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

Organization: African Enterprise
Country: Rwanda
Title: Transitioning to a Local Prime Implementing Partner in Lesotho

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

Lineo Thahane*, Mabatle Mabalela, Mosa Molapo Hisoa, MelusitaFloopa, Pololelo Yose
Baylor College of Medicine Children’s Foundation – Lesotho ( BCMCFL)

Background

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

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

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

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

Challenges

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

Successes

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

Lessons Learned

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

Organization: Common Vision for Development Association (CVDA)
Primary Contact: Bekelech Bayou, Email: bekelechbayou@gmail.com

Effect of Quality Improvement on HIV Epidemic Control in Ethiopia.
Bekelech Bayou, Tsegaye Woldegeorgis, Micheal Yilma, Birat Nigusse, Yonas Alema

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

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

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

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

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

Data analysis: Data was entered to excel sheet, then exported to SPSS version 22 software for further processing and analysis by PI. The effect of QI implementation on routine ICT yield and LTU re-engagement were measured and monitored by test chance using run chart.

Summary Results:
HTS INDEX yield increased from 2.6% to 8.9%, HIV positivity rate improved from 0% to 3.4% through HTS-SELF and LTU re-engagement from 30% to 73%. The detailed is indicated on Figure 1 & 2

Gulele Woreda 9 SNU QIP

Weeks

Hawassa SNU ICT yield

Weeks

Conclusion: The observed improvement within short period of QI implementation is promising. Expanding the QI intervention by Government and developmental partners will lead to provision of standardized quality service to the beneficiaries at all level and have positive effect on the health system at all.
# The Effectiveness of Zambia Family South Central Initiative Improving family resilience and childcare for graduation

**Authors:** John Phiri, Elise Soerensen, Fredrick Mwansa Katunga, Bernard Kasawa

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

## 1. BACKGROUND

Development Aid from People to People in Zambia (DAPP) is implementing a 5-year (2018 – 2023) USAID funded OVC Zambia Family Initiative (ZAMFAM) in 14 districts across Southern and Central Provinces, supporting 125,000 OVC, with some children graduating and new enrollments each year. Furthermore, it supports families and caregivers.

In COP19, PEPFAR established the Graduation Benchmarks Assessment Tools and ZAMFAM assessed 51,544 families graduated 39,270 (76%) and established new case plans for those who did not graduate. ZAMFAM will transition all 22,274 families and 46,075 OVCs to other stakeholders including Government line ministries.

## 2. INTERVENTIONS

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

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

## 3. RESULTS

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

<table>
<thead>
<tr>
<th>District</th>
<th>Registered Families</th>
<th>% of Families that meet All 8 benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>6,325</td>
<td>100%</td>
</tr>
<tr>
<td>Livingstone</td>
<td>4,258</td>
<td>90%</td>
</tr>
<tr>
<td>Mazowe</td>
<td>2,361</td>
<td>80%</td>
</tr>
<tr>
<td>Missiri</td>
<td>8,100</td>
<td>65%</td>
</tr>
<tr>
<td>Luanshya</td>
<td>4,729</td>
<td>70%</td>
</tr>
<tr>
<td>Choma</td>
<td>9,430</td>
<td>50%</td>
</tr>
</tbody>
</table>

### 3.2 Families failing to meet PEPFAR graduation benchmarks

- All children in school age enrolled in school
- The household is not child headed
- No violence reported in the home
- The family is financially stable
- No children under five malnourished
- OVC are knowledgeable about HIV prevention
- HIV positive caregivers/ OVC have suppressed viral load
- OVC and caregiver know their HIV status

### 3.3 % of families failing to meet benchmarks

<table>
<thead>
<tr>
<th>District</th>
<th>% of families failing to meet benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>0%</td>
</tr>
<tr>
<td>Livingstone</td>
<td>10%</td>
</tr>
<tr>
<td>Mazowe</td>
<td>20%</td>
</tr>
<tr>
<td>Missiri</td>
<td>35%</td>
</tr>
<tr>
<td>Luanshya</td>
<td>40%</td>
</tr>
<tr>
<td>Choma</td>
<td>50%</td>
</tr>
</tbody>
</table>

## 4. CONCLUSION

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

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

### Acknowledging the key lessons learnt are:

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

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

M. Nyirenda, A. Mhango, J. Likumbula, R. Phiri, A. Msame, M. Chirwa, J. van Compernolle

Affiliations: Partners in Hope, Lilongwe, Malawi

Background
- Cervical cancer is an important public health problem worldwide and the number one cancer killer of women in sub-Saharan Africa.
- Malawi has the highest cervical cancer incidence and mortality in the world with age-standardized rates of 7.5 and 45.6 per 100,000 population respectively.
- Cervical cancer accounts for 4.4% of all malignancies in Malawian women and the risk is 14 times higher in women living with HIV (Malaria).
- Access to cervical cancer screening and treatment of pre-invasive disease is a major challenge, mainly due to shortage of trained providers.

