

**MINISTRY OF HEALTH AND WELLNESS:
PRINCIPAL RECIPIENT PROGRESS REPORT 2023: 2nd QUARTER**

The Global Fund Reporting Period: April to June 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)

Project #		JAM-H-MOH-2753			
Implementing Organization		Ministry of Health & Wellness			
Project Title		NFM Implementation #3			
Project Implementing Year		January – December 2023 (Year 2)			
Reporting Period		April – June 2023			
Exchange Rate		J\$147.423 to US\$1			
Implementing Agencies	Year 2 Budget	Expenditure to June 2023	Variance	Commitments	% Usage
MOHW & IEs	1,858,495.00	689,449.00	1,169,046.00	486,502.51	37
JASL & SSRs	1,547,284	728,986	818,297	410,107.70	47
ASHE	422,987.00	160,803.00	262,183.00	117,747.24	38
CF	543,927.00	217,905.00	326,022.00	103,146.45	40
GRAND TOTAL	4,372,692	1,797,143.00	2,575,549.00	1,117,504.00	41

Table 2: Global Fund Original Year 2 Budget and Expenditure for Q2 (January – June 2023)

Project #		JAM-H-MOH-2753			
Implementing Organization		Ministry of Health & Wellness			
Project Title		NFM Implementation #3			
Project Implementing Year		January – December 2023 (Year 2)			
Reporting Period		April – June 2023			
Exchange Rate		J\$147.423 to US\$1			
Implementing Agencies	Jan-Jun Budget	Cumulative Quarterly Expenditure to June 2023	Variance	Commitments	% Usage
MOHW & IEs	970,087.00	689,449.00	280,638.00	241,413	71
JASL & SSRs	804,812.00	728,986.00	75,825.00	0.00	91
ASHE	206,209.00	160,803.00	45,406.00	0.00	78
CF	288,333.00	217,905.00	70,428.00	0.00	76
GRAND TOTAL	2,269,441.00`	1,797,143.00	472,298.00	241,413.00	79

The total budget for quarter two is USD\$2,269,441. At the end of June 2023, a total of USD\$1,797,143 (79%) was expended by the implementing agencies. JASL and its SSRs had the highest expenditure rate of 91% and lowest was MOHW with 71% as at June 2023.

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

C19RM - 2023					
Project #		JAM-H-MOH-2753			
Implementing Organization		Ministry of Health & Wellness			
Project Title		NFM Implementation #3			
Project Implementing Year		January – December 2023 (Year 2)			
Reporting Period		April – June 2023			
Exchange Rate		J\$147.423 to US\$1			
Implementing Agencies	Year 2 Budget	Expenditure to June 2023	Variance	Commitments	% Usage
MOHW & IEs	2,265,722.00	494,964.00	1,770,758.00	562,298.00	22
ASHE	59,567.00	11,286.00	48,281.00	145,098.00	19
JASL & SSRs	145,029.00	21,576.00	123,453.00	410,108.00	15
GRAND TOTAL	2,470,318.00	527,826.00	1,942,492.00	1,117,504.00	21

The total budget is US\$2,470,318.00 for the year 2 implementation period. As at June 2023, US\$527,826.00 (21%) expended. The highest expenditure and burn rate is MOHW & IEs at 22% followed by Ashe at 19% and JASL and its SSRs with the lowest at 15%.

Table 4: Global Fund C-19RM Year 2 Budget and Expenditure for Q2 (January – June 2023)

C19RM – 2023					
Project #		JAM-H-MOH-2753			
Implementing Organization		Ministry of Health & Wellness			
Project Title		NFM Implementation #3			
Project Implementing Year		January – December 2023 (Year 2)			
Reporting Period		April – June 2023			
Exchange Rate		J\$147.423 to US\$1			
Implementing Agencies	Jan-Jun Budget	Expenditure to June 2023	Variance	Commitments	% Usage
MOHW & IEs	947,864.00	494,964.00	452,900.00	65,566.00	52
ASHE	42,493.00	11,286.00	31,206.00	0.00	27
JASL & SSRs	112,049.00	21,576.00	90,474.00	0.00	19
GRAND TOTAL	1,102,405.00	527,826.00	574,579.00	65,566.00	48

The total budget for quarter two is USD\$1,102,405.00 for all implementing agencies. At the end of quarter two, the MOHW and IEs reported burn rate of 52% followed by Ashe at 27% and JASL and SSRs with 19%.

