

**MINISTRY OF HEALTH AND WELLNESS:  
PRINCIPAL RECIPIENT PROGRESS REPORT 2023: 1<sup>st</sup> QUARTER**

**The Global Fund Reporting Period: January to March 2023**

The current Global Fund Grant Agreement, which will be referred to as the New Funding Model Implementation #3 (NFM#3), in support of the Government of Jamaica’s (GOJ’s) national HIV response was signed for US\$16.7M to be implemented over the three (3) year period January 2022 to December 2024. The US\$16.3 is inclusive of US\$3,355,614 specifically for COVID-19 related activities, for implementation January 2022 to December 2023. Programme implementation is being conducted by the Ministry of Health and Wellness (PR) and eighteen (18) implementing partners.

**Grant – Global Fund Year 2 Period 1 (Jan – Dec 2023)**

The total budget for year 2 is US\$5,190,370. The budget is broken down as follows: PR including NFPB and NCDA– US\$2,547,785 and US\$2,642,584 is being implemented at the SR’s level. Total expenditure as at March 2022 is US\$823,888 reflecting a burn rate of approximately 16% of the annual budget. Commitments recorded to December 2023 are US\$1,448,445. Of this amount US\$186,643.71 relates to the SRs mostly for salaries while US\$1,261,800.98 relates to PR.

**Table 1: Global Fund Original Year 2 Budget and Expenditure (January – December 2023)**

<b>Project #</b>		<b>JAM-H-MOH-2753</b>			
<b>Implementing Organization</b>		<b>Ministry of Health &amp; Wellness</b>			
<b>Project Title</b>		<b>NFM Implementation #3</b>			
<b>Project Implementing Year</b>		<b>January – December 2023 (Year 2)</b>			
<b>Reporting Period</b>		<b>January – March 2023</b>			
<b>Exchange Rate</b>		<b>J\$147.423 to US\$1</b>			
<b>Implementing Agencies</b>	<b>Year 1 Budget</b>	<b>Expenditure to March 2023</b>	<b>Variance</b>	<b>Commitments</b>	<b>% Usage</b>
<b>MOHW &amp; IEs</b>	2,547,785	309,205	2,238,580	1,261,800.98	12
<b>JASL &amp; SSRs</b>	422,987	77,405	345,581	25,187.58	18
<b>ASHE</b>	531,663	102,723	428,940	37,372.32	19
<b>CF</b>	1,687,934	334,554	1,353,381	124,083.81	20

<b>GRAND TOTAL</b>	<b>5,190,370</b>	<b>823,888</b>	<b>4,366,482</b>	<b>1,448,445</b>	<b>16</b>
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**Table 2: Global Fund Original Year 21 Budget and Expenditure for Q1 (January – March 2023)**

<b>Project #</b>		<b>JAM-H-MOH-2753</b>			
<b>Implementing Organization</b>		<b>Ministry of Health &amp; Wellness</b>			
<b>Project Title</b>		<b>NFM Implementation #3</b>			
<b>Project Implementing Year</b>		<b>January – December 2023 (Year 2)</b>			
<b>Reporting Period</b>		<b>January – March 2023</b>			
<b>Exchange Rate</b>		<b>J\$147.423 to US\$1</b>			
<b>Implementing Agencies</b>	<b>Q1 Budget</b>	<b>Cumulative Quarterly Expenditure to March 2023</b>	<b>Variance</b>	<b>Commitments</b>	<b>% Usage</b>
MOHW & IEs	455,091	309,205	145,885	59,437	68
JASL & SSRs	105,934	77,405	28,528	-	73
ASHE	124,794	102,723	22,071	-	82
CF	399,513	334,554	64,959	-	84
<b>GRAND TOTAL</b>	<b>1,085,331</b>	<b>823,888</b>	<b>261,444</b>	<b>59,437</b>	<b>76</b>

The total budget for quarter one is USD\$1,085,331. At the end of March 2023, a total of USD\$823,888.00 (76%) was expended by the implementing agencies. Children First (CF) had the highest expenditure rate of 84% and lowest was MOHW with 68%.

**Table 3: Global Fund C-19RM Year 2 Budget and Expenditure (January– March 2023)**

<b>C19RM - 2021</b>					
<b>Project #</b>		<b>JAM-H-MOH-2753</b>			
<b>Implementing Organization</b>		<b>Ministry of Health &amp; Wellness</b>			
<b>Project Title</b>		<b>NFM Implementation #3</b>			
<b>Project Implementing Year</b>		<b>January – December 2023 (Year 2)</b>			
<b>Reporting Period</b>		<b>January – March 2023</b>			
<b>Exchange Rate</b>		<b>J\$147.423 to US\$1</b>			
<b>Implementing Agencies</b>	<b>Year 2 Budget</b>	<b>Expenditure to March 2023</b>	<b>Variance</b>	<b>Commitments</b>	<b>% Usage</b>

<b>MOHW &amp; IEs</b>	1,638,954	303,210	1,335,744	102,395	19
<b>ASHE</b>	63,688	-	63,688	-	-
<b>JASL &amp; SSRs</b>	111,965	13,345	98,621		12
<b>GRAND TOTAL</b>	<b>1,814,607</b>	<b>316,554</b>	<b>1,498,053</b>	<b>102,395</b>	<b>17</b>

The total budget is US\$1,814,607 for the year 2 implementation period. As at March 2023, US\$316,554.00 (17%) expended. The highest expenditure and burn rate is MOHW & IEs at 19% followed by JASL at 12%. The Ashe company did not have any reported expenditure for the reporting period on the C19RM.

