

# CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS									
COUNTRY (CCM)		Jamaica			TOTAL NUMBER OF <u>VOTING</u> MEMBERS PRESENT (INCLUDING ALTERNATES)				
MEETING NUMBER (if applicable)		2			TOTAL NUMBER OF <u>NON-CCM</u> MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)				
DATE (dd.mm.yy)		25, May, 2023			QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes	
DETAILS OF PERSON WHO CHAIRED THE MEETING									
HIS / HER NAME & ORGANISATION	First name	Ivan			DURATION OF THE MEETING (in hours)			3.5	
	Family name	Cruikshank			VENUE / LOCATION			Virtual Meeting	
	Organization	Caribbean Vulnerable Communities Coalition			MEETING TYPE (Place 'X' in the relevant box)			Regular CCM Board meeting	
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)	Chair				Extraordinary meeting				
	Vice-Chair				Committee meeting				
	CCM member				GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)			LFA	
	Alternate				FPM / PO				
HIS / HER SECTOR* (Place 'X' in the relevant box)								OTHER	
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	NONE	
		X						X	

LEGEND FOR SECTOR*			
GOV	Government	PLWD	People Living with and/or Affected by the Three Diseases
MLBL	Multilateral and Bilateral Development Partners in Country	KAP	People Representing 'Key Affected Populations'
NGO	Non-Governmental & Community-Based Organizations	FBO	Religious / Faith-based Organizations
EDU	Academic / Educational Sector	PS	Private Sector / Professional Associations / Business Coalitions

SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)												
GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS												

AGENDA SUMMARY	
AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW

AGENDA ITEM #1	<b>Opening Remarks &amp; Greetings</b> Call to order Apologies for absence	x																		
AGENDA ITEM #2	<b>Adoption of Agenda</b>	x																		
AGENDA ITEM #3	<b>Seating of new representatives</b>				x															
AGENDA ITEM #4	<b>Reading of the Conflict of Interest Declaration</b>	x																		
AGENDA ITEM #5	<b>Review, Correction and Confirmation- Minutes of meeting held March 14, 2023</b>																			
AGENDA ITEM #6	<b>Presentations: Programme Update/Reports</b> PR Programme Update SR Report OMC Update																			
AGENDA ITEM #7	<b>Secretariat Workplan Update</b>																			
AGENDA ITEM #8	<b>Update on Evolution Next Steps</b>																			
AGENDA ITEM #9	<b>Update on Road Map for the New funding Model</b>																			
AGENDA ITEM #10	<b>Payment for Result Approach</b>																			
AGENDA ITEM #11	<b>Any other business</b>																			
AGENDA ITEM #12	<b>Adjournment</b>																			

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and click on the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

#### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #1	<p><b>Opening remarks &amp; Greetings</b></p> <p><b>Call to order</b> At approximately 9:10 a.m., the JCCM Chair officially called the meeting to order after establishing that a quorum of all constituencies was present.</p> <p><b>Welcome and opening remarks</b> The Chair welcomed everyone to the second quarterly general JCCM meeting. He gave a brief rundown of the items intended for discussion during the meeting and expressed his hope for the various constituencies to have a robust conversation around the issues that will be discussed.</p> <p><b>Apologies for absence</b> The Administrative Coordinator tendered apologies on behalf of Mrs. Anna-Kay Magnus-Watson, Dr. Nicola Skyers and Mrs. Joy Crawford. Mrs. Joy Crawford submitted in writing, a request for leave from her role as lead representative, and recommended Ms Shanalee Smith, Executive Director, EVE for Life as her replacement.</p>
AGENDA ITEM #2	<p><b>Adoption of Agenda</b> The minutes were adopted by Ms. Simone-PEPFAR rep and seconded by Ms. Olive Edwards-CSO rep.</p>
AGENDA ITEM #3	<p><b>Seating of new representatives</b> The new PLHIV representatives were formally welcomed and seated on the JCCM as standing members. These were: Lead representatives: Deshaun Warlock and Kimberlin Campbell Alternate representatives: Gavin Tucker and Cheryl Simmonds</p>
AGENDA ITEM #4	<p><b>Reading of the Conflict of Interest Declaration</b></p>

	<p>The Chair invited the Administrative Coordinator to administer the Conflict of Interest Declaration.</p> <p>Following the reading of the Conflict of Interest Declaration, no conflict was declared.</p>
<p><b>AGENDA ITEM #5</b></p>	<p><b>Review, Correction and Confirmation- Minutes of meeting held March 14, 2023</b></p> <p>After the review of the minutes was completed, there was no indication of any corrections that needed to be made. In this regard, the Chair requested that the minutes be confirmed as complete and valid. Dr. Serene Joseph-Multilateral/Bilateral rep first confirmed the minutes, which were seconded by Mrs. Dionne Jennings-Gov rep.</p>
<p><b>AGENDA ITEM #6</b></p>	<p><b>Presentations: Programme Update/Reports</b> <b>PR Programme Update</b></p> <p>Ms. Rushell Bryce in collaboration with Mrs. Amoy Douse-Mullings provided the PR update. Ms. Bryce presented the year 2 financial and programmatic performance of the PR. The overview of Year 2 budget for the various entities were as follows;</p> <ul style="list-style-type: none"> <li>● MOHW &amp; IEs– US\$2,547,785</li> <li>● JASL &amp; SSRs- US\$1,687,934</li> <li>● ASHE – US\$531,663</li> <li>● CF – US\$422,987</li> </ul> <p>The overall budget for the regular Global Fund grant is \$5,190,370, of which \$823,888 (16% of the budget) was expended as at the end of March. The quarter's target percentage was 21%. The commitment for all implementing agencies up to December is US\$1,448,445. The PR can be considered on track to meet the burn rate target for year 2.</p> <p>Relating C19RM for the period January-December 2023, the total budget is \$1,814,607 of which \$316,554 (17% of the budget) has been expended as at the end of March 2023. Of note, the Global Fund has made recent changes to the quarter for the C19 RM. The implementation of the C19 RM is now in alignment with the main grant, which is a shift from the previous start date of October 1 to the current start date of January 1, 2023.</p> <p>Ms. Bryce then provided an expenditure report of module usage from the annual budget (Yr2). The overall budget for each module were as follows:</p> <ul style="list-style-type: none"> <li>● Reducing human rights related barriers to HIV/TB services- USD\$432,458</li> <li>● Treatment, care and support-US\$1,050,022</li> <li>● Prevention-US\$1,324,375</li> <li>● Program management-USD\$974,508</li> <li>● RSSH: Community systems strengthening- US\$337,202</li> <li>● Differentiated HIV testing services- US\$541,702</li> <li>● RSSH: Health management information systems and M&amp;E-US\$187,079</li> <li>● COVID-19-US\$2,616,601</li> </ul> <p>Covering the reporting period January to March, 2023, the module with the highest burn rate of 22% was <i>Reducing human rights-related barriers to HIV/TB services</i>. This was followed by <i>Program management</i> at 21%, <i>Community systems strengthening and COVID-19</i> at 17%, <i>Treatment, care and support</i> at 16%, <i>Prevention</i> at 15%, <i>Differentiated HIV testing services</i> 11%, and <i>Health management information systems and M&amp;E</i> at 9%.</p> <p><b>The attachment contains detailed information on all the modules.</b></p> <p>Thus far, there are quite a few commitments under each of the modules which should last through to December and are in train. Also, most of the major activities for both grants,</p>

especially the main grant, are slated for implementation in Q3. A true reflection on meeting the expenditure targets will be available at the end of Q3.

The Chair then invited members to express any questions, concerns, or further information.

**Question:** Given that the initial workplan comprised actions that were to be implemented from October to December of 2023, Mr. Jumoke Patrick, a CSO representative, asked for clarification on whether an updated workplan will be supplied to enable the adjustments made in aligning the C19RM award to the main grant.

**Response:** As reported by Ms. Bryce, the PR is awaiting final confirmation on the matter from the GF. The modified budgets will be distributed to the relevant partners under the C19 once that information is obtained and the reprogramming procedure is finished.

The **Chair** suggested that the PR team could take into consideration coming up with a structured way to ensure that the communications between the PR, LFA, and GF are shared consistently among all the players in an effort to avoid certain queries so that everyone is kept up to date on the status of the reprogramming process.

Furthermore, the **Chair** requests that as soon as details on the C19 reprogramming's priority areas become available, dialogues be held with the SRs to advise them of the GF's priority areas so they can tailor their activities to match those priorities.

