



Kiribati:
Kiribati National HIV and STI Strategic Plan
2012-2015

Navigating the way forward on
HIV and STIs

Developed with the support of the project: *Strengthening Capacity to developing National HIV and STI Strategic Frameworks in Pacific Islands Countries* (a project implemented by Burnet Institute in partnership with SPC and UNAIDS, funded by the Pacific Response Fund).

DRAFT 29 OCTOBER 2012

An extract from this plan: The Results Matrix

6. Results Matrix

Note that this plan covers the period from 2012-2015 because this contributes to meeting the goals of the Ministry of Health and Medical Services National Health Strategic Plan, which ends in 2015.

Purpose of the Results Matrix

This Results Matrix summarizes the program logic of the national strategic plan, showing how the goal to be achieved over five years will occur as a result of the five strategic priorities, and how each priority has its own objective, outcomes, indicators of whether these outcomes are achieved, and strategic interventions. The term “strategic interventions” has been used even though the planning workshops discussed “activity groups”. The reason for this is that the Pacific Regional Strategy Implementation Plan (PRISP) uses the term “activity groups”, and participants agreed that using the same term may lead to confusion between the two plans. Discussion of what each of the components of this Results Matrix means and how it will be implemented is included above in the narrative section of this plan.

Annual Priority Actions

Each year, the Kiribati Country Coordinating Mechanism will consider what should be the annual priority actions. These will be based on this Results Matrix, chosen according to immediate needs and available resources. The implementation and effects of these priorities will be measured according to the information collection methods outlined in the Monitoring and Evaluation Framework. That framework will be developed soon after completion of this national strategic plan, with the assistance of SPC.

Impacts and outcomes

The national impacts for the whole strategy, and the outcomes for each objective, have been determined in the final planning workshop in August 2012, after considering the desired results identified by participants in earlier planning workshops held in 2011 and 2012. Participants decided that there should be four measurable national impacts, for which indicators can be assigned, rather than assigning indicators to the “vision”. This is because the vision is like an aspirational dream, and would be cluttered if directly assigned with indicators.

The indicators are in accord with the standard measures requested for the Pacific Regional Strategic Implementation Plan (PRISP II), Global AIDS Progress Reporting (GAPR 2011), and major grants from the Response Fund and the Global Fund. A separate document which notes the links between the indicators in this plan and the regional and global indicators is maintained by the HIV/STI Secretariat and can be made available on request.

Some of the impact and outcome targets were developed in the feedback session of the 2012 Review of Parent to Child Transmission of HIV and Syphilis, which involved many clinical staff and national program staff in considering realistic

targets for prevention and treatment of HIV and syphilis. By using the same targets, this national strategic plan and the specific decisions about how to prevent babies being infected are directly in accord with each other.

Not all global or regional indicators are included in this strategic plan because not all are relevant to Kiribati. For example, since there is no visible community of sex workers it is not possible to determine the percentage of sex workers infected with HIV, even though some transactional sex does take place.

<p>Goal:</p> <p>Achieving together a supportive environment to reduce the impact of HIV and STIs on individuals, families and the community in Kiribati by 2015.</p>	
<p>Vision:</p> <p>Zero new HIV infections. Zero preventable deaths from HIV and AIDS. Zero discrimination associated with HIV and STIs.</p>	
<p>National impacts:</p>	<p>Indicators of whether these impacts are achieved:</p>
<p>By 2015, there will be 90% elimination of HIV incidence.</p>	<p>Percentage of women and men aged 10-24 who are HIV infected.</p> <p>Number and percentage of infants born to HIV-infected mothers who are HIV-infected.</p>
<p>By 2015, 90% of preventable deaths from HIV will be avoided as a result of access to treatment.</p>	<p>Percentage of eligible adults and children currently receiving antiretroviral therapy.</p> <p>Number of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy.</p>
<p>By 2015, a 50% reduction in the prevalence of STIs.</p>	<p>STI prevalence amongst pregnant women who attend antenatal services (indicated by chlamydia).</p>
<p>By 2015, there will be no discrimination associated with HIV or STIs.</p>	<p>Evidence of people surveyed expressing accepting and caring attitudes towards people living with HIV:</p> <ol style="list-style-type: none"> 1) Percentage of people who refuse casual contact with a person living with HIV. 2) Percentage of people who believe a person should be able to keep his or her HIV status private.