**Table 4: Global Fund C-19RM Year ~~21~~ Budget and Expenditure for Q1 (January – March 2023)**

<b>C19RM - 2021</b>					
<b>Project #</b>			<b>JAM-H-MOH-2753</b>		
<b>Implementing Organization</b>			<b>Ministry of Health &amp; Wellness</b>		
<b>Project Title</b>			<b>NFM Implementation #3</b>		
<b>Project Implementing Year</b>			<b>January – December 2023 (Year 2)</b>		
<b>Reporting Period</b>			<b>January – March 2023</b>		
<b>Exchange Rate</b>			<b>J\$147.423 to US\$1</b>		
<b>Implementing Agencies</b>	<b>Year 2 Quarter 1 Budget</b>	<b>Cumulative Quarterly Expenditure to March 2023</b>	<b>Variance</b>	<b>Commitments</b>	<b>% Usage</b>
<b>MOHW &amp; IEs</b>	726,395	303,210	423,186	1,985	42
<b>ASHE</b>	33,658	-	33,658	-	-
<b>JASL &amp; SSRs</b>	111,965	13,345	98,621	-	12
<b>GRAND TOTAL</b>	<b>872,019</b>	<b>316,554</b>	<b>555,464</b>	<b>1,985</b>	<b>36</b>

The total budget for quarter one is USD\$872,019.00 for all implementing agencies. At the end of quarter one, March 2023, the MOHW and IEs reported burn rate of 42% followed by JASL and SSRs with 12%. Ashe did not expended any resources for the quarter.

## PERFORMANCE MEASURES

### Prevention Targets - Key Populations Reached and Tested January to March 2023 (Table 5)

March marks the end of the first quarter for this Global Fund reporting period. In this period (January to March 2023), the country achieved its quarterly reach and test targets for both the MSM and FSW populations while the TG population did not achieve reach and test targets. The achievements as per population are as follows: MSM reached (101%) and MSM tested (105%), FSW reached (122%), FSW tested (126%). TG, which was the only key population that did not meet its quarterly target, had achievements of reached (72%) and tested (60%). Quarter one performance is in contrast to the last two quarters in 2022 where reach and test quarterly targets were not met for any of the KPs. This is an indication that the prevention program is adapting and utilizing its resources in an efficient way to reach and test the key populations. Nonetheless, there is a drop off in performance when comparing quarter one of 2022 to quarter one of 2023. While it may seem the prevention program is moving in the right direction there is a need to ramp up efforts to maintain or increase performance for the other three quarters. The restructuring of the prevention program is in train, notably the prevention team is still performing at an acceptable rate. The attrition rate of staff has resulted in staffing capacity of less than 50%, which is very low for what the program demands. Nonetheless, the program is addressing these issues by improving the capacity of new staff as well as increasing the number of staff so that the program can meet the KPs and provide them with the relevant services that they need. The Regional and CSOs implementing partners have continued to see the positive impact on strategies such as case finding through mapping, index testing and peer navigation. The entities are also utilizing more non-traditional means of reaching the KPs using online platforms such as Facebook, Twitter and Instagram.

**Table 5: Key Population Indicators Achievements Against the Annual and Quarterly Targets**

Indicator	Annual Target	Year to Date Performance	% Achievement of Annual Target	Quarterly Target	Quarterly Performance	% Achievement of Quarterly Target	Quarterly Target
MSM reached	8788	2220	25%	2197	2220	101%	Target met
MSM tested HIV	7909	2085	26%	1977	2085	105%	Target met
Positive/%		<b>46 (1%)</b>			<b>46 (1%)</b>		
TG reached	576	104	18%	144	104	72%	Target not met
TG tested HIV	518	78	15%	130	78	60%	Target not met
Positive/%		<b>2 (0%)</b>			<b>2 (0%)</b>		
FSW reached	9648	2952	31%	2412	2952	122%	Target met
FSW tested HIV	8683	2736	32%	2171	2736	126%	Target met
Positive/%		<b>9 (0%)</b>			<b>9 (0%)</b>		

## Reach and Test by Entities

Comparing the first quarter of 2022 there have been a drastic improvement in TG yield for the first quarter of 2023. Children First (CF) recorded the highest yield with 14% followed by NERHA with 9%. No other entities recorded yield for this population for the period, (table 6).

MSM reported a yield of 2% for the third consecutive quarter. This population recorded the second highest yield among all KPs. In this population, ASHE records the highest yield with 3%, which is a decrease from the previous quarter of 5%. WRHA had the second highest yield with 3% an increase from 1% the previous quarter. JASL, SERHA and SRHA records a yield 2% each, while NERHA and CF records a 1% yield. No other entity recorded any yield for this reporting period.