**Action item:** The PR is to share the completed reprogramming request that has been submitted to the GF.

#### **Resumption of the PR's presentation...**

Mrs. Douse-Mullings provided the Programmatic update. She focused her presentation on the quarterly targets and performance of the Key population.

The annual target for the Key population to be reached and tested during the period January through to December 2023 are indicated as follows:

- MSM reached- 8,788
- MSM tested HIV- 7,909
  
- TG reached- 576
- TG tested HIV-518
  
- FSW reached- 9,648
- FSW tested HIV- 8,683

The quarterly performance year to date for MSM reached and tested are 2,220 and 2,085 respectively. That is 101% and 105% of the quarterly target achieved for both reached and tested.

TG reached attained 104 (72%) of the quarterly target, while TG tested attained 78 (60%) of the quarterly target. There have been reported challenges across all entities meeting the TG population, hence the low numbers.

FSW reached achieved 2,952 (122%) of the quarterly target, while FSW tested for HIV achieved 2,736 (126%). The quarterly targets for both reached and tested were met.

Mrs. Douse-Mullings continued her presentation by discussing the key population reach, test and yield disaggregated by other testing strategies for the period January through to March 2023. The mode of service delivery was as follows:

- Mobile
- VCT
- Other
- NA

**See annex for further details.**

Regarding PrEP target for the period January to March 2023, the annual target for the PrEP indicators are as follows:

- MSM initiated- 1,661
- TG initiated- 76

Of the 1,661 annual targets, 61 were initiated on PrEP, which accounts for 4% of the target.

There was no target initiation for TG. She said that the shift between spreading awareness about PrEP and observing a take-up is difficult. Mrs. Douse-Mullings continued by saying that she is aware that much work needs to be done to increase demand for PrEP and get people started on it. She mentioned that in order to promote PrEP as an HIV prevention strategy, communications efforts are being considered and implemented around messages on PrEP for both the key and general populations.

The presentation continued with Mrs. Douse-Mullings presenting the treatment targets on ART as at March 2023. The annual target for each indicator used are as follows:

- % of people on ART among all people living with HIV at the end of the reporting period- 80%
- % of people living with HIV and on ART who are virally suppressed- 85%
- % of people newly diagnosed with HIV initiated on ART- 93%

The national 90-90-90 cascade for the period ending March 2023, for the number of people living with HIV who are diagnosed, retained on ART and virally suppressed are as follows:

- Diagnosed- 91%
- Retained on ART- 54%
- Suppressed-78%

Ms. Bryce continued the presentation by providing an update on the Financial, Risk and Procurement Management of the programme.

**See annex for further details.**

Mrs. Douse-Mulling followed an update on JN+ and Equality for All's Community Led Monitoring Reports. She stated that 25 cases had been reported in the JADS (20 females and 5 males). 24% of the cases involved stigma and discrimination at government and private healthcare facilities, while 76% involved complaints about stigma and discrimination in the community.

Concerning the other community led monitoring activity that is monitored under the GF, the Mystery Shopping Assessment Report is done twice per year and the first report due at the end of quarter two.

**Action item:** Mrs. Douse-Mullings to share the first mystery shopping report with members at the next JCCM meeting.

**Action item:** JCCM Administrative Coordinator to recirculate the Living Support Plan to JCCM members.

The Chair asked members for any questions, comments, or concerns following the PR's presentation.

He wanted to congratulate the implementers on meeting their quarterly target and maintaining their current burn rate. He encourages them all to keep using the same strategies that have led to their success, as doing so will ensure that the targets and budgeted expenditures are being met.

He started the conversation by asking a few questions.

1. He mentioned that the written PR report indicated that the database has been modified to include PrEP that would have been concluded by the end of April. He wanted an update on the matter.

**Response:** Mrs. Douse-Mullings indicated that the PrEP database is in its final stage of completion. She added that there is a commitment for it to be completed by the end of the month. Following this, the database will be shared with all implementing partners.

2. He would like some timelines regarding the rollout of PrEP in the Regional Health Authorities (RHAs).
3. Have you developed a risk management strategy for the various consultancies in train that typically do not adhere to the completion timelines but are known to have an impact on our product delivery and burn rate?

**Response:** Ms. Bryce indicated that the risk management strategies requested by the Chair will be identified and shared with the JCCM. She added that what is currently in place is not specific to each consultancy but an overall documentation of the PR.

4. He requested that the PR include co-financing as part of the quarterly reporting at each JCCM meeting, as the Gf has indicated that this is an area that the JCCM should also be monitoring.

**Response:** Ms. Bryce promises to incorporate an update on co-financing in Q2 JCCM report and presentation for the next meeting.

## **SR Reports**

### **Children First Agency**

Mrs. Claudette Richardson-Pious provided a technical update for Children First Agency. She started by providing an update on the performance prevention of Q1. The quarterly target are as follows:

MSM reached- 240  
MSM Screened- 216

TG Reached- 30  
TG Screened- 27

FSW Reached- 215

FSW Screened- 193

For MSM, 392 persons were reached and 308 screened. For TG, 10 persons were reached and 7 screened and for FSW, 307 persons were reached and 297 screened. She highlighted experiencing a challenge reaching the TGs hence the reason for the low numbers being reached and tested.

**See annex for details on the Implementation Plan Activities.**

Some of the achievements experienced by the entity are as follows:

**Case Finding**

- HIV +: 5 MSM; 1 TGs; 1 FSW
- Syphilis +: 15 MSM; 2 TGs; 2 FSW

**Linkage to Care, Treatment and Support**

- 11 PLHIV – Linked to Care
- 26 Loss to Follow Up clients returned to and/or retained in care
- 36 client medication restock activities conducted

Some of the challenges experienced by the entity are as follows:

- **Security and safety concerns** - The upsurge in crime and violence in some targeted communities prevented the team from convening planned activities, resulting in rescheduling. Additionally, the violence, inclement weather conditions, and curfews in some communities disrupted planned interventions.
- **Rising venue costs** - The costs of venues in the Kingston metropolitan area have risen sharply and rapidly, which has led to delays in implementing activities. The Agency has had to seek venues that can deliver the necessary services within the allocated budget. Notwithstanding, the Agency plans to utilize the Global Fund's reprogramming activity to address the situation.

In concluding her presentation, Mrs. Claudette Pious expressed that there is more work to be done. On the other hand, CFA has already spent 27% of their annual budget. She mentioned that a number of activities are scheduled to be finished throughout the year in order to guarantee that their goals are met and that their burn rates are increasing.

**ASHE's Update**

Mrs. Mackeisha Bonner-Grant presented ASHE's quarterly report. She started the presentation by sharing the prevention performance of the entity. The following targets were achieved year to date (Jan-Mar) following deduplication:

MSM reached: 258 (45%)

MSM tested: 258 (50%)

TG reached: 2 (29%)

TG tested: 2 (29%)

**See annex for reference**

**See annex for details on the Implementation Plan Activities.**

Some of the achievements experienced by the entity are as follows:

**Peer link mobilization and peer navigation** continue to be one of the more successful modalities, especially when merged with online modalities. This strategy represented 72% of MSM tested in the first quarter.



**Outreach activities:** the team continues to revamp strategies and activities and forge new partnerships to provide health services to members of the population in various sectors. This strategy represented 16% of the output targets garnered.

**Online Interventions:** The Ashe Company continues to implement and provide high quality, and informative content for their online audience across all social media platforms. This strategy represented approximately 12% of the output targets garnered.

Some of the challenges experienced by the entity are as follows:

- Obtaining accurate information from clients, particularly when it comes to partner testing.
- Client availability varies, and some clients may miss testing chances due to their visit schedule, particularly in Westmoreland.
- The lack of stationary office space in Westmoreland increases the amount of time spent going to and from the parish for outreach testing.
- Clients who test positive report receiving 'private care,' which is not usually simple to follow due to the parties' seclusion.
- Formal PITC training is required for new prevention personnel.
- A lack of interest in TG screening

In concluding her presentation, Mrs. Bonner shared the way forward for ASHE. These include:

- Strengthen ASHE's information, communication, and technology (ICT) framework to support preventing HIV through targeted information dissemination on social media platforms.
- Scale up online strategies to overcome barriers of distance and social relations. Implement capacity development programs for service providers
- Strengthen client-centered care
- Identify hotspots for HIV testing in high-risk MSMs to increase case findings.