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

Methods
- Initially, cervical cancer services depended on available trained Ministry of Health providers in PHI supported facilities.
- However, they were frequently deployed to other health care activities due to competing priorities, creating gaps in cervical cancer service delivery.
- To address this challenge, PHI trained and engaged dedicated cervical cancer screening service providers to provide cervical cancer screening services during ART clinics.
- Between August-September 2019, PHI trained a total of 56 of its staff across all the 9 PHI cervical cancer supported sites.

Table 1: VIA concord as of July 2020

<table>
<thead>
<tr>
<th>VIA Concord</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>10</td>
</tr>
<tr>
<td>Negative</td>
<td>90</td>
</tr>
</tbody>
</table>

Results
- During Covid-19, by end July 2020 a total of 11,909 women were screened against the annual target of 16,662 representing 31.4% as compared to 2,019 in the previous year.
- A total 109 were VIA positive (1.7%) with 123 treated for pre-invasive lesions on the same day and 56 were referred due to larger lesions (100% management coverage).

Conclusions
- Story dedicated and well trained cervical cancer screening providers in ART clinics improved access to cervical cancer services for women on ART.
- In PHI we will recruit and deploy additional HRH to greatly expand current service delivery of HIV services, including cervical cancer screening and treatment. These management programs can be adapted to reduce incidence in this population.

References

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Organization
Partners In Hope

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

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

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

Results
- Of the 22,655 AGYW enrolled in the project, 13,586 (60%) had documented phone numbers (see Figure 2).
- Between April-August 2020, 13,073 AGYW were called and 11,073 (85%) were reached with only 2 declining the services.
- Phone number changes, limited network coverage and switched mobile phones contributed for the AGYW not reached.
- AGYW 15-19 accounted for the highest number reached (n=4,968) and many of the AGYW reached (71%) were from Oshikoto region. This region had the highest number of active DREAMS beneficiaries. (See figures 3 & 4)
- Issues identified include sexual violence (n=52), physical/intemotional violence (n=136), severe hunger (n=1176), medical emergency (n=168) and overdue medication refill visits (n=190).

Conclusions
- Virtual support through phone call is a feasible strategy to maintain contact with and provide essential services to AGYW.
- The approach should be refined to regularly update AGYW contact information, increase AGYW phone access and introduce electronic based assessment.
## NDAA Section 889 “Prohibition on Certain Telecommunications and Video Surveillance Services or Equipment”

<table>
<thead>
<tr>
<th>The Government</th>
<th>Acquisition</th>
<th>Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A - The Government Cannot Obtain Prohibited Telecom</td>
<td>Part B - Government Contractors Cannot Use Prohibited Telecom</td>
<td>Assistance - Partners cannot use USAID funds to obtain prohibited telecom</td>
</tr>
<tr>
<td>Part A prohibits the government from obtaining (through a contract or other instrument) certain telecommunications equipment (including video surveillance equipment) or services produced by the following covered entities and their subsidiaries and affiliates: Huawei Technologies Company</td>
<td>Part B prohibits the government from contracting with an entity that uses certain telecommunications equipment or services produced by the entities listed in the statute.</td>
<td>mandatory standard provision “Prohibition on Certain Telecommunications and Video Surveillance Services or Equipment” (AUGUST 2020).</td>
</tr>
<tr>
<td>ZTE Corporation</td>
<td>- The Government cannot contract with an entity that uses covered telecommunications equipment or services as a substantial or essential component of any system or as critical technology as part of any system.</td>
<td>- Recipients and subrecipients are prohibited from using grant funds, including direct and indirect costs, program income, and any cost share, for covered telecommunication equipment or services to:</td>
</tr>
<tr>
<td>Hytera Communications Corporation</td>
<td>- Prohibition applies regardless of whether or not that usage is in performance of work under a Federal contract.</td>
<td>(1) Procure or obtain, extend or renew a contract to procure or obtain;</td>
</tr>
<tr>
<td>Hangzhou Hikvision Digital Technology Company</td>
<td>- After conducting a reasonable inquiry, entities will represent whether they do or do not use prohibited telecommunications equipment or services</td>
<td>(2) Enter into a contract (extend or renew a contract to procure); or</td>
</tr>
<tr>
<td>Dahua Technology Company</td>
<td>Part B has been added to the Federal Acquisition Regulation (FAR) at FAR subpart 4.21.</td>
<td>(3) Obtain the equipment, services or systems.</td>
</tr>
<tr>
<td>The Department of Defense has the authority to add additional companies to this list. Part A has been added to the Federal Acquisition Regulation (FAR) at FAR subpart 4.21.</td>
<td>Still have questions? See USAID Section 889 Q&amp;A's</td>
<td>- Assistance awards made prior to August 13, 2020, do not need to be amended to include the prohibition on covered telecommunications equipment and video surveillance services because the prohibition was not effective at the time of the award.</td>
</tr>
<tr>
<td>Note that the Part A ban also applies to commercial items (FAR 12.301(d)(6)) and micro-purchases (FAR 13.201(i)).</td>
<td>Still have questions? See USAID Section 889 Q&amp;A's</td>
<td>Still have questions? See USAID Section 889 Partner Information page</td>
</tr>
</tbody>
</table>