The FSW population had a 0% yield for the third consecutive quarter. The last yield was in quarter 2 of 2022 with 2%. Only one entity, CF recorded any yield in this key population. CF had a yield of 8% (table 6).

**Table 6: Key Population Reach, Test and Positive Disaggregated by Entity**

Entity	FSW				MSM				TG			
	Reach	Test	Positive		Reach	Test	Positive		Reach	Test	Positive	
ASHE	*	*	*	*	146	146	7	5%	1	1	0	0%
CF	307	24	2	8%	391	307	4	1%	10	7	1	14%
COF	24	24	0	0%	1	1	0	0%	*	*	*	*
JASL	618	618	3	0%	674	673	16	2%	12	12	0	0%
NCDA	46	44	0	0%	32	23	0	0%	*	*	*	*
NERHA	501	387	0	0%	148	129	1	1%	28	11	1	9%
JN+	*	*	*	*	2	0	0	*	*	*	*	*
SERHA	297	254	1	0%	158	154	3	2%	7	4	0	0%
SRHA	479	442	0	0%	311	301	5	2%	8	7	0	0%
WRHA	680	670	3	0%	357	351	10	3%	38	36	0	0%
<b>Total</b>	<b>2952</b>	<b>2463</b>	<b>9</b>	<b>0%</b>	<b>2220</b>	<b>2085</b>	<b>46</b>	<b>2%</b>	<b>104</b>	<b>78</b>	<b>2</b>	<b>3%</b>

## Reach, Test and Positive Disaggregated by Service Modality

For the first quarter in the 2023 reporting period, MSM had the second highest yield across all Key Population with all modalities of service delivery recording a yield with 2% except for Home Based, which recorded no yield for the period (*table 7*). TG recorded the highest yield for the first time in over a year; this population had no yield for any of the Modes of Service Delivery recorded for the last two quarters. In this quarter, they had a yield of 3% (*table 7*).

In addition, FSW continues to have a low yield across all service delivery modalities. They have a 0% yield for the second consecutive quarter. For FSW no Mode of Service delivery recorded any yield for the period (*table 7*). Overall, the performance for TG and MSM have improve while FSW continues to show low yields across the Service Modalities.

**Table 7: Key Population Reach, Test and Positive Disaggregated by Service Modality**

Mode of Service Delivery*	FSW			MSM			TG		
	Reach	Test	Positive/Yield	Reach	Test	Positive/Yield	Reach	Test	Positive/Yield
Home Based	34	33	0(0%)	52	51	0(0%)	15	3	0(0%)
Other	23	23	0(0%)	143	121	2(2%)	1	1	0(0%)
Site Based	2363	2150	7(0%)	1654	1550	38(2%)	71	60	2(3%)
Venue Based	532	530	2(0%)	371	363	6(2%)	17	14	0(0%)
<b>Total</b>	<b>2952</b>	<b>2736</b>	<b>9(0%)</b>	<b>2220</b>	<b>2085</b>	<b>46(2%)</b>	<b>104</b>	<b>78</b>	<b>2(3%)</b>

## Prevention Targets - Key Populations Reach, Test and Yield by Testing Strategies January to March 2023 (*Table 8*)

The yield by testing strategies have shown that VCT recorded the highest yield for the fourth consecutive quarter going back from quarter 2 in 2022. This testing strategy recorded a yield of 2% across all KP, which is a decrease from 4% the previous quarter. All other testing strategy recorded a 1% yield for the period. TG recorded the highest yield with 3%. The testing strategy with the highest yield for this population is VCT with 6% followed by Mobile with 3%. “Other” testing strategy recorded 0% yield for the period. The MSM population recorded yield for all testing strategies, with VCT recording the highest with 2%, a decrease from 5% the previous quarter. “Other” and Mobile recorded 2% each, which is an increase from 1% the previous two quarters. For the FSW population, no testing strategies recorded yield for the quarter, (*table 8*).

**Table 8: Key Population Reach, Test and Yield Disaggregated by Testing Strategies**

Testing strategy	FSW				MSM				TG			
	Reach	Test	Positive	Yield	Reach	Test	Positive	Yield	Reach	Test	Positive	Yield
Mobile	2006	1797	7	0%	966	896	15	2%	49	39	1	3%
VCT	301	298	0	0%	589	558	19	3%	19	18	1	6%
Other	622	618	2	0%	522	510	10	2%	35	20	0	0%
NA	23	23	0	0%	143	121	2	2%	1	1	0	0%
<b>Total</b>	<b>2952</b>	<b>2736</b>	<b>9</b>	<b>0%</b>	<b>2220</b>	<b>2085</b>	<b>46</b>	<b>2%</b>	<b>104</b>	<b>78</b>	<b>2</b>	<b>3%</b>

### Prevention Targets – Key Populations Who Initiated Oral Antiretroviral Prep January to March 2023

Persons who are eligible for PrEP is captured in the prevention database DHIS2 and referred to PrEP offering locations. The PrEP database is still under development with a slated completion date of April 30, 2023. After completion the database will be shared with IPs. Currently PrEP is offered *JASL, CHARES and Private Practitioners*. The RHAs are still conducting trainings of health care to commence implementation in quarter two of 2023. For this reporting period January to March 2023, JASL and CHARES reported 61 MSM initiated PrEP, which is 21% for the quarter and 4% YTD. There are currently no TG who initiated oral antiretroviral PrEP during the reporting period. The demand for PrEP is low in the TG and MSM populations despite continued social media interventions and collaborations with CSOs partners. Intervention staff at CSOs and RHAs reports that there is mass migration out of country among the populations. The PR recognizes that to increase the demand amongst the key populations communication and access to PrEP should be offered in parallel with general population. Considering this the Regional Health Authorities will commence their PrEP program in quarter two.