### **Jamaica Aids Support for Life (JASL) Update**

Mrs. Kandasi Levermore presented JASL's Q1 update. She started her presentation by sharing the prevention performance of the entity. The following targets were achieved year to date following deduplication:

MSM tested: 32.3%

FSW tested: 47.6%

TG tested 8.4%

In their treatment performance, JASL has 1013 clients on their register, 913 (90%) of them were retained on ARVs, 801 got their viral load done, and 756 (82.8%) were virally suppressed.

Regarding their Financial Management, JASL had a 17% burn rate, with their Sub-sub Recipients JN+, EFL and JCW+ having a burn rate of 20%, 15%, and 13% respectively.

**See annex for further details.**

**See annex for details on the Implementation Plan Activities.**



The following are some of the achievements observed by JASL for the quarter:

- Over 1000 PLHIVs are managed across the country (After death, migrations, and transfers)
- 26 new clients linked to care during the Quarter
- 43 clients newly Started on PrEP (16 additional returned for new prescription)
- 1425 HIV Tests administered to Key Populations
- 17 new (KP) positives identified
- Living Support Assessment completed
- Covid-19 response grant assessment completed
- Over 130,000 instances of engagement through social media content

JN+

- Legal Literacy Session - Fourteen (14) participants benefited from legal empowerment sessions in the Southeast region
- Jamaica Anti-Discrimination System HIV (JADS) - Twenty-five (25) case submissions for redress were received during Q1,
- Community Treatment Observatory - Fifteen (15) data collectors and three (3) data validators were engaged in a series of online preliminary sessions

JCW+

- Annual Review, Report and Planning Retreat was held. Twenty-four (24) women living with HIV participated.
- Quilt Working Group Art Therapy Sessions - 3 sets of 8 women and 2 family members (Group #1 was implemented)
- Positive Health & Dignity (PH&D) Sensitization Sessions - Session was held, with 11 WHIV.

EFL

- Youth Aide Club meeting engaged Sixteen (16) OVC/ALHIV participants

Some of the challenges experienced by JASL are as follows:

- As clients/communities become more empowered, their needs change, which requires a constant shift in programming
- Reprogramming (2023 listing did not factor several 2022 changes)
- 16 MSM PLHIV (in care) migrated in Q1 alone
- Restructuring of Salaries in the public sector makes NGO salaries less attractive
- Challenges with the recruitment of Key professional Cohorts (Nurses, M&E)

In concluding her presentation, Mrs. Levermore shared the way forward for JASL. These include:

- Informal barrier Analysis to identify service gaps and realignment of needs
- Modify Research Agenda (operational research)
- Reprogramming

#### **Oversight Committee feedback**

Following the PR and SR updates, the Oversight Committee Chair provided a general overview pertaining to the entities reports.

Some of the challenges that continued to be observed were the burn rate of the C19 spending, PrEP initiation and retention, and prevention activities for the TG communities.

The committee suggests that specific challenges and bottlenecks be identified in relation to their relevant activities rather than a broad list of challenges. This, she stated, will assist in better determining where there are issues, gaps, or currently existing measures in place to address these challenges.

She went on to say that it would be beneficial if SRs included some financial information in their reporting to the JCCM because it helps to put the technical information into context when it comes to identifying successes, challenges, or whether there are existing measures in place to overcome any low implementation.

The Chair added that there should be consistency in the structure of the reports, and as such, a discussion on the essential areas that should be included in the reports for future reporting should take place.

**Question/ Comment:**

The Chair asked if any of the members had any questions or comments regarding the PR and SRs presentations.

**Question:** The **Chair** initiated the discussion by first commending CFA on their difference in performance in comparison to JASL and ASHE in terms of their reach and test numbers. He added that he was impressed with the numbers shared during her presentation and was curious to know what are some of the specific strategies being used in the targeting of the key population that might be useful for the broader response.

**Response:** **Mrs. Pious** answered by emphasizing that those numbers covered the period January through March, which is the first quarter of the year and normally includes greater efforts being made to reach out to the population and navigate peer-to-peer engagements. She attributes the large numbers to the latter and stated that more assistance was accessible at the time but is no longer available because they have moved on to more rewarding opportunities elsewhere.

The **Chair** noted that he is aware that the issue of the TG is an ongoing challenge. He wants to know if there are any additional roles that Transwave needs to play to support the three SRs in achieving some of the TG targets.

**Mr. Patrick** recommended that before attempting to incorporate Transwave in prevention, we should first confirm with them whether or not they are interested in performing HIV prevention work, as it may not be part of their mandate.

**Mrs. Douse-Mullings** stated that there was a discussion with Transwave about the challenges involved in reaching the TGs, and they were open to collaborating with other agencies to discover concerns affecting the TG population. She is encouraging a meeting to explore how they may be more involved.

**OMC Update**

Dr. Serene Joseph provided the Oversight Committee update. She mentioned that the OMC meetings are held a week in advance of the JCCM meetings and encouraged the PR and SRs to try to adhere to the prescribed timeline (2 weeks prior to the JCCM meeting) for submitting reports to the committee.

She went on to say that the committee is looking for feedback on the GF quarterly report, what the next steps are in relation to the recommendations, what has been done or will be

	<p>done to address some of the recommendations, and who is responsible for carrying them out.</p> <p><b>Mrs. Douse-Mullings</b> stated that she will gather information on the matter and report back to the JCCM.</p>
<p><b>AGENDA ITEM #7</b></p>	<p><b>Secretariat Workplan Update</b></p> <p><b>Ms. Danaille Scott</b> provided an update on the JCCM Secretariat. She mentioned a few of the challenges experienced by the Secretariat in relation to the frequent changes of focal persons from the GF CCM Hub and how it delays the progress of the JCCM budget and workplan approval. She also mentioned the discussion that ensued with GF regarding the request for an audit that covers the period April to September 2019 (under the management of JEF) to be conducted.</p>
<p><b>AGENDA ITEM #8</b></p>	<p><b>Update on the Evolution Next Steps</b></p> <p>The Chair offered an overview of the Evolution initiative. He mentioned that the consultancy with Carl is coming to an end, and he will have to work with the Oversight Committee as well as the Oversight Officer when he/she comes on board in August. He added that the GF has provided feedback on the last framework document (Proposal Restructuring), which he will evaluate and edit before submitting the final version to the JCCM for their approval. In the document, the recommendation from the consultant is that the number of members on the JCCM be reduced from twenty-five (25) to nineteen (19) and the representation across the different groups will need to be adjusted.</p>
<p><b>AGENDA ITEM #9</b></p>	<p><b>Update on Road Map for the New Funding Model</b></p> <p>The Chair mentioned that GF has a draft Road Map. A meeting is scheduled to discuss the next steps in the Proposal Development process. In addition, a two-day training session centred on the new funding request and road map is planned. They have yet to confirm the dates for such training, but in the meantime, work has begun on our own internal processes for selecting the consultant and securing funding to support the consultancy.</p> <p>UNAIDS is considering assisting the consultant in writing the grant request, and discussions with PEPFAR/USAID about supporting the country consultations have commenced. We must supply them with a budget, which is contingent on the GF's recommendations for the specific activities to be undertaken in the country consultation processes.</p> <p>Two potential consultants have been selected to help in the proposal writing process. One will concentrate on the cost aspect, while the other will write the funding proposal.</p> <p>A request was also made to the GF for any internal technical assistance, as the grant cannot support this process. They suggested submitting an application to the CRG for the community level consultations, notably for the PLHIV and KP consultations. The civil society lead was asked if the CSF could consider developing the request for the CRG for submission because it has to come from a civil society organisation. The GF has indicated that they would like the submission of the request to be done by April 2024.</p>
<p><b>AGENDA ITEM #10</b></p>	<p><b>Payment for Results Approach</b></p> <p>The Chair explained the payment for results as a process where the GF is looking at introducing a component of the grant that is linked to performance by the entity that receives funds. He added that there was a sensitization meeting around the approach, to which a number of the implementing partners were invited to gain awareness. The GF will provide additional information regarding the approach. However, because the approach is relatively new, there are no standardised documents that can be shared.</p> <p>The Chair asked members who were part of the discussion to give their feedback on the approach. The general gist is that there needs to be a lot more conversation around this</p>

	approach to provide more clarity. Work needs to be done to define how it would work for us as a country. He added that the requirement for the new funding cycle is that some measure of the grant must include payment for results.
<b>AGENDA ITEM #11</b>	<b>Any other business</b> Ms. Simone Jackson, who is leaving her post in Jamaica in June, wanted to present Pam Foster, who will act as interim PEPFAR coordinator until the next person arrives.
	<b>Adjournment:</b>  There being no further business, the meeting was adjourned on a motion by Mrs. Claudette Richardson-Pious and seconded by Mr. Jumoke Patrick at approximately 12:53pm.