PERFORMANCE MEASURES

Prevention Targets - Key Populations Reached and Tested April to June 2023 (Table 5)

June 2023 marks the end of the 2nd quarter for this Global Fund (GF) reporting period. In this period (April to June), the country did not achieve any of its reach and test targets for any of the reported key populations (FSW, TG, MSM). The performance for this quarter is below what is expected of the entities as the first quarter exceeded expectations with four of six targets exceeding. Comparing this quarter's performance to quarter 2 of 2022, the performance last year had both transgender (TG) and female sex worker (FSW) exceeding their quarterly targets for reach and test. This quarter's performance would signify a regression in results coming from quarter 1 in 2023. Based on past performance and what is expected of the prevention program, these results warrant action. The performance for the period shows that FSW achieved the highest percentage of the targets for both reach and test with 89% reach and 90% tested. Men who have sex with men (MSM) achieved 75% of the quarterly target for reach and 79% of the target for test. The TG population continues to have the lowest performance with only 43% of the reach target and 44% of the test target achieved. This performance is way below last quarter's performance of 72% reach and 60% tested. Of note, the TG population had exceeded its targets for both reach and test in quarter 4 in 2022 so this is a drop in performance for this quarter.

The national HIV response is a results-based programme, the strategies implemented this year have not provided enough evidence to show that the country will meet all its reach and test targets. Across a six (6) month period, the country has only met 48% of MSM reached target, 30% of the TG reach target and 54% of the FSW reach target. Tested targets across this same period, also lag behind but is a bit more acceptable with MSM 51%, FSW 56% and TG with a low of 28%. Following this trend only FSW is on track to meet the annual target. It is our understanding that the prevention program is currently undergoing restructuring and this has had an impact on the strategic efforts on the ground. The attrition rate continues to have an impact on performance and challenges such as crime and violence, stigma and discrimination among others are still apart of the Jamaican context. However, in order to meet the KPs in a safe space while providing them with the services they require, the program will have to address these difficulties in a strategic manner while also retaining and increasing their staffing capabilities. See Table 5 below:

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	Cumulative Target
MSM reached	8788	4227	48%	2197	1641	75%	Target not met
MSM tested HIV	7909	4021	51%	1977	1562	79%	Target met
Positive/%		86 (2%)			33 (2%)		
TG reached	576	171	30%	144	62	43%	Target not met
TG tested HIV	518	145	28%	130	57	44%	Target not met
Positive/%		6 (4%)			4 (7%)		
FSW reached	9648	5236	54%	2412	2149	89%	Target met
FSW tested HIV	8683	4858	56%	2171	1954	90%	Target met

Positive/%		22 (0%)			12 (1%)		
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Reach and Test by Entities

The TG population recorded the highest yield for the second consecutive quarter as the yield across all entities have improved from quarter 1. In this population, ASHE had the highest yield with 50%, followed by North East Regional Health Authority (NERHA) and South East Regional Health Authority (SERHA) with 13% and Western Regional Health Authority (WRHA) with 3%. All other entities recorded no yield for the period, (Table 6).

MSM reported a yield of 2% for the fourth consecutive quarter. This population recorded the second highest yield among all KPs. In this population, Children First (CF) recorded the highest yield with 8%, which is an increase from the previous quarter of 3%. SERHA had the second highest yield with 4%, a 2% increase from the previous quarter. ASHE had the third highest yield with 3% a 2% decrease from 5% the previous quarter. WRHA had a 2% yield up from 0% and JASL had a 1% yield down from 2%. No other entity recorded any yield for this reporting period.

The FSW population had a 1% yield. This is the first instance of a positive yield from this population across a 12-month period. The last yield was in quarter 2 of 2022 with 2%. Four (4) entities recorded a yield of 1% in this population. They are CF, SERHA, Southern Regional Health Authority (SRHA) AND WRHA, (Table 2). In the previous quarter only one entity, CF recorded a positive result with a yield of 8%.