**Table 9: Number of MSM And TG Who Were Successfully Initiated Oral Antiretroviral Prep**

PrEP Indicator	Annual Target	YTD Performance (2023 <del>2</del> )	% Achievement Annual	Quarter Target	Quarter Performance	% Achievement Quarter
MSM Initiated	1661	61	4%	415	61	21%
TG Initiated	76	0	0%	19	0	0%

## Treatment Care and Support

For the period ending March 31, 2023, 49% of all people living with HIV (PLHIV) are on antiretroviral therapy (ART) while 89% are virologically suppressed. When compared to the prior quarters, there was an improvement in the percent of PLHIV on ART since the beginning of quarter 1 in 2022 with 43%. This was increased to 47% in quarter 2 and 3 then to 48% in quarter 4. The program continues to improve data quality, linkage to care and viral load testing to enable attainment of all targets (*table 6*).

**Table 6: Treatment Targets (ART) As At March 2023**

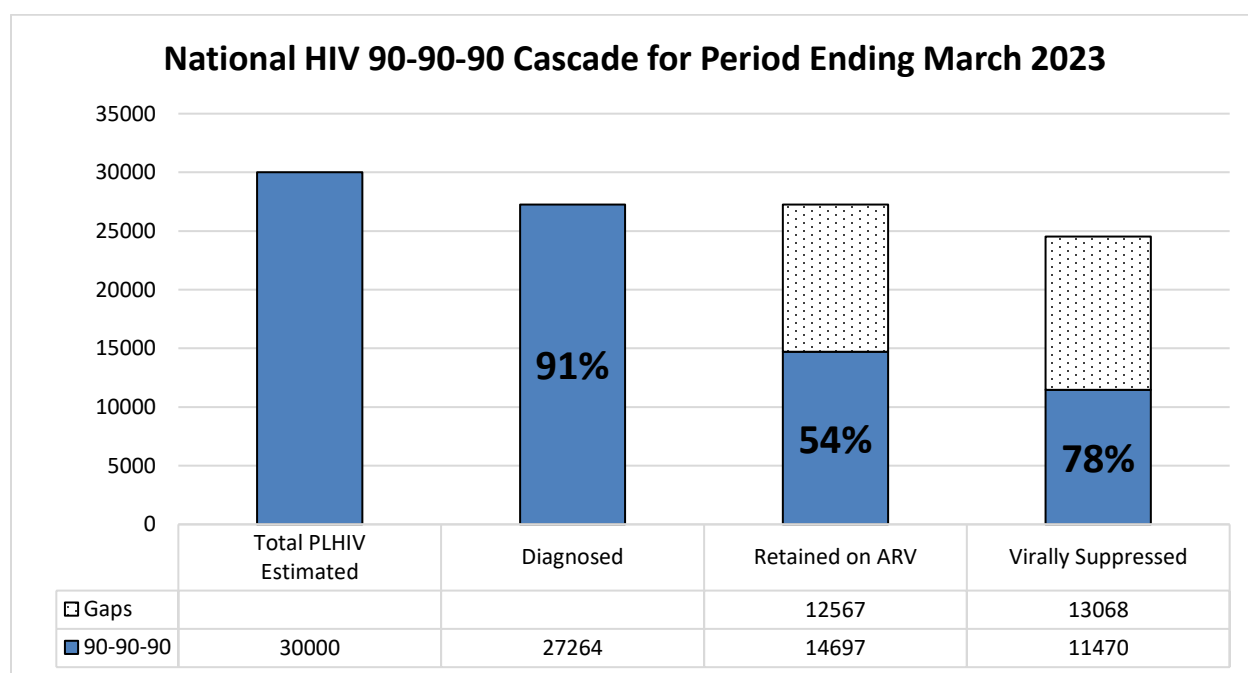
Indicator	Annual Target	Performance	% Achievement	Comment
% of people on ART among all people living with HIV at the end of the reporting period	80%	14,698/30,000	49%	<del>Target not met:</del> 49% the estimated population (30,000) living with HIV are on ART. <u>Indicator reported annually.</u>
% of people living with HIV and on ART for no less than 6 months with a valid viral load who are virologically suppressed	85%	11,202/12,593	89%	Target exceeded. <b>89%</b> of the PLHIV currently on ART for no less than 6 months with a valid viral load as of <b>March 2023</b> were virally suppressed.
% of people newly diagnosed with HIV initiated on ART	93%	292/305	96%	Proxy measure utilized for denominator of number newly diagnosed. Indicator reported annually.