<b>CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)</b>				
<b>WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) &gt;</b>			N/A	
<b>SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED</b>				
<b>SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM</b> <i>Please summarize the respective constituencies' contributions to the discussion in the spaces provided.</i>				
<b>GOV</b>				
<b>MLB L</b>				
<b>NGO</b>				
<b>EDU</b>				
<b>PLW D</b>				
<b>FBO</b>				
<b>KAP</b>				
<b>DECISION(S)</b> <i>Summarize the decision in the section below</i>				
<b>ACTION(S)</b>		<b>KEY PERSON RESPONSIBLE</b>	<b>DUE DATE</b>	
<i>Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.</i>				
<b>DECISION MAKING –</b>				
<b>MODE OF DECISION MAKING</b> <b>(Place 'X' in the relevant box)</b>	<b>CONSENSUS*</b>	<input type="checkbox"/>	<b>IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS</b>	
	<b>VOTING</b>	<input type="checkbox"/>		
			<b>VOTING METHOD</b> <b>(Place 'X' in the relevant box)</b>	<b>SHOW OF HANDS</b>
				<b>SECRET BALLOT</b>
			<b>ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION</b> >	
		<b>ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION</b> >		

\*Consensus is general or widespread agreement by all members of a group.

ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED  
>



To add an additional 'Agenda Item', copy a blank version of the Agenda 1 table. To do this, rest the pointer on the upper-left corner of the table until the table move handle appears (see diagram on the left). Copy the table to a new location by copying and pasting. Then adjust the Agenda Item #. Repeat as necessary for additional Agenda items.

**SUMMARY OF DECISIONS & ACTION POINTS**

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1	Share the reprogramming request that has been submitted to the GF with the JCCM committee.	Dr. Nicola Skyers	When available
AGENDA ITEM #2	Recirculate the National Living Support Plan with the JCCM committee.	Ms. Danaille Scott	ASAP
AGENDA ITEM #3	Share Extraordinary meeting notes with the JCCM committee	Ms. Danaille Scott	End of the week
AGENDA ITEM #4	Share communication between PR, SRs, and LFA regarding the C19 reprogramming card with key players to keep everyone informed.	Dr. Nicola Skyers	ASAP
AGENDA ITEM #5	PR to share the half yearly EFAF Mystery Shopping Assessment Report with the JCCM Secretariat.	Dr. Nicola Skyers	End of Q2
AGENDA ITEM #6	Provide updates on co-financing commitments in future JCCM meetings.	Dr. Nicola Skyers	Next JCCM meeting
AGENDA ITEM #7	Share a listing of PrEP offering sites and PPP participating doctors with the JCCM committee.	Dr. Robb-Allen	ASAP
AGENDA ITEM #8	Share Risk Management strategies for consultancies in their report/ presentation.	SRs	Next JCCM meeting
AGENDA ITEM #9	Provide an update on the timeline for implementing the recommendations proposed by the GF in their last report.	Dr. Nicola Skyers	Next JCCM meeting

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

**NEXT MEETING (INCLUDES OUTSTANDING AGENDA ITEMS NOT COMPLETED DURING CURRENT MEETING)**

TIME, DATE, VENUE OF NEXT MEETING (dd.mm.yy)	August 24, 2023
PROPOSED AGENDA FOR NEXT MEETING	WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED
PROPOSED AGENDA ITEM #1	
PROPOSED AGENDA ITEM #2	
PROPOSED AGENDA ITEM #3	
PROPOSED AGENDA ITEM #4	
PROPOSED AGENDA ITEM #5	
PROPOSED AGENDA ITEM #6	
PROPOSED AGENDA ITEM #7	
PROPOSED AGENDA ITEM #8	
PROPOSED AGENDA ITEM #9	
PROPOSED AGENDA ITEM #10	
PROPOSED AGENDA ITEM #11	
PROPOSED AGENDA ITEM #12	

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

<b>SUPPORTING DOCUMENTATION</b>	<b>Place an 'X' in the appropriate box</b>	
<b>ANNEXES ATTACHED TO THE MEETING MINUTES</b>	<b>Yes</b>	<b>No</b>
ATTENDANCE LIST	X	
AGENDA	X	
OTHER SUPPORTING DOCUMENTS	X	
IF 'OTHER', PLEASE LIST BELOW:		

<b>CHECKLIST</b>			
<b>(Place 'X' in the relevant box)</b>			
	<b>YES</b>	<b>NO</b>	
AGENDA CIRCULATED ON TIME BEFORE MEETING DATE		X	The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members <b>2 weeks</b> before the meeting took place.
ATTENDANCE SHEET COMPLETED		N/A	An attendance sheet (Register) was completed (Signed) by all CCM members, Alternates, and Non-CCM members present at the meeting.
DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING		X	Meeting minutes should be circulated to all CCM members, Alternates and non-members within <b>1 week</b> of the meeting for their comments, feedback.
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*		X	Feedback incorporated into revised CCM minutes, minutes electronically endorsed by CCM members, Alternates and non-members who attended the meeting.
MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS		X	Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM's website where applicable within <b>15 days</b> of endorsement.

\* Often CCM minutes are approved at the next meeting. Since many months can pass before the next scheduled meeting, electronic endorsement of the CCM minutes is considered to be a more efficient method for effective meeting management.

<b>GLOSSARY FOR ACROYNMS USED IN THE MINUTES:</b>	
<b>ACROYNM</b>	<b>MEANING</b>
<b>FSW</b>	Female sex worker
<b>NSP</b>	National Strategic Plan
<b>SR's</b>	Sub Recipients
<b>PR</b>	Principal Recipient
<b>MSM</b>	Men who have sex with men
<b>TG</b>	Transgender
<b>NGO</b>	Non-Government Organization
<b>JCCM</b>	Jamaica Country Coordinating Mechanism
<b>PAHO</b>	Pan American Health Organization
<b>NFM</b>	New Funding Model
<b>PrEP</b>	Pre Exposure Prophylaxis
<b>PEPFAR</b>	The U.S. <b>President's Emergency Plan for AIDS Relief</b>
<b>JASL</b>	Jamaica Aids Support for Life
<b>JN+</b>	Jamaica Network of Seropositives
<b>JCW+</b>	Jamaica Community of Positive Women
<b>ARVs</b>	Anti-retro viral drugs
<b>PLHIV</b>	People living with HIV/AIDS

To add an additional 'Acronym', highlight the entire row corresponding to the last 'Acronym' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows

CCM MINUTES PREPARED BY:			
TYPE / PRINT NAME >	Danaille Scott	DATE	>
FUNCTION	> Administrative Coordinator	SIGNATURE	>

CCM MINUTES APPROVAL:			
APPROVED BY (NAME) >	Ivan Cruickshank	DATE	>
		SIGNATURE	>



**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>
MOHW & IEs	2,547,785	309,205	2,238,580	1,261,800.98	12
JASL & SSRs	422,987	77,405	345,581	25,187.58	18
ASHE	531,663	102,723	428,940	37,372.32	19
CF	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>

**Table 2: Global Fund Original Year 2 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>
<b>MOHW &amp; IEs</b>	455,091	309,205	145,885	59,437	68
<b>JASL &amp; SSRs</b>	105,934	77,405	28,528	-	73
<b>ASHE</b>	124,794	102,723	22,071	-	82
<b>CF</b>	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 2 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)	% 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*).