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	*	*	*	*	303	303	9	3%	2	2	1	50%
CF	256	256	2	1%	116	104	8	8%	4	4	0	0%
COF	9	9	0	0%	*	*	*	*	0	0	0	*
JASL	394	394	1	0%	477	477	6	1%	4	4	0	0%
NCDA	24	12	0	0%	56	55	0	0%	0	0	0	*
NERHA	416	302	1	0%	118	84	0	0%	10	8	1	13%
SERHA	356	321	3	1%	156	139	6	4%	9	8	1	13%
SRHA	325	295	3	1%	224	220	1	0%	2	2	0	0%
WRHA	369	365	2	1%	191	180	3	2%	31	29	1	3%
Total	2149	1954	12	1%	1641	1562	33	2%	62	57	4	7%

Reach, Test and positive disaggregated by service modality

For the 2nd quarter in the 2023 reporting period, MSM continues to have the second highest yield across all Key population. For this KP all modality of service delivery recorded a yield except for Home Based, which recorded no yield for the period. This is the second quarter in a row in which Home Based did not record any yield (Table 7). TG recorded the highest yield for the second time this year. Only Site Based mode of service delivery recorded any yield with 13%.

FSW continues to have a low yield across all service delivery modalities. They have a 0% yield for the third consecutive quarter. Only “Other” with 7% and Site Based with 1% recorded yield for the period, (Table 7). Overall, the yield across entities has increased compared to the previous quarter.

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	18	18	0(0%)	55	52	0(0%)	0	0	0(0%)
Other	17	15	1(7%)	19	18	1(6%)	1	0	0(0%)
Site Based	1745	1565	10(1%)	1289	1238	27(2%)	33	32	4(13%)
Venue Based	369	356	1(0%)	278	254	5(2%)	28	25	0(0%)
Total	2149	1954	12(1%)	1641	1562	33(2%)	62	57	4(7%)

Prevention Targets - Key Populations Reach, Test and Yield by Testing Strategies April to June 2023 (Table 4)

The yield by testing strategies have shown that VCT recorded the highest yield for the fifth consecutive quarter going back from quarter 2 in 2022. This testing strategy recorded a yield of 3% across all KP, which is an increase from 2% the previous quarter. All other testing strategies recorded a 1% yield for the period. TG recorded the highest yield with 7%. The testing strategy with the highest yield for this population is VCT with 22% followed by Mobile with 11%. “Other” testing strategy recorded 0% yield for the period. The MSM population recorded yield for all testing strategies, with VCT recording the highest with 3%, an increase from 2% the previous quarter. “Other” recorded 2% while Mobile recorded 1% a decrease from 2% the previous quarter. For the FSW population, both Mobile and VCT recorded a 1% yield for the quarter. Both MSM and FSW recorded one (1) positive result from a testing strategy that is not available, (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	1483	1313	7	1%	648	608	7	1%	20	19	2	11%
VCT	235	225	3	1%	611	603	19	3%	9	9	2	22%
Other	414	401	1	0%	363	333	6	2%	32	29	0	0%
NA	17	15	1	7%	19	18	1	6%	1	0	0	0%
Total	2149	1954	12	1%	1641	1562	33	2%	62	57	4	7%

Prevention Targets – Key Populations Who Initiated Oral Antiretroviral Prep April to June 2023

The Pre-Exposure Prophylaxis (PrEP) targets remain a major challenge for all entities. Persons who are eligible for PrEP are captured in the prevention database DHIS2 and referred to PrEP offering locations. During Q2, 15 public sites and 7 private sites were available to increase access points aligned with demand creation. The PrEP database is now developed and its testing phase to come on stream in Q3. The database will be shared with all implementing partners with monitored authorized access. For this reporting period

April to June 2023, Jamaica AIDS Support for Life (JASL) and Centre HIV /AIDS Research Education Services (CHARES) reported 61 MSM initiated PrEP, which is 15% of the quarter and 7% YTD (Table 9). No TG were initiated on 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 Civil Society Organizations (CSOs) partners. Intervention staff at CSOs and Regional Health Authority (RHA) report 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, a National PrEP Communication Plan was developed by the National Family Planning Board to commence implementation in Q3.

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

PrEP Indicator	Annual Target	YTD Performance (2022)	% Achievement Annual	Quarter Target	Quarter Performance	% Achievement Quarter
MSM Initiated	1661	122	7%	415	61	15%
TG Initiated	76	data not available	-	19	data not available	-