## The National HIV 90-90-90 Cascade as of March 2023

Figure 1 below, displays Jamaica achievements as it relates to the 90 90 90 UNAIDS targets. The country has achieved the first 90 (91% of estimated PLHIV diagnosed). There still needs to be improvements to get to our other targets. 54% of those diagnosed are retained on ARVs and 78% of those retained on ARVs are virally suppressed. 9% of PLHIV diagnosed are not linked to care despite continued ongoing efforts with entry to care activities island wide. Retention in care continues to be the major challenge nationally and is mainly hampered by psychosocial issues, stigma and discrimination (internal and external).

**Figure 1: National HIV 90-90-90 Cascade as of March 2023**



## Grant Management: - NFM#3, YR2 (January to December 2023)

### Major Activities Under The MOHW for the Global Fund Year 2 (2023) Grant

**Table 8: Major Activities to be Implemented in the GF Year 2 Period - January to December 2023**

#	Major Activities	Overview
i.	Develop training module for HIV Drug Resistance, including for online delivery, to improve viral suppression	Procurement process retendered as selected consultant was unable to commence contract for the period in 2022. Given the delay, activity will be carried out in 2023.
ii.	Develop transition plan- paediatric to adult treatment	Consultancy completed and Transition plan developed. Training commences for healthcare workers across the regions. The transition plan manual will be printed and distributed after the training.
iii.	Consultant to cost Jamaica's sustainability plan	Plan drafted and awaiting the approved National Strategic Plan.
iv.	Develop business models and marketing plans for 3 selected CSOs	Application received after the tendering process did not meet required standard. Request for proposal to be retendered.
v.	Evaluation of Adherence Counsellor Programme	Consultant has produced the deliverables and dissemination of the new tools are currently being shared with TCS team.
vi.	Conduct exploratory research and analysis of judicial decisions in relation to gender-based violence (GBV) cases and their impact on victims of GBV that pursue justice via the courts to inform advocacy to effect legislative and justice reform	TOR being developed for review and approval. The budgeted resources in insufficient to do the consultancy. Support for additional resources to be requested from the PR in the reprogramming exercise.
vii.	Develop a covid19 action plan that guides the civil society and community-led organizations' response. - Food packages, PPE, Educational supplies	Consultancy commenced and is in advance stages. Training of CSOs partners in emergency response will commence in August 2023.
viii.	Implementation of public private partnership (PPP) for PreP implementation	Consultancy completed, training of private clinician to offer PrEP continues. 7 clinicians were trained however only 3 can offer the service due to conflict of interest implications.
ix.	Consultant - PPP for ART and PreP	Consultancy in train. 7 clinicians were trained however only 3 can offer the service due to conflict of interest implications.
x.	3 Surveys 1. Knowledge, Attitudes, Behaviour and Practice Survey 2. MSM sentinel survey - Consultant 3. CSW sentinel survey - consultant	TORs were approved by the GF. MSM sentinel survey commenced April 2023 and projected to be completed March 2024. KAPB – Consultant identified contract to be finalized by April 2023 FSW surveys Commenced March 2023 and projected to be completed December 2023.

## Financial and Procurement Management

The Global Fund year 1 (January to December 2022) audit will commence April 2023. The final audit report is due to the Global Fund on June 30, 2023. The Progress Update Disbursement Report (PUDR) was submitted to the Global Fund on March 6, 2023.

With the start of year two for the grant, quarterly budget reviews and strategic planning meetings for quarter 1 (January to March 2023) are to be conducted in quarter two of 2023. Entities received their Implementation Agreements and necessary budgetary resources in January 2023.

A reprogramming exercise is to be completed in quarter two to provide support and resources to entities in their effort to conduct implementation of outreach and treatment activities for year 2.

The PR will continue to monitor Programme implementation and make the necessary representation/submission at the time of the tabling of the supplementary estimates for 23/24.

## Implementation Plan and Risk Management

The PR will commence site visits for first quarter of 2023 to review documents and provide the necessary feedback to ensure that the SRs are complying with guidelines and implementation of internal controls.

Implementing entities have completed implementation plans for 2023 and these are being reviewed by the PR for submission to the Global Fund and The Local Funding Agency. Monthly workplan review sessions are ongoing with the lowest performing entities by the grant management team.

Implementing entities are in the process to complete risk register for 2023 implementation that will be monitored quarterly by the PR.

## The Global Fund Year 2 Budget and Expenditure by Modules: January to March 2023

**Table 9: Budget and Expenditure January to March 2023 by Modules**

<b>Modules</b>	<b>Yr 2 Budget Jan-Dec 2023</b>	<b>Cumulative Expenditure Jan-Mar 2023</b>	<b>Variance</b>	<b>Usage %</b>	<b>Comment</b>
	<b>USD</b>	<b>USD</b>	<b>USD</b>		
Reducing human rights-related barriers to HIV/TB services	432,458	96,026	336,432	22%	Commitments recorded for this module at the end of the period for USD\$109,716.00
Treatment, care, and support	1,050,022	170,446	879,576	16%	Commitments recorded for this module at the end of the period for USD\$340,823.
Prevention	1,324,375	194,462	1,129,913	15%	Commitments recorded for this module at the end of the period for USD\$392,807
Program management	974,508	200,388	774,120	21%	Consist of mainly salaries for SRs namely Children First, Ashe, Children of Faith and JASL. USD\$345,056
RSSH: Community systems strengthening	337,202	55,842	281,360	17%	Resources for this module mostly consist of Annual Review 2022. Commitments totaling USD\$101,360.00
Differentiated HIV Testing Services	632,667	66,863	565,804	11%	Commitments recorded for this module at the end of the period for USD68,110.00
RSSH: Health management information systems and M&E	439,138	39,860	399,277	9%	Implementation of activity for the module is slated for quarter 3 and 4. Commitment reflecting USD\$90,573.00
COVID-19	1,814,607	316,554	1,498,053	17%	Budget includes PR and SR activities. USD\$102,395 commitment recorded at the end of reporting period.