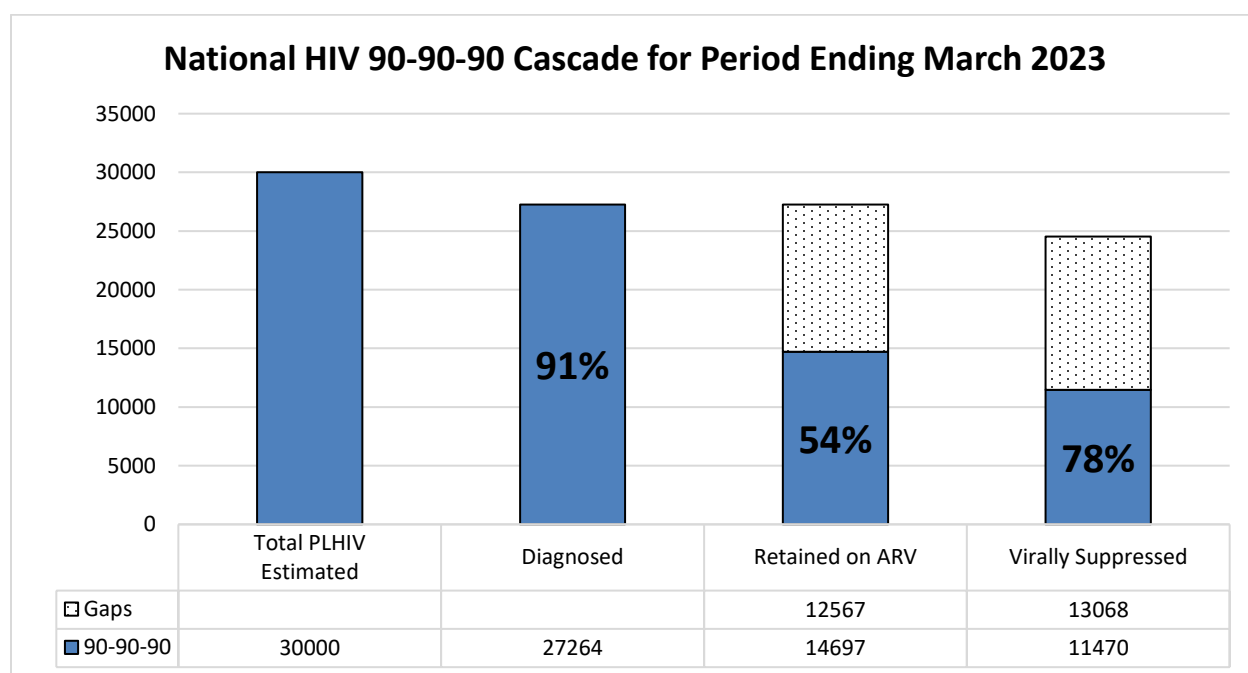
**Table 6: Treatment Targets (ART) As At March 2023**

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%	<b>49%</b> 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 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 Agent. 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.

## **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 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.

# JCCM QUARTERLY UPDATE

JANUARY - MARCH 2023 (Quarter 1)

Children First Agency





# QUARTER 1 - PERFORMANCE PREVENTION

Indicator	Annual Target	Year to Date performance (2023)	% Achievement of Annual Target	Quarterly Target	Quarterly Performance	% Achievement of Quarterly Target
MSM Reached	959	392	<b>41%</b>	240	392	<b>163%</b>
MSM Screened	863	308	<b>37%</b>	216	308	<b>142%</b>
TG Reached	121	10	<b>10%</b>	30	10	<b>30%</b>
TG Screened	109	7	<b>6%</b>	27	7	<b>26%</b>
FSW Reached	858	307	<b>36%</b>	215	307	<b>142%</b>
FSW Screened	772	297	<b>38%</b>	193	297	<b>154%</b>

De-duplicated figures

# IMPLEMENTATION PLAN ACTIVITIES

ACTIVITIES	TARGET	ACHIEVEMENT	UPDATE
<b>Anti-Bullying Activities (Boosting, consultants, videographer/graphics)</b>	<ul style="list-style-type: none"> <li>• 1 Anti-Bullying Campaign developed</li> <li>• 1 Social Media Video created</li> <li>• 10 Social Media Graphics designed for young KPs</li> </ul>		<p>The participants and the graphic designer engaged in discussions around the video shoot for this activity – and based on availability the shoot is slated for early April 2023.</p>
<b>Psychosocial Sessions</b>	<ul style="list-style-type: none"> <li>• 480 psychosocial sessions conducted</li> <li>• 100 unique clients accessed sessions</li> </ul>	<ul style="list-style-type: none"> <li>• <b>1</b> Psychologist retained</li> <li>• 133/480 sessions completed</li> <li>• <b>73</b> clients accessed psychosocial sessions</li> </ul>	
<b>Healthy Living &amp; Survival Packs</b>	<ul style="list-style-type: none"> <li>• 180 (45 per quarter) Healthy Living Packs procured</li> <li>• 54 Survival Packs procured</li> </ul>	<ul style="list-style-type: none"> <li>• <b>90</b> Healthy Living Packs procured year to date</li> <li>• <b>27</b> survival packs procured year to date</li> </ul>	<ul style="list-style-type: none"> <li>• 52 KPs accessed Health Living Packs</li> <li>• <b>16</b> KP accessed Survival Packs</li> </ul>

# IMPLEMENTATION PLAN ACTIVITIES

ACTIVITIES	TARGET	ACHIEVEMENT	UPDATE
<b>MAGIC Activities</b>	<ul style="list-style-type: none"> <li>• 4 MAGIC Activities conducted</li> </ul>	<ul style="list-style-type: none"> <li>• <b>1</b> MAGIC Activities completed</li> </ul>	
<b>PrEP Workshops</b>	<ul style="list-style-type: none"> <li>• 2 Workshops conducted</li> <li>• 70 MSM engaged in workshops by December 2023</li> </ul>	<ul style="list-style-type: none"> <li>• <b>1</b> Workshop completed</li> <li>• <b>19</b> MSM engaged in workshops</li> </ul>	
<b>MSM/TG Peer Links to Mobilize MSM for testing and HTC services</b>	<ul style="list-style-type: none"> <li>• 400 MSM &amp; 100 TG screened through Peer Link mobilization</li> </ul>	<ul style="list-style-type: none"> <li>• <b>190</b> MSM &amp; <b>0</b> TG screened through Peer Link mobilization</li> </ul>	4 Peer Links engaged
<b>The Fraternity</b>	<ul style="list-style-type: none"> <li>• 6 Fraternity special activities conducted with KP</li> <li>• 150 KP engaged in Fraternity special activities conducted</li> </ul>	<ul style="list-style-type: none"> <li>• <b>1</b> Fraternity special activities conducted with KP year-to-date.</li> <li>• <b>20</b> KP engaged in Fraternity special activities conducted year-to-date.</li> </ul>	

Activities	Target	Achievement	Update
<b>F-HWWJ - Provide reach, test, and link services</b>	<ul style="list-style-type: none"> <li>858 FSW reached &amp; 772 FSW tested by HWWJ</li> <li>154 KP [30 per quarter] linked to CFA services</li> </ul>	<ul style="list-style-type: none"> <li><b>337</b> FSW reached</li> <li><b>336</b> FSW tested</li> <li><b>29</b> KP linked to CFA services</li> </ul>	
<b>Skills building training for KP - Cosmetology</b>	<ul style="list-style-type: none"> <li>40 KP trained in Cosmetology Skills and 24 sessions completed.</li> </ul>	<ul style="list-style-type: none"> <li><b>3</b> sessions completed with KP (MSM/TG/MSM)</li> </ul>	Cosmetology sessions commenced during the period
<b>Targeted Social Media/New Media Campaigns - Social Media Boosting</b>	<ul style="list-style-type: none"> <li><b>24</b> boosting activities</li> <li><b>350,000</b> accounts in Jamaica reached by Social Media</li> <li><b>100,000</b> impressions in Jamaica reached by Social Media</li> </ul>	<ul style="list-style-type: none"> <li><b>4</b> Boosting activities</li> <li><b>539,634</b> accounts reached by Social Media</li> <li><b>828,130</b> impressions in Jamaica reached by Social Media</li> </ul>	
Skills building training for KP - Customer Engagement	<ul style="list-style-type: none"> <li>60 MSM/TG trained in Customer Engagement (Level 1/Level 3)</li> </ul>	<ul style="list-style-type: none"> <li><b>2</b> MSM/TG Customer Engagement sessions conducted</li> </ul>	Recruitment and assessment activities for the new batch of participants were undertaken during the period.