Treatment Care and Support

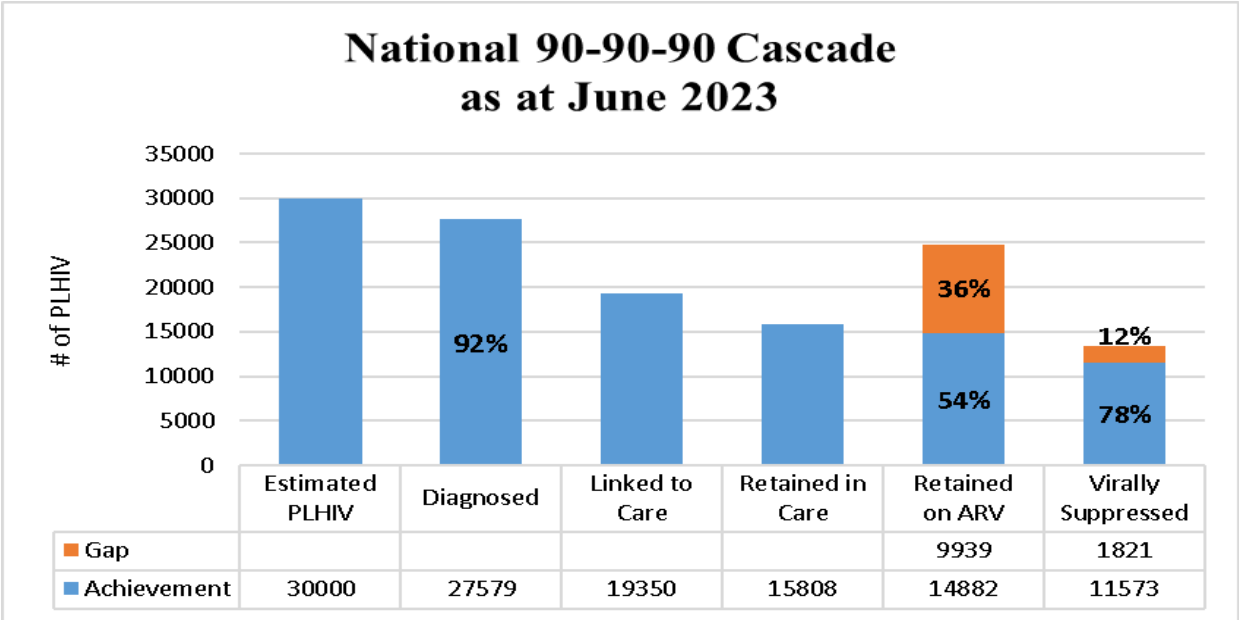
For the period ending June 31, 2023, 50% of all people living with HIV (PLHIV) are on antiretroviral therapy (ART) while 89% are virologically suppressed. When compared to the prior quarters, there was an improvement in the percent of PLHIV on ART since the beginning of quarter 1 in 2022 with 43%. This was increased to 47% in quarter 2 and 3 then to 48% in quarter 4. Quarter 1 had 49% of PLHIV on ARV, which was increased to 50% this quarter. The program continues to improve data quality, linkage to care and viral load testing to enable attainment of all targets, (Table 10).

Table 10: Treatment targets (ART) as at June 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%	14,882/30,000	50%	Target not met. 50% of the estimated population (30,000) living with HIV are on ART. Indicator reported annually.
% of people living with HIV and on ART for no less than 6 months with a valid viral load test who are virologically suppressed (<1000 copies/ml)	85%	11,382/12,818	89%	Target surpassed. 89% of the PLHIV on ART for no less than 6 months with a valid viral load test as at June 2023 were virally suppressed.

% of people newly diagnosed with HIV initiated on ART	95%	566/583	97%	Target surpassed. Proxy measure used for denominator of newly diagnosed. Indicator reported annually.
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Figure 1: 90 90 90 Cascade as of June 2023



As can be seen in Figure 1, Jamaica has achieved the first 90. Even though the percentage remains the same across the cascade our suppression figure continues to grow, which signifies that more persons are being retained on ART and being suppressed. Nonetheless, there still needs to be improvements to get to our other targets.

Major Activities Under the Global Fund Year 2 (2023) Grant

Table 11: 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- pediatric 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. Consultancy to be done in year 3
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 the advanced stages. Training of CSOs partners in emergency response will commence in August 2023.
viii.	Implementation of public private partnership (PPP) for PrEP implementation	Consultancy ongoing, 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. These are being resolved.
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. These are being resolved.
x.	3 Surveys 1. Knowledge, Attitudes, Behavior 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; proposal was submitted to MOHW ethics for review. FSW surveys Commenced March 2023 and projected to be completed December 2023. Proposal was submitted to MOHW ethics for review
xi.	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.

xii.	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.
xiii.	Consultant to cost Jamaica's sustainability plan	Plan drafted and awaiting the approved National Strategic Plan.
xiv.	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.
xv.	Evaluation of Adherence Counsellor Programme	Consultant has produced the deliverables and dissemination of the new tools are currently being shared with TCS team.
xvi.	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.
xvii.	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 the advanced stages. Training of CSOs partners in emergency response will commence in August 2023.
xviii.	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.
xix.	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.
xx.	3 Surveys 4. Knowledge, Attitudes, Behaviour and Practice Survey 5. MSM sentinel survey - Consultant 6. 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) completed. The final audit report was sent to the Global Fund on June 30, 2023.