RSSH: Health management information systems and M&E has the lowest expenditure for the reporting period. Reducing human rights-related barriers to HIV/TB services and Program Management are the highest expenditure amongst the modules with 22% and 21% respectively. Two major challenges identified in implementing activities across the modules are procurement processes for engaging new staff and consultants and finding suitable and qualified candidates for the positions.

## Management Actions

National Strategic Plan and M&E Plan 2023-2030(due December 31, 2023).

- The M&E plan is under development, updated draft being reviewed by MOHW directorate.

## National Communication Plan 2022-2024: January to March 2023

The Global Fund approved the 2022-2024 National Communication Plan which is in its second year and 1st quarter of implementation for 2023. The plan includes activities and budgeted resources by GOJ, GF and C19RM. The plan was shared with members of the JCCM in March 2022. Budgeted allotment for 2023 USD\$126,205.21 for the main grant and USD\$764,715.55 C19RM. This total communication investment of USD\$890,920.76. Thirty (30) communication activities are scheduled to be carried out in 2023 by the Principal Recipient (MOHW and NFPB) and Sub Recipients (The Ashe Company, Jamaica AIDS Support for Life, Equality for All Foundation, Jamaica Network of Seropositive, Transwave and Children First Agency).

The communication planned activities are divided into four (4) categories, Treatment- PrEP, Retention in care, Adherence to ART, Prevention-HIV testing, condom promotion and contraceptives, Stigma, Discrimination and Human Rights and COVID-19. Implementation nationally will be done across various platforms namely:

- Social Media (Internet-Facebook, Instagram, Twitter, Google ads, live sessions)
- SMS/test messages
- Television and radio advertisement
- Mobile outdoor advertising
- Infographics
- IEC material (brochures, fliers, posters)
- Video boards
- Billboards

Communication activities for Q1 (January to March 2023), was centered on PrEP and HIV Self-Testing to increase awareness and their demands. Advertisements were placed on social media and local television stations. Advertisement geared at PLHIV who are lost to follow up were also placed on TV and Radio in line with HIV Treatment, Care and Support Lost to follow up activities.

## National Living Support Plan 2022-2024: January to March 2023

Living support interventions and activities are geared towards addressing the socio-economic barriers to HIV prevention, treatment, and care services. A National Living Support Plan was developed by the PR for the GF project during 2022-2024 grant period and was approved by the GF in 2022. Living support has been a critical part of national HIV response and is in sync with the Drafted National Strategic Plan 2023-2030. The living support programme was designed around five categories: Social Inclusion Support, Educational Grants, Travel Stipend, Income Generating Grants, Food Vouchers, Food and Hygiene Care Packages. Budgeted allotments for

2023 are USD\$277,918.49 under the main grant and USD\$48,673.87 on C19RM. Therefore, the total investment is reflecting USD\$326,592.36. Furthermore, the total expenditure for living support activities is USD\$53,992.91 for the main grant and USD\$4,776.68 for C19RM resulting a burn rate of 19% and 10% respectively.

## **Resilient and Sustainable Systems for Health**

### **1. Percentage of districts that produce periodic analytical report(s) as per nationally agreed plan and reporting format during the reporting period**

- Annual Target: 4

RHAs are required to submit quarterly analytical reports to the PR in line with the performance framework. The report is due the 6th Friday after the quarter has ended. Base on the timeline of this report the RHAs quarterly is not yet due for submitting for the reporting period. Achievements will be shared in upcoming CCM reports.

### **2. Percentage of community based monitoring reports presented to relevant oversight mechanisms**

- Annual Target: 6 – Quarterly, JN+; Half yearly, EFAF

## **Community Led Monitoring Report**

### **JAMAICA ANTI-DISCRIMINATION SYSTEM FOR HIV (JADS)**

Twenty-five (25) case submissions for redress were received during Q1, with twenty (20) cases reported by females, and five (5) from males. The community continues to be the predominant setting for cases of S&D, accounting for 76% of all cases reported, which further underscores the importance of community-centered sensitization and interventions. The remaining cases were distributed across government hospitals, government clinics, and private hospital, with 12%, 8%, and 4% respectively.

The nature of the breaches recorded are noted as being incidents of mistreatment/violence resulting in physical and/or verbal abuse (64%), breach of confidentiality (32%), and unfair treatment (4%). Of the cases reported, fourteen (14) are closed, primarily stemming from the request of complainants who fear further involuntary disclosure, or other negative repercussions.