Activities	Target	Achievement	Update
<b>Conduct 12 sensitization sessions (Prep, GBV, self-test, self-care) across parishes</b>	<ul style="list-style-type: none"> <li>• 144 sensitization sessions</li> </ul>	<ul style="list-style-type: none"> <li>• <b>3</b> Facilitators engaged to conduct sensitization sessions</li> <li>• <b>108</b> sensitization sessions conducted</li> </ul>	<p>This line item was a major discussion point during the Quarterly budget review meeting with the MOHW team because the allotted resources are insufficient to support the core programming/activities.</p>
<b>Conduct 3 Lymathons/Strategic Outreach Interventions</b>	<ul style="list-style-type: none"> <li>• <b>4</b> Lymathons/ Strategic Outreach Interventions</li> <li>• <b>60</b> KP (MSM, FSW, TG) engaged</li> </ul>	<ul style="list-style-type: none"> <li>• <b>1</b> Lymathons/ Strategic Outreach Interventions completed</li> <li>• <b>20</b> KP (MSM, FSW, TG) engaged year-to-date</li> </ul>	<p>Activity ongoing</p>
<b>Linkage to Care and Family Support Services</b>	<ul style="list-style-type: none"> <li>• <b>20</b> small group psychosocial sessions/meetings conducted</li> <li>• <b>200</b> MSM/TG/ FSW/PLHIV impacted by the sessions</li> </ul>	<ul style="list-style-type: none"> <li>• <b>20</b> small group psychosocial sessions held</li> <li>• <b>128</b> MSM/TG/FSW/PLHIV impacted by the psychosocial sessions</li> </ul>	

Activities	Target	Achievement	Update
Training of Youth Mentors/ Peer Educators to support reach and test of young	<ul style="list-style-type: none"><li>• 16 KPs/Youth Mentors/Peer Educators training sessions conducted</li><li>• 40 Youth Mentors/Peer Educators trained</li></ul>	<ul style="list-style-type: none"><li>• 9/16 KPs/Youth Mentors/Peer Educators training sessions conducted by December 2023 year-to-date.</li></ul>	Sessions commenced in Clarendon and Kingston

# ACHIEVEMENTS

## Case Findings

- HIV +: +: 5 MSM; 1 TGs; 1 FSW
- Syphilis +: 15 MSM; 2 TGs; 2 FSW

## Linkage to Care, Treatment and Support

- 11 PLHIV – Linked to Care
- 26 Loss to Follow Up clients returned to and/or retained in care

Ongoing referrals for/to external social services support NIS, TRN, PATH and other entities

36 Clients' medications were re-stocked through support of the Case Management Team

# CHALLENGES

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**Rising venue costs** - The costs of venues in the Kingston metropolitan area have risen sharply and rapidly, which has led to delays in implementing activities. The Agency has had to seek venues that can deliver the necessary services within the allocated budget. Notwithstanding, the Agency plans to utilize the Global Fund's reprogramming activity to address the situation.

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**Security and safety concerns** - The upsurge in crime and violence in some targeted communities prevented the team from convening planned activities, resulting in rescheduling. Additionally, the violence, inclement weather conditions, and curfews in some communities disrupted planned interventions.

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# RISK MANAGEMENT

RISK	IMPACT	RISK LEVEL	MITIGATION	UPDATE (Q1)
<i>Filling the additional Human Resource Positions</i>	The lack of suitable candidates possessing the necessary skills has the potential to burden the current team members with additional workload and hinder our ability to achieve the stated objectives. Additionally, there is a potential risk of attrition due to enticing compensation packages offered by the government.	Medium	<ul style="list-style-type: none"> <li>Engaging in numerous recruitment activities, including advertising on various platforms, e-adverts and resume searches.</li> </ul>	Additionally, HR positions were filled and/or identified during the period.
Crime and Violence	The execution and scope of planned activities and interventions are greatly affected by crime and violence. Moreover, individuals from these areas face limitations in their mobility, thus making it difficult for them to access necessary services.	Medium	-	The Agency continues to share information around safety with clients.

# WAY FORWARD

- **HR Vacancies:** 1 candidate was identified to assume the position of the Finance Officer and scheduled to commence duties in April 2023. Additional interviews scheduled for the Driver vacancy.
- **Other Deliverables:** The Agency will seek to undertake outstanding deliverables in the upcoming quarters. These will include Developing Targeted Social Media/New Media Campaigns for KPs, Branding/Novelties Items, Conducting 2 Training sessions, 3 days of non-residential Business Development /Work Readiness Skill Training and the Annual 3-day Residential Training & Meeting.

QUESTIONS  
**THE END**



# JCCM QUARTERLY UPDATE

January –March 2023

THE ASHE COMPANY

# QUARTERLY PERFORMANCE PREVENTION

Indicator	Annual Target	Year to Date performance (Jan-Mar)	% Achievement of Annual Target	Quarterly Target	Quarterly Performance	% Achievement of Quarterly Target
MSM REACH	2314	258	11.14%	578	258	45%
MSM TEST	2083	258	13%	521	258	50%
TG REACH	31	2	6.5%	7	2	29%
TG TEST	28	2	7.1%	7	2	29%

**TABLE 1: Showing testing data for quarter 1 achievement for Kingston and St. Andrew, St. James, and Westmoreland**

# QUARTERLY PERFORMANCE-LINKAGE

**Jan-Mar 2023**

➤ 258 MSM TESTED

<u>HIV CASES</u>				<u>SYPHILIS CASES</u>		
Month	<u>New</u>	<u>Known</u>	Linkage Site	Month	<u>New</u>	<u>Known</u>
Jan. 2023	2	5	JASL, St. Jago Park	Jan. 2023	2	7
Feb. 2023	4	1	JASL, CHARES	Feb. 2023	8	5
Mar. 2023	1	4	JASL	Mar. 2023	3	0
TOTAL 6.5% yield	7	10	7 New cases Linked to care	TOTAL 13.0% yield	13	12

TABLE 2: Showing case findings for quarter 1 Achievement for Kingston and St. Andrew, St. James, and Westmoreland

# IMPLEMENTATION PLAN ACTIVITIES

ACTIVITIES	TARGET	ACHIEVEMENT	Consumption rate
Sessional Psychologist for KPs - Assessment and psychological therapy	1 Sessional Psychologist for KPs retained for 80 Assessments/ psychological sessions from January to December 2023	6/80 sessions held	4%
Conduct 10 Edutainment Sessions for 200 MSM/TG each year to reduce social vulnerability (20 MSM/TG and 4 staff and 1 facilitator per session) venue, refreshment, facilitator, and travel stipend	10 Edutainment Sessions for 200 MSM by December 31, 2023	2 Edutainment Interventions held, reaching 26 MSM with 10 new MSM tested	19%

# IMPLEMENTATION PLAN ACTIVITIES

ACTIVITIES	TARGET	ACHIEVEMENT	Consumption rate
Tabs Talk Live Support Sessions (4 sessions per month each year) (12 resource persons) - settings, décor, refreshment, lighting, and design	36 Tabs Talk Support Sessions to be held by December 31, 2023	7/36 Talk Support Sessions held	25%
ASHE 3 days residential staff capacity building (30 staff and 2 facilitator each year)	1 three (3) days residential staff capacity building (30 staff and 2 facilitator) by December 31, 2023	Staff Capacity Building to be held on September 11th-14 <sup>th</sup> Procurement to begin in quarter 2	0%
Phone cards for 20 Outreach/ Service staff Communicating with	480 units of \$1,000 Phone cards for 20 Outreach/ Service staff Communicating with key population	240 units of \$1,000 Phone	



# IMPLEMENTATION PLAN ACTIVITIES

<b>ACTIVITIES</b>	<b>TARGET</b>	<b>ACHIEVEMENT</b>	<b>Consumption rate</b>
Conduct training with social media influencers in creating non-stigmatizing messages on Covid-19 vaccination and HIV	1 Training to be held	Influencers/entertainers are being engaged to be trained in Behaviour Change Communication to create and promote non-stigmatizing messages	0%
Edutainment TV series 'CHILL' focusses on topical issues related to key populations, GBV/IPV, SRH, HIV	10 Episodes filmed and edited for release.	Filming and post- production is in progress for a release in the last quarter; payments will begin to be reflected in the second quarter, based on agreements with contractors	0%

# IMPLEMENTATION PLAN ACTIVITIES

<b>ACTIVITIES</b>	<b>TARGET</b>	<b>ACHIEVEMENT</b>	<b>Consumption rate</b>
Walk-in self-test room-Dispensing Machine, TV Screen for Demo video	To offer non-contact self - testing solutions to persons seeking self-testing. In Kingston.	Machines were received and are currently being customized (Programmed); further updates in q2	100%