Entities received their Implementation Agreements and necessary budgetary resources in January 2023. With the start of year two for the grant, quarterly budget reviews and strategic planning meetings for quarter 2 (April to June 2023) are to be conducted in quarter three of 2023.

A reprogramming exercise completed and submitted to the GF and LTA teams in quarter two. The PR awaits feedback for approval of the requests for main grant and C19RM. The GF notify the PR that the C19RM grant is now aligned with the implementation period of the main grant.

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 the second 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 monitored monthly and quarterly by the PR. In addition, monthly workplan review sessions are ongoing with the lowest performing entities by the grant management team.

Implementing entities completed risk register for 2023 implementation period. The implementation of activities has been affected by 5 risks (Human resources, technical, financial, procurement and others) as the most frequently occurring on the entities risk registers. The risks require various mitigation and control mechanisms for prevention and elimination that will lessen the negative impact on the National Response. The PR has identified staff morale, planning and development and asset management as strategic risk. However, these were not listed on the risk registers by the partners. In some cases, additional resources documented as necessary to implement the relevant actions or mitigate risks by the PR. Also, it is important to note that there are no direct legal implications arising from the analysis and comparison of the risk registers. Following the analysis of the risk categories and mitigation efforts, the PR noted that majority of the highlighted risk level of control remains adequate. The PR continues to monitor and manage each register quarterly.

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

Table 12: Budget and Expenditure January to March 2023 by Modules

Modules	Yr 2 Budget Jan-Dec 2023 USD	Cumulative Expenditure Jan-Jun 2023 USD	Variance USD	Usage %	Comment
Reducing human rights-related barriers to HIV/TB services	430,177	194,106	236,071	45%	Commitments recorded for this module at the end of the period for USD\$116,740.00
Treatment, care, and support	943,452	400,822	542,630	42%	Commitments recorded for this module at the end of the period for USD\$225,648.00.
Prevention	1,107,643	415,724	691,919	38%	Commitments recorded for this module at the end of the period for USD\$250,509.00
Program management	836,552	391,557	444,995	47%	Consist of mainly salaries for SRs namely Children First, Ashe, Children of Faith and JASL. Commitment for all implementing partners is USD\$262,888.00
RSSH: Community systems strengthening	302,251	130,499	171,752	43%	Resources for this module mostly consist of Annual Review 2023. Commitments totaling USD\$81,317.00
Differentiated HIV Testing Services	533,038	161,212	371,826	30%	Commitments recorded for this module at the end of the period for USD\$13,621.00
RSSH: Health management information systems and M&E	219,579	103,222	116,357	47%	Implementation of some activities for the module is slated for quarter 3 and 4. Commitment reflecting USD\$166,781.00
COVID-19	2,470,318	527,826	1,942,492	21%	Budget includes PR and SR activities. USD\$133,565.00 commitment recorded at the end of reporting period.

Differentiated HIV Testing Services and COVID-19 have the lowest expenditure for the reporting period. RSSH: Health management information systems and M&E and Program Management are the highest expenditure amongst the modules with 47%. Two major challenges identified in implementing activities across the modules are procurement processes for engaging new staff, consultants and finding suitable and qualified candidates for the positions.

National Communication Plan 2022-2024: January to June 2023

The Global Fund approved the 2022-2024 National Communication Plan which is in its second year and 2nd 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- Retention in care, Adherence to ART and PrEP; 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

June 30, 2023, marks the end of Q2 in for the GF grant year 2, most slated activities are in-train while others are pending or shifted to upcoming quarters. The Grants Management team works closely with all entities to ensure that all activities are conducted based on specification and timeline. Potential risk factors are discussed with implementing entities as to mitigate before they arise. Activities conducted were around PrEP and HIV self-testing to increase awareness and demand. The PR communication team conducted party intervention at Jamaica Carnival on PrEP. A PrEP Communication Plan was developed to commence implementation in Q3. IEC material for social media is being developed by EFAF to be shared with other CSOs for posting on their social media pages on the various platforms. HIV self-testing advertisements were placed on TV and Radio in prime-time slots to maximize reach. A HIVST communication Plan was developed and is to be implemented in Q3. Advertisements geared at PLHIV who are lost to follow were placed on TV and Radio. Activities around HIV stigma and discrimination were mainly delayed, while legal literacy activities were on track.