Through the recommendations/actions of the Case Review Panel, the following actions were taken/results achieved: warning letter (10), filing of report (7), Letter to Chief Justice (1), community intervention (1), legal action (1), psychosocial assistance (1), staff training (1), police referral (1), mystery shopping (1), and other forms of redress (1). In addition, six (6) cases are now being investigated by redress partner, Jamaicans for Justice (JFJ).

## **Community Treatment Observatory (CTO)**

JN+ who leads charge with CTO is seeking to scale up activities for 2023. Considering these fifteen (15) data collectors and three (3) data validators were engaged and trained, ~~the~~ the first round of data collection is scheduled to begin in the first part of Q2. The application for Ethical Approval is currently pending approval by the Medico-Legal Board of the Ministry of Health & Wellness, which will result in a signed agreement between JN+ and MOHW. This approval will provide approval for the national roll-out of the CTO.

## **Mystery Shopping Report**

The mystery shopping report is a comprehensive report of the experiences of the mystery shoppers with recommendations on how to improve services at treatment facilities across the island. The activity is led by Equality for All Foundation (EFAF) who select key population members and train them to undertake a mystery shopping assessment to evaluate the extent to which healthcare workers provide non-discriminatory and responsive services to key and vulnerable populations that are living with and most affected by HIV. The first mystery shopping report for 2023 is due for presentation at the end of Q2.

## **Appendix 1: Sub-Recipients and their Implementing Stakeholders**

<b>Sub-Recipient (SR)</b>	<b>Sub sub-recipients (SSR)</b>	<b>Implementing Partners (IP)</b>
Jamaica AIDS Support for Life (JASL)	Jamaican Network for Seropositives (JN+) Eve For Life (EFL) Jamaica Community of Positive Women (JCW+)	NA
ASHE Company	NA	NA
Children First	NA	Hope Worldwide

### **PR and its Implementing Stakeholders**

<b>Principal-Recipient (PR)</b>	<b>Government Entities</b>	<b>Implementing</b>	<b>Other Implementing Entities</b>
Ministry of Health	Western Regional Health Authority (WRHA) North East Regional Health Authority (NERHA) Southern Regional Health Authority (SRHA) South East Regional Health Authority (SERHA) Ministry of Health and Wellness/National Council on Drug Abuse (MoHW/NCDA)		Children of Faith Equality For All Foundation (EFAF) Transwave Jamaican For Justice (JFJ) Larry Chang Centre
	Ministry of Health and Wellness/HIV/STI/Tb Unit Ministry of Health and Wellness/National Family Planning Board (MoHW/NFPB)		Entities collaborating with MoHW/NFPB Jamaica Council of Churches (JCC), Ministry of Labour and Social Security (MLSS).



## **Appendix 2: Prevention Service Delivery**

<b><u>Service Delivery Modality</u></b>	<b><u>Testing Services</u></b>
<ul style="list-style-type: none"> <li>• Home Based Intervention               <ul style="list-style-type: none"> <li>○ Private Residence (9)</li> </ul> </li> <li>• Site Based Intervention               <ul style="list-style-type: none"> <li>○ Outdoor hangout (1)</li> <li>○ Bar (2)</li> <li>○ Night Club (3)</li> <li>○ Exotic Club (4)</li> <li>○ Massage Parlour (5)</li> <li>○ Hotel/Motel/Guest House (6)</li> <li>○ Indoor hangout (13)</li> </ul> </li> <li>• Venue Based Intervention               <ul style="list-style-type: none"> <li>○ Outdoor Event (7)</li> <li>○ Indoor Event (12)</li> <li>○ Workplace (14)</li> <li>○ NGO/CSO/FBO (8)</li> <li>○ Health Centre/Hospital (10)</li> </ul> </li> <li>• Other               <ul style="list-style-type: none"> <li>○ Mall (11)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Mobile               <ul style="list-style-type: none"> <li>○ Outdoor hangout (1)</li> <li>○ Bar (2)</li> <li>○ Night Club (3)</li> <li>○ Exotic Club (4)</li> <li>○ Massage Parlour (5)</li> <li>○ Hotel/Motel/Guest House (6)</li> <li>○ Indoor hangout (13)</li> </ul> </li> <li>• VCT Centre               <ul style="list-style-type: none"> <li>○ NGO/CSO/FBO (8)</li> <li>○ Health Centre/Hospital (10)</li> </ul> </li> <li>• Other –               <ul style="list-style-type: none"> <li>○ Outdoor Event (7)</li> <li>○ Indoor Event (12)</li> <li>○ Private Residence (9)</li> <li>○ Workplace (14)</li> </ul> </li> </ul>