# ACHIEVEMENTS

## Peer Link Mobilization and Peer Navigation:

- one of the more successful modalities, especially when merged with online modalities.
- representing approximately 72% of the output targets garnered, especially MSM TST



# ACHIEVEMENTS

## Outreach Activities:

- ❑ The team continues to re-vamp strategies and activities and forge new partnerships to provide health services to members of the population in various sectors:
  - Sigma Run
  - Carnivals
  - Communities
  - Corporate organizations
  - Universities

- ❑ representing approximately 16% of the output targets garnered



# ACHIEVEMENTS

## • Interventions for Prevention

- Between January and March 2023 twenty-six (26) young males between the ages of 16-24 were engaged in the **Attractor Factor Programme**
  
- The programme ran for eight (8) and took the format of empowerment sessions surrounding Sex, Sexual Health and Behaviour, Self empowerment (Brand You), Condom Negotiation, an Edutainment Presentation, HIV 101, Show Me Your Motion (talent display) Gender (Identity; Roles and Stereotypes), Stigma and Discrimination, Life Skills & Relationships
  
- From this, participants benefited from:
  - HTC Services
  - Job creation
  - Support with social/national documents support
  - Psycho-Social Support and Counselling

# ACHIEVEMENTS

## Online Interventions:

- The Ashe Company continues to implement and provide high quality, and informative content for our online audience across all social media platforms
- It was observed that for this quarter, clients online were reached and off-lined primarily through two-three channels
  - Instagram
  - Grindr
  - WhatsApp.
- Age demographic for online interactions ranges from 17 up to 25 years, with more than 50% of the interactions among the client's being 20-24 years.
- representing approximately 12% of the output targets garnered, especially MSM\_TST



# ACHIEVEMENTS



- **TABSTALK LIVE [Passive Outreach]**

- From February 17<sup>th</sup> to March 27<sup>th</sup> we have aired 7 episodes of tabs talk live show resulting in over approximately 5, 844 views
- Most viewers fall in the 20-29 age group
- February 13<sup>th</sup> - My Funny Valentine: [Talk About Yuh Business Safely JM \(@thetabsproject\)](#) • [Instagram photos and videos](#)
- February 20<sup>th</sup> - I Like What I Like: [Talk About Yuh Business Safely JM \(@thetabsproject\)](#) • [Instagram photos and videos](#)
- February 27<sup>th</sup> – I Said What I Said: [Talk About Yuh Business Safely JM \(@thetabsproject\)](#) • [Instagram photos and videos](#)
- March 8<sup>th</sup> – Wear That Crown Sis: [Talk About Yuh Business Safely JM \(@thetabsproject\)](#) • [Instagram photos and videos](#)
- March 13<sup>th</sup> – What’s Your Mentally-Tea: [Talk About Yuh Business Safely JM \(@thetabsproject\)](#) • [Instagram photos and videos](#)
- March 20<sup>th</sup> – Soul Ties: [Talk About Yuh Business Safely JM \(@thetabsproject\)](#) • [Instagram photos and videos](#)
- March 27<sup>th</sup> - [Talk About Yuh Business Safely JM \(@thetabsproject\)](#) • [Instagram photos and videos](#)

# BEST PRACTICES CONT'D

- The Ashe Company continues to implement strategies that are steeped in the edutainment theory-based communication strategy to meet the stipulated testing targets for MSM.
- The team continues to promote safe sexual practices to an audience consisting mostly of the 20-24 age group-aligned with the national prevalence rate for highest HIV/STI transmission per age group.
- The team continues to find new and innovative ways of minimizing gaps and improving strategies.
- The targeted audience for broadcasting informative and entertaining HIV/STI messages is coherent with the audience to which the most attention and support is needed.
- Standing at the forefront of our strategy, Peer Link Mobilization represents the company's most lucrative and predominant mode for engaging and testing MSM (with at least 72% of our testing targets garnered via this method)



# CHALLENGES

- Eliciting factual info from clients especially around partner testing.
- Clients' availability varies, and based on the schedule of visits, some clients might miss testing opportunities, especially in Westmoreland
- Not having stationary office space in Westmoreland increases travelling to and from the parish for outreach testing.
- Clients who test positive report accessing 'private care' which is not always easy to track due to the confidentiality between the parties.
- Formal PITC training needed for new prevention staff
- A lack of uptake on TG screening

# RISK MANAGEMENT cont'd

RISK	IMPACT	RISK LEVEL	MITIGATION	UPDATE (Q1)
Loss of Key Staff - Specialized staff may leave company prior to completion of activities	Could affect ability of organization to execute specific activities.	Admin/HR	To mitigate the impact of this activity, activities should be shared, so other personnel takeover, having a pool of person previously, interviewed as to access quickly.	So far for the quarter we have not had too many losses, however where we have had changes other persons were engaged to fill the gap.
Security - Loss of equipment/ assets.	The loss of key asset would greatly affect the ability of the company to execute activities.	Other	Ensure that all assets are tracked and is secured by responsible individuals.	Improvements to asset management systems and increased security systems has helped reduce the risk for this quarter.

# WAY FORWARD

- ❑ Continue to strengthen Ashe's Information Communication technology (ICT) framework to support prevention via the dissemination of targeted SRH information for MSM/TGs on TABS social media platforms.
- ❑ Continue to scale up the online strategy which has broken through the barriers of distance, social relations and even pandemics. As the world's technological dependence and consumption increase, a person's ease of accessibility increased regardless of physical distance.
- ❑ Ongoing Capacity Development Programme for service providers including Self-testing, PREP, Partner Elicitation, motivational interviewing, online ethics etc.
- ❑ Strengthen client-centered care and support systems to improve psychosocial care and the quality-of-service delivery
- ❑ To Identify new hotspots/ clusters to provide mobilization and HIV testing in KSA, WES, STJ to high-risk MSM to increase case findings.

# Thank You!



# JCCM UPDATE

Q1 2023

**JAMAICA AIDS SUPPORT FOR LIFE**



# PREVENTION PERFORMANCE

	Target	Q1	Total	Validated Total	LOE % YTD	Validated % YTD
<b>MSM Test</b>	2083	740	<b>740</b>		<b>35.5%</b>	
Deduplicated		674		<b>674</b>		<b>32.3%</b>
<b>FSW Tested</b>	1297	673	<b>673</b>		<b>51.8%</b>	
Deduplicated		618		<b>618</b>		<b>47.6%</b>
<b>TG Tested</b>	142	12	<b>12</b>		<b>8.4%</b>	
Deduplicated		12		<b>12</b>		<b>8.4%</b>

\*17 New KP Positives Identified



# TREATMENT PERFORMANCE

	Kingston	St. Ann	St. James	JASL National
On Register	573	229	<b>211</b>	<b>1013</b>
Retained on ARVS	525	222	166	913 <b>(90%)</b>
Uptake Viral Load	467	<b>199</b>	135	<b>801</b>
Suppression	441	185	130	756 <b>(82.8%)</b>

88% of all clients retained accessing a viral load test (801/913)  
94% of all Clients who took a VL test are suppressed (756/801)



# Financial Management

Entity	Budgeted Amount	Cumulative Amount (Jan-Mar 2023)	Balance	Rate
Jamaica AIDs Support for Life	\$161,128,159.20	26,727,476.83	134,400,682.37	17%
Jamaican Network of Seropositives	\$66,735,136.78	13,150,711.57	53,584,425.21	20%
Eve for Life	\$27,395,191.80	4,031,987.12	23,363,204.68	15%
Jamaica Community of Positive Women	\$12,601,268.93	1,685,593.93	10,915,675.00	13%
<b>Total</b>	267,859,756.71	45,595,769.45	222,263,987.26	17%





# IMPLEMENTATION PLAN

ACTIVITIES	TARGET	ACHIEVEMENT	UPDATE
<p>"Peer Links (MSM, TG and FSW) GF-10 peer links to link GF-2GF-25 MSMs per quarter GF-4 peer links to link 75 TGs per quarter GF-10 peer links to link GF-2GF-25 FSWs "</p>		<p><i>See Prevention achievement table</i></p>	
<p>Target high risk MSM, TGs and FSW with appropriate combination prevention and HTC delivery models using social marketing approaches (professional fees for posting JASL Content, hosting virtual events with emphasizing JASL topics and linking content to their pages/sites) - Professional Actors &amp; Key Influencers fee per quarter.</p>		<p>Airtime (Radio) supported for the transmission of Key treatment and prevention messages through online simulcast</p> <p><b>Development &amp; Distribution of Social Media messages</b></p>	<p>Completed</p> <p>(ests 10,000 Radio listeners weekly for 10 weeks)</p> <p>(139,000+ reached)</p>



