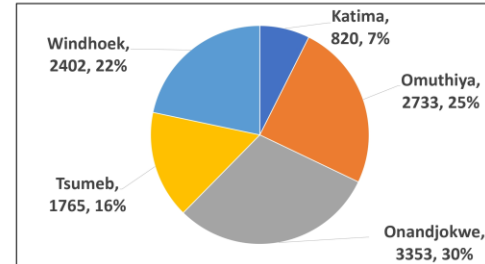
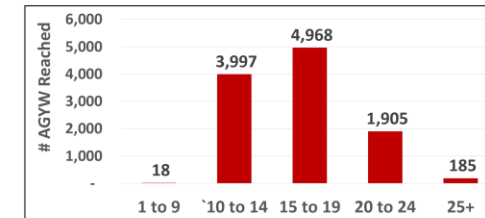


Figure 4: # of AGYW Reached through Phone Call by Age Band



Organization	Project Hope
Country	Malawi

### Conclusions

- Virtual support through phone call is a feasible strategy to maintain contact with and provide essential services to AGYW.
- The approach should be refined to regularly update AGYW contact information, increase AGYW phone access and introduce electronic based assessment.



Determined

Resilient

Empowered

AIDS-Free

Mentored

Safe

# Title: NDAA Section 889 Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment



## NDAA Section 889 “Prohibition on Certain Telecommunications and Video Surveillance Services or Equipment”

The Government	Acquisition	Assistance
<p>Part A - The Government Cannot Obtain Prohibited Telecom</p> <p>Part A became effective on August 13, 2019.</p> <p>Part A prohibits the government from obtaining (through a contract or other instrument) certain telecommunications equipment (including video surveillance equipment) or services produced by the following covered entities and their subsidiaries and affiliates:</p> <ul style="list-style-type: none"> <li>● Huawei Technologies Company</li> <li>● ZTE Corporation</li> <li>● Hytera Communications Corporation</li> <li>● Hangzhou Hikvision Digital Technology Company</li> <li>● Dahua Technology Company</li> </ul> <p>The Department of Defense has the authority to add additional companies to this list. Part A has been added to the Federal Acquisition Regulation (FAR) at <a href="#">FAR subpart 4.21</a>.</p> <p>Note that the Part A ban also applies to commercial items (<a href="#">FAR 12.301(d)(6)</a>) and micro-purchases (<a href="#">FAR 13.201(j)</a>).</p> <p>Still have questions? See <a href="#">GSA's 889 Part A Q&amp;As</a></p>	<p>Part B - Government Contractors Cannot Use Prohibited Telecom</p> <p>Part B is effective August 13, 2020.</p> <p>Part B prohibits the government from contracting with an entity that uses certain telecommunications equipment or services produced by the entities listed in the statute.</p> <ul style="list-style-type: none"> <li>● The Government cannot contract with an entity that uses covered telecommunications equipment or services as a substantial or essential component of any system or as critical technology as part of any system.</li> <li>● Prohibition applies regardless of whether or not that usage is in performance of work under a Federal contract.</li> <li>● After conducting a reasonable inquiry, entities will represent whether they do or do not use prohibited telecommunications equipment or services</li> </ul> <p>Part B has been added to the Federal Acquisition Regulation (FAR) at <a href="#">FAR subpart 4.21</a>.</p> <p>Still have questions? See <a href="#">USAID Section 889 Q&amp;As</a></p>	<p>Assistance - Partners cannot use USAID funds to obtain prohibited Telecom</p> <p>Effective August 13, 2020, 2 CFR 200.216 for U.S. organizations and the mandatory standard provision “Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment” (AUGUST 2020).</p> <ul style="list-style-type: none"> <li>● Recipients and subrecipients are prohibited from using grant funds, including direct and indirect costs, program income, and any cost share, for covered telecommunication equipment or services to:                     <ol style="list-style-type: none"> <li>(1) Procure or obtain, extend or renew a contract to procure or obtain;</li> <li>(2) Enter into a contract (extend or renew a contract to procure); or</li> <li>(3) Obtain the equipment, services or systems.</li> </ol> </li> <li>● Assistance awards made prior to August 13, 2020, do not need to be amended to include the prohibition on covered telecommunications equipment and video surveillance services because the prohibition was not effective at the time of the award.</li> </ul> <p>Still have questions? See <a href="#">USAID Section 889 Partner Information page</a></p>

Organization	USAID
Country	United States of America