National Living Support Plan 2022-2024: January to June 2023

The National 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.

Living support activities with the highest performance year to date were mainly, care packages for homeless PLHIV, TG and MSM. As well as nutritional support for PLHIV and ALHIV. Activities focused on skill building and IGG had low performance and presents with the similar challenges experienced in 2022. Activities related to educational supplies and job readiness were not executed. IPs such as NCDA, COF, JASL, and CFA have been carrying out their activates in accordance with their implementation plan. In contras some Class C entities (Transwave, EFAF and the Larry Chang Foundation) are having challenges implementing some activates.

The budgeted allotments for 2023 are USD\$277,918.49 under the main grant and USD\$48,673.87 for C19RM. The two grants amount to a total investment of USD\$326,592.36. As at June 30, 2023, total expenditure was USD\$118,662.69 reflecting an overall burn rate of 58%.

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: 3

RHAs are required to submit quarterly analytical reports to the PR in line with the performance framework. The report is due the 20th working day after the quarter has ended. 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)

Nineteen (19) case submissions for redress were received during Q2, with twenty (20) cases reported by females, and five (5) from males. Like Q1, the community setting continues to be the predominant setting for cases of S&D, accounting for 80% of all cases reported, which continues to underscore the importance of community-based interventions and the prevalence of S&D in non-institutional settings. The remaining cases were distributed across government hospitals, educational institutions, and social media, with 5%, 10%, and 5% respectively.

The nature of the breaches recorded are noted as being incidences of mistreatment/violence resulting in verbal abuse (48%), physical assault (12%), and breach of confidentiality (40%). The cases presented are consistent with those reported in quarter 1, where verbal abuse and breach of confidentiality represent higher human rights infractions. Of the cases reported, four (4) are closed, stemming from the request of complainants who fear further involuntary disclosure, or other negative repercussions.

Through the recommendations or actions by the Case Review Panel, the following actions were taken: two (2) communities highlighted for sensitization, eight (8) warning letters, while the remaining cases require addition information from complainants to proceed with the likely next step recommendations. Notwithstanding, nine (9) cases are now being investigated by redress partner, Jamaicans for Justice (JFJ), and one (1) has been referred to the Ministry of Education.

Community Treatment Observatory (CTO)

The application for Ethical Approval is currently pending approval by the Medico-Legal Board of the Ministry of Health & Wellness but has witnessed delays in the tabling of the application. Once approved, this will result in a signed agreement between JN+ and MOHW to allow for the execution of the project across eleven (11) treatment sites within the four (4) health regions surveying PLHIV and treatment sites on issues affecting retention.

In the interim, the Project Team continues to strategize and negotiate challenges posed by the shifting timelines for approval. As such, considerations are being given to adjusting the scope of the project in keeping with the current constraints.

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 public health facilities across the island. The activity is led by Equality for All Foundation (EFAF) who select key population members and train them to undertake 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 but has been delayed to Q3.

Appendix 1: Sub-Recipients and their Implementing Stakeholders

Sub-Recipient (SR)	Sub sub-recipients (SSR)	Implementing Partners (IP)
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

Principal-Recipient (PR)	Government Implementing Entities	Other Implementing Entities
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

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

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	Coronavirus Disease 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 June 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 2023 - 2030 to be submitted by 31 December 2023	HSTU	In progress. M&E Plan and Costing in Progress.
IBBS Surveys to be completed	Submit to the GF by 31st December 2024	HSTU	MSM sentinel survey started. Consultant engaged; protocol being completed for ethical approval. 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.
Develop and implement community-based advocacy plans for the enactment/ enforcement of new/relevant laws, policies and protocols to reduce S&D and increase uptake of prevention and treatment services	Advocacy plans for the improvement, development and implementation of HIV-related policies and laws developed and implemented by December 31, 2024	JASL	(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 the final advocacy plan submitted, strategies will be implemented accordingly.

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