# IMPLEMENTATION PLAN

ACTIVITIES	TARGET	ACHIEVEMENT	UPDATE
Provide educational grants for adolescent and youth KPs to reduce social & economic vulnerabilities	40 KP	6 Clients accessed educational Grants	ongoing
Provide support for skills building training &/or provide educational grants to reduce social & economic vulnerabilities across JASL Chapters	20 MSM, GF-10TGs and GF-2GF-10 FSWs		
Placement of MSM, TG and FSW specific IEC materials about HIV transmission and risks	GF-100 radio placements , GF-2- bus wraps and GF-2 billboards,	49 Radio Spots (including an outside broadcast) supported  Promotional material printed for Prevention activities	ongoing
			completed

# IMPLEMENTATION PLAN

ACTIVITIES	TARGET	ACHIEVEMENT	UPDATE
Conduct adolescent and youth-based support groups among KPs and special events targeting at-risk KPs	24 Support Groups		ongoing
Conduct 6-weekly life skills training for MSM/TG/FSW across chapters to reduce social & economic vulnerabilities;	72 KP	13 MSM participating in Life Skills activities	ongoing
Conduct 8 special event sessions targeting high risk TGs, MSM & FSWs	8 Special Events	5 Special Event conducted (4 MSM/TG, 1 SW) 100 MSM 14 TG 16 SW	ongoing
Contract sessional doctors - 4 hours sessions - Doctors who come to JASL treatment sites to conduct sessions.	100 sessions for 3 treatment sites	21 clinic sessions supported	Ongoing  Co-funded activity

# IMPLEMENTATION PLAN

ACTIVITIES	TARGET	ACHIEVEMENT	UPDATE
Provide Entrepreneurship support for PLHIV through the aid of Small Grants	18 provided with small grants		Ongoing Application received and being reviewed for award
Nutritional and care packages for PLHIV	Distribution of 300 care packages		
Provisional support with short term housing and financial aid for at least	50 PLHIV and at-risk clients	3 clients received support for Short term housing	Ongoing  7 additional applications being reviewed for action
Provide Entrepreneurship training for PLHIV receiving Small Grants	4 trainings (1 Per quarter)	24 participant provided with entrepreneurship training	

# IMPLEMENTATION PLAN

ACTIVITIES	TARGET	ACHIEVEMENT	UPDATE
Provision of client support cost and legal fees based on referrals to private lawyers			
Boosting on social media IEC materials and videos regarding Human Rights	3 Social media videos developed and deployed on social media <ul style="list-style-type: none"> <li>• Childs month</li> <li>• Wrongful dismissal</li> <li>• Workplace discrimination</li> </ul>		Completed
Disseminate IEC materials and videos regarding Human Rights - For radio and JUTC Bus placements			ongoing
Placement of Radio adverts around passage of the Anti-discrimination legislation and other related legislation			ongoing

# IMPLEMENTATION PLAN

ACTIVITIES	TARGET	ACHIEVEMENT	UPDATE
Conduct GF-3 policy dialogues & high-level meetings	3 meeting 36 policy and decisions makers in government per year		Activity being implemented.  Mapping the current advocacy environment environment
Conduct GF-2-day non residential Legal Literacy Sessions	6 sessions	1 (2day) Session conducted  26 KP received legal literacy trainings	Ongoing
Conduct training with 80 mediators & Justice of the Peace per year in the government's restorative justice systems	4 trainings 80 trained JPs & Mediators	1 Session conducted 10 mediators trained	Ongoing
Training of Police officers and support staff on protecting and protecting the human rights of PLHIV and KPs seeking redress	6 sessions 120 trainees	1 Session conducted 18 Police officers trained	Ongoing

# IMPLEMENTATION PLAN

ACTIVITIES	TARGET	ACHIEVEMENT	UPDATE
GF-2-day residential capacity building workshop with Jamaica Civil Society entities to implement community-led activities to reduce human rights-related barriers.	1 Activity		
Capacity Building & system strengthening for SSRs	2 trainings		
3-day staff capacity building training	One 3-day staff capacity building		
GF-3-day residential Capacity Building sessions with Civil Society in social enterprise management and other resource mobilization strategies. (GF-20 persons and consultant trainer)	One 3-day capacity building		

# IMPLEMENTATION PLAN

ACTIVITIES	TARGET	ACHIEVEMENT	UPDATE
<b>C-19</b>			
Provide Entrepreneurship training for micro grant recipients	1		
Develop a covid19 action plan that guides the civil society and community-led organizations' response.	1 action plan developed		
Procure, and distribute Educational supplies, and nutrition packages for children; Nutritional support to clients in need	-		



# IMPLEMENTATION PLAN

ACTIVITIES	TARGET	ACHIEVEMENT	UPDATE
Engage community leaders and influential to develop longer-term preparedness and emergency risk management plan			
Increase treatment literacy; offer to enhance adherence counseling with individuals and family			ongoing

# ACHIEVEMENTS (Snap Shot)

- Over 1000 PLHIV Managed Across
  - (After death, migrations, and transfers)
- 26 New Clients linked to care during the Quarter
- 43 Clients Newly Started on PrEP
  - (16 additional returned for new prescription)
- 1425 HIV Test administered to Key Populations
  - 17 New (KP)Positives Identified
- Living Support Assessment completed
- Covid-19 response grant assessment completed
- Over 130,000 Instance of engagement through Social media Content



# ACHIEVEMENTS (Snap Shot)

- 130 KPs engaged through special events
- 24 PLHIV received entrepreneurship training
- 6 clients accessed entrepreneurship grants
- 3 clients supported with short-term housing
- 26 KPs accessed legal literacy training
- 18 Police officers and 10 mediators received human rights sensitization sessions.

# ACHIEVEMENTS (SSRs)

## JN+

- Legal Literacy Session - Fourteen (14) participants benefitted from legal empowerment sessions in the Southeast region
- Jamaica Anti-Discrimination System HIV (JADS) - Twenty-five (25) case submissions for redress were received during Q1,
- Community Treatment Observatory - Fifteen (15) data collectors and three (3) data validators were engaged in a series of online preliminary sessions

## JCW+

- Annual Review, Report and Planning Retreat was held. Twenty-four (24) women living with HIV participated.
- Quilt Working Group Art Therapy Sessions - 3 sets of 8 women and 2 family members (Group #1 was implemented
- Positive Health & Dignity (PH&D) Sensitization Sessions - Session was held, with 11 WHIV.

## EFL

- Youth Aide Club meeting engaged Sixteen (16) OVC/ALHIV participants



# BEST PRACTICES

- Integration of Non-KP/Generic Programming to reduce S&D (at site level and outreach)
- Robust Data Systems to support client management
  - (Appointments, Linkage, and VL Trackers)
- Multi-Chanel Approach to client engagement
- Coordination across agencies to reduce duplication of efforts and promote better collaboration for the allocation of benefits to clients

# CHALLENGES

- As clients/communities become more empowered, their needs change, which requires a constant shift in programming
- Reprogramming (2023 listing did not factor several 2022 changes)
- 16 MSM PLHIV (in care) migrated in Q1 alone
- Restructuring of Salaries in the public sector makes NGO salaries less attractive
- Challenges with the recruitment of Key professional Cohorts (Nurses, M&E)

# RISK MANAGEMENT

RISK	IMPACT	RISK LEVEL	MITIGATION	UPDATE ()
High Staff Turn Over	Slows down implementation  Constant reorientation, steep learning curve loss of institutional memory	High Risk	Cross-training and Task sharing among non-critical roles  Establish a bank of professional  Advocacy for competitive salaries	
Budget Finalization and Reprogramming	Delays Implementation Inability to use available / committed funds	High Risk	Ongoing Implementation of routine programming activities that require less bureaucracy	
Environmental Factors / Emerging illnesses (Covid/Mpox etc)	Delays/halts implementation	Moderate	Crisis Management and Business continuity plan	

# WAY FORWARD

- Informal barrier Analysis to identify service gaps and realignment of needs
- Modify Research Agenda (operational research)
- Reprogramming



Thank you !!!