Source: PEPFAR MER Guidance

## **Appendix 3: List of Consultancies for Year 1-3**

1. Develop training module for HIV Drug Resistance, including for online delivery, so as to improve viral suppression - *(Year 1 Activity)*
2. Develop transition plan- paediatric to adult treatment *(Year 1 Activity)*
3. Implementation of public private partnership (PPP) for PreP implementation *(Year 1 Activity)*
4. Consultant - PPP for ART and PreP - *(Year 1 Activity)*
5. Evaluation of Adherence Counsellor Programme *((Year 1 Activity)*
6. 3 Surveys: Knowledge, Attitudes, Behaviour and Practice Survey, MSM sentinel survey – Consultants CSW sentinel survey - consultant *(Year 2 Activity)*
7. Develop business models and marketing plans for 3 selected CSOs *(Year 1 Activity)*
8. Consultant to cost Jamaica's sustainability plan *(Year 1 Activity)*
9. Conduct exploratory research and analysis of judicial decisions in relation to gender-based violence (GBV) cases and their impact on victims of GBV that pursue justice via the courts so as to inform advocacy to effect legislative and justice reform *(Year 1 Activity)*

#### **Appendix 4: List of Acronyms**

ALHIV	Adolescents Living with HIV
ART	Antiretroviral Therapy
Ashe	The Ashe Company
CF	Children First
COVID-19	Corona Virus and Decease 2019
CSO	Civil Society Organisation
EPOC	Enhanced Packages of Care
FBO	Faith Base Organisation
FSW	Female Sex Worker
GF	Global Fund
HIV	Human Immunodeficiency Virus
HSTU	HIV/STI/Tb Unit
IGG	Income Generating Grant
JASL	Jamaica AIDS Support for Life
JCC	Jamaica Council of Churches
KP	Key Population
LFA	Local Funding Agency
LSCTP	Living Support for Clients and target Population
MDA	Ministries, Departments and Agencies
MLSS	Ministry of Labour and Social Security
MOHW	Ministry of Health and Wellness
MSM	Men sleep with men
NCDA	National Council on Drug Abuse
NERHA	North East Regional Health Authority
NFM	New Funding Mechanism
NFPB	National Family Planning Board
NGO	Non-Government Organisation
PLHIV	People Living With HIV
PreP	Pre-exposure Prophylaxis
PUDR	Progress Update Disbursement Report
RHA	Regional Health Authority
SERHA	South East Regional Health Authority
SRHA	Southern Regional Health Authority
TG	Transgender
VCT	Voluntary Counselling Testing
VL	Viral Load
WRHA	Western Regional Health Authority

○ **Major activities to be tracked:**

Management actions	Action required	Responsible Entity	Status as of March 2023
The National Strategic Plan 2020-2025: Final document to be submitted by 15th December 2019, including the national M&E plan, the sustainability strategy, and other elements as per the statement provided by the country in the TRP response.	Final NSP 2020-2025 to be submitted by 15th December 2019	HSTU	In progress. Updated draft being reviewed by MOHW directorate.
The IBBS 2021: Protocol for the IBBS 2021 to be submitted for Global Fund review by 31st December 2024.	Protocol for the IBBS 2021 to be submitted by 31st December 2024	HSTU	MSM sentinel survey started. Consultant engaged; protocol being completed for ethical approval.  KAPB and FSW surveys – Started. Consultant engaged; protocol being completed for ethical approval. Training for data collectors slated for July 2023.
"Know your Rights" campaigns	Campaigns developed to support self-advocacy by KP, stigma reduction in healthcare settings and related access to care. The PR shows proof of Campaign placed on social/mass media and IEC materials disseminated/dissemination by December 31, 2023	NFPB	(Started) The overarching campaign strategy document is being amended with feedbacks received from stakeholders. The final draft of the campaign strategy is to be submitted for the NFPB approval by June 2023. Once approved the strategies will advance to implementation by the various Implementing Partners.

Management actions	Action required	Responsible Entity	Status as of March 2023
<p>Develop and implement community-based advocacy plans for the enactment/enforcement of new/relevant laws, policies and protocols to reduce S&amp;D and increase uptake of prevention and treatment services</p>	<p>Advocacy plans for the improvement, development and implementation of HIV-related policies and laws developed and implemented by December 31, 2024</p>	<p>JASL</p>	<p>(Started) The activity is being led by the Civil Society Forum. A consultant was engaged in April 2023 to revise and update advocacy plan by July 2023. Once final advocacy plan submitted, strategies will be implemented accordingly.</p>
<p>Expand strategic partnerships with other MDAs and CSOs to deliver integrated services to victims/ survivors of GBV, that include access to shelters, medical attention, clinical, psychological and legal support, and social assistance programmes.</p>	<p>Integrated services delivered to victims/survivors of GBV through collaboration with MDAs and CSOs to develop and validate a plan of action for the delivery of integrated services to victims/survivors of GBV. Action plan completed by December 2023.</p>	<p>NFPB</p>	<p>Started) Collaboration with MDAs and CSOs initiated to develop and validate a plan of action for the delivery of integrated services to victims/survivors of GBV. The NFBP EEHR Unit has been working with the Bureau of Gender Affairs (BGA) which is the national coordinating arm on matters related to GBV. Under the spotlight Initiative the following document were drafted: 1. Intersectoral and interagency referral 2. Protocol and standard operating procedure (SOP) for continuum care for survivors of GBV. While there are collaborations with the BGA and other stakeholders the PR recognizes the need to develop its own action plan to address GBV with a focus on health.</p>

Management actions	Action required	Responsible Entity	Status as of March 2023
			Reprogramming is being pursued to facilitate the development and implementation of this Action Plan by December 2023.