Priority 1: Prevention of HIV and STIs, safe blood supply and occupational health safety

Objective 1:

Increase understanding and preventive behaviours for HIV and STIs in young people and other key risk groups through quality prevention programs in South Tarawa, Outer Islands and the Line Islands.

Outcomes of this objective:	Indicators of whether these outcomes are achieved:
By 2015, 80% of young men and women aged 10-24 will have good understanding of how to prevent transmission of HIV and STIs.	Percentage of young men and women aged 10-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission. (2009: 44% female 48.6% males aged 15-24)
By 2015, 100% of young people will have regular and easy access to condoms and reproductive health information.	Percentage of young people aged 10-24 years who have regular access to condoms and reproductive health information (disaggregated by age groups 10-14,15-19 and 20-24).
By 2015, a 50% reduction in numbers of people who have sex before the age of 15.	Percentage of young women and men who aged 15-24 who have had sexual intercourse before the age of 15. (2009: 1.6% female 13.8% male)
By 2015, a 60% reduction in numbers of people who have more than one sexual partner.	Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months. (2009: 1.8% female 10.5% male)
By 2015, 50% of adults who have more than one sexual partner will use condoms.	Percentage of adults aged 15-49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse. (2009: 2.4% female 33.2% male)
By 2015, 90% of pregnant women will have access to antenatal care services and skilled care at birth.	Percentage of pregnant women attending an antenatal care service at least once. (2011: 87%)
By 2015, 90% of HIV infected mothers and exposed infants will receive prophylaxis to reduce the risk of transmission of HIV to the infants.	Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother to child transmission.
By 2015, a safe blood supply.	Percentage of units of blood collected from voluntary non-remunerated blood donors.
By 2015, safe and confidential programs support people living with HIV to lead healthy and fulfilling lives.	Support network for people living with HIV exists. Evidence that people living with HIV gain support from other organisations.

Output 1.1:

Strengthen the capacity of organisations and institutions in the private and public sector across Kiribati to advocate and educate their members about HIV and STIs, in partnership with health NGOs and MHMS

Strategic interventions:

- 1.1.1 Conduct quarterly review meetings of the CCM to confirm each agency's work plan and responsibilities, discuss challenges and identify needs for improvements (as outlined in Output 5.2 on Monitoring and Evaluation, and Output 5.4 on Financial Management, all agencies will report quarterly to the CCM)
- 1.1.2 Review and develop IEC materials on HIV and STIs, including TB-HIV collaboration and Prevention of Parent to Child Transmission (PPTCT) ; evaluation of IEC materials coordinated by the HIV/STI Secretariat under the umbrella of the CCM; screening, pre-test and approvals of IEC materials will take place before mass printing and distribution; Health Promotion (MHMS) will oversee printing of IEC materials
- 1.1.3 Conduct Training workshops in HIV, STIs TB-HIV collaboration, transmission prevention and PPTCT with stakeholders from target organisations and institutions throughout Kiribati
- 1.1.4 Develop a funding proposal process, including criteria, for the Community Action Grants (awarded by the CCM) for participating agencies and institutions
- 1.1.5 Conduct Training of Trainers (TOT) Workshops to build skills in facilitation and writing proposals to HIV stakeholders for follow-up workshops delivered by key stakeholders throughout Kiribati; TOT for nurses and health inspectors on outer islands will be included to enable a multiplier effect, because the South Tarawa trainers are unable to cover all islands due to high costs
- 1.1.6 Conduct community education and awareness by trained facilitators in 1.1.5 to targeted populations

Output 1.2:

Increase access of young people and other most at risk and vulnerable groups to quality VCCT programs throughout Kiribati

Strategic interventions:

- 1.2.1 Establish VCCT Counsellors committee to oversee the ongoing operation and expansion of the VCCT program:
 - Develop a strategy for using re-deployed VCCT- trained staff in other locations than the current accredited-VCCT sites, including options for a mobile VCCT program
 - Agree on a training plan for the current and expanded program, including options for increasing accreditation/responsibilities of counsellors to take bloods in specific settings
 - Revisit recommendations of the PCASS report to improve quality counselling
- 1.2.2 Review and distribute VCCT policy guidelines to all 9 VCCT sites and supporting health staff in Government and NGO health centres and hospitals
- 1.2.3 Conduct refresher training for all 42 accredited counsellors
- 1.2.4 Identify and recruit additional staff for training and then location in current and new VCCT clinics
- 1.2.5 Continue operation of the nine accredited VCCT clinics in South Tarawa (including upgrade of KRCS clinic), establish VCCT clinics in some of the 33 outer Islands and in the Linnix
- 1.2.6 Assess data requirements for VCCT operations and revise reporting format in collaboration with the HIV Secretariat M&E officer
- 1.2.7 Train all VCCT staff in data entry and reporting requirements
- 1.2.8 Establish Peer Educators Network to ensure integration of VCCT as part of overall outreach and peer education awareness and education programs in villages and community
- 1.2.9 Conduct quarterly meetings of VCCT to review challenges and identify needs for improvement

Output 1.3:

Increase access of young people, including most at risk and vulnerable to information and services through an expanded and improved peer education program in South Tarawa, the Outer Islands and including the Linnix

Strategic interventions:

- 1.3.1 Conduct Annual Review and Planning Meeting of Implementing Partners with CCM to evaluate each agency's annual output and plan for the next year
- 1.3.2 Develop an agreed strategy for consolidating peer education activities in South Tarawa and expanding peer education to the Outer Islands and including the Linnix
- 1.3.2 Develop a strategy for education of parents, to ensure own understanding of HIV and STIs and their support for peer education for youth
- 1.3.3 Review, develop and standardise training materials (including life skills training materials) for Peer educators in all agencies delivering services in South Tarawa, Outer Islands and the Linnix
- 1.3.4 Conduct refresher training for all current and lapsed peer educators including KNPEC committee members HIV 101, life skills training in assertiveness, negotiation and decision-making referral processes to YFS and VCCT clinics
- 1.3.5 Conduct outreach peer education activities during national events throughout Kiribati
- 1.3.6 Provide sufficient supply of condoms and carry out effective and efficient distribution to identified locations in South Tarawa, Outer Islands and the Linnix, and evaluate success annually:
 - Establish committee to standardise activities for distribution, feedback from bars, strategies for cost effective provision of condoms
 - Strengthen strategies on how to coordinate, distribute and use condoms, spot check to ensure bar workers look after condoms and make them accessible
 - Identify focal persons for condom supply amongst peer educators at different levels and for different target groups
 - Ensure condom focal persons report to Pharmacy on monthly consumption
 - Health Inspectors for ships will ensure condoms are provided on the ships
 - Nurses will coordinate and monitor Sexual and Reproductive Health (SRH) activities in their communities (e.g. condom distribution and peer education activities)
- 1.3.7 Conduct quarterly Peer Educator Network M&E meetings to confirm workplans and assess progress of peer education program activities and youth friendly health services outputs
- 1.3.8 Assess data requirements for peer education programs, revise reporting formats in collaboration with the HIV Secretariat M&E officer, and train all peer education staff in reporting requirements (cross reference to Output 5.2 on Monitoring and Evaluation; Kiribati National Peer Education Committee to provide the training)

Output 1.4:

Deliver Family Life Education to all schools in Kiribati

Strategic interventions:

- 1.4.1 Finalise the curriculum for all levels of junior and secondary school with the MOE
- 1.4.2 Discuss the curriculum with parents to obtain support and consent for the delivery of the curriculum
- 1.4.3 Implement the curriculum as a pilot in three schools in Outer Islands and Tarawa
- 1.4.4 Evaluate the pilot and revise the curriculum
- 1.4.5 Develop training program and train teachers at all levels for delivery of the curriculum nation-wide

- 1.4.6 Implement the curriculum nation-wide
- 1.4.7 Assess data requirements for school education programs and revise reporting format in collaboration with the HIV Secretariat M&E officer
- 1.4.8 Train all education staff in the reporting requirements

Output 1.5:

Eliminate new paediatric HIV and congenital syphilis: prevent transmission to newborns

Strategic interventions:

- 1.5.1 CCM to review and endorse new Prevention of Parent to Child Transmission (PPTCT) Guidelines following review in 2012
- 1.5.2 Health System Strengthening to ensure improved coverage of joint HIV, STI and MCH services
 - Develop comprehensive training curriculum which includes PPTCT/STI/MCH
 - Provide training on PPTCT to Health Workers to scale up the PPTCT/STI services in South Tarawa, the Outer Islands and the Line Islands
 - Introduce task shifting approaches in accord with regional guidelines, so that more women and their male partners can be tested for HIV and STIs
 - Improve social mobilization so that majority of people understand how transmission to newborns can occur and be prevented
 - Train Ministers of Religion about the potential for infection of newborns with HIV or syphilis, and encourage them to discuss this in pre-marriage counselling so that couples can avoid it
 - Increase coverage of PPTCT services through training of nurses and provision of test kits, including introduction of point of care rapid HIV test, in accord with regional protocols as these are rolled out (see Strategic Interventions 4.1.3 and 4.1.4)
 - Improve program uptake, by mobilizing pregnant women to attend health centres or clinics to access antenatal care services which include screening for HIV and syphilis
- 1.5.3 Employ effective interventions to ensure PPTCT
 - Ensure primary prevention of HIV and syphilis amongst women of child bearing age through integration with MCH education and IEC materials (this is also linked with other aspects of prevention in Output 1.1, 1.2, 1.3 and 1.4, but ensuring that information about PPTCT is included in VCCT, peer education and schools' Life Skills education)
 - Prevent unwanted pregnancies, through linking this HIV and STI strategy with Family Planning, in particular by ensuring that all women living with HIV have access to Family Planning, and promoting involvement of men in first visits to antenatal services (National Family Planning Strategy is currently being developed, and will include family planning choices for women living with HIV)
 - Scale up PPTCT and STI services to prevent transmission of HIV and syphilis from pregnant women to their newborns and infants, through testing (see Priorities 3 and 4 for details), provision of treatment where needed (see Priorities 3 and 4), and providing antiretroviral prophylaxis to infected mothers and their newborn children
 - Appropriate treatment and care for mothers living with HIV and their children (see Priority 3)

- 1.5.4 Linkages of services between HIV, STI and MCH programs
- Improve integration of PPTCT and STI into MCH programs
 - Appoint representatives of MCH programs to the KCCM
 - Ensure supply of testing kits and antiretroviral drugs and STI treatment drugs takes account of the need for provision of those drugs to pregnant women and their newborns and infants (see Outputs 3.4, 4.5)
- 1.5.5 Improve measurement of PPTCT performance and impact
- Ensure PPTCT is included in improvements to Monitoring and Evaluation (see Output 5.2)
 - Improve supervision and monitoring of the PPTCT programs, including training of health workers and quarterly reporting to the CCM (see Output 5.2)
 - Ensure documentation and reporting on PPTCT and STI by all health facilities providing these services
 - Include PPTCT and STI in regular reviews of MCH

Output 1.6:

Strengthened support network for positive people in Kiribati

Strategic interventions:

- 1.6.1 Re-establish the support group of institutions and other NGOs as a safe and confidential environment to support positive people and conduct regular (quarterly) meetings
- 1.6.2 Develop programs to support positive people in consultation with positive people
- 1.6.3 Advocate with other agencies, such as social welfare or employers, to support positive people to live healthy and fulfilling lives
- 1.6.4 Re-establish the support group of institutions and other NGOs as a safe and confidential environment to support positive people and conduct regular meetings

Output 1.7:

To maintain sufficient and safe blood supply to the community

- 1.7.1 Finalise and endorse MOU between Kiribati Red Cross Society and the MHMS
- 1.7.2 Finalise and endorsed Blood Safety guidelines/policy and protocols
- 1.7.3 Ensure adequate capacity of safe blood storage or cold chain is made available in all relevant locations
- 1.7.4 Red Cross and Laboratory to train health workers in MHMS, Red Cross and other NGOs and others on the revised blood safety guidelines and protocols
- 1.7.5 Red Cross and Laboratory to conduct community awareness program on the revised blood safety guidelines and protocols using community meetings, media and other IEC materials
- 1.7.6 Development and update database and protocols for data entry and maintenance of client records
- 1.7.7 Red Cross and Laboratory develop and update IEC and other media materials about the importance of voluntary non remunerated blood donors recruitment and retention
- 1.7.8 Plan and conduct community awareness programs on donor recruitment and retention and national voluntary non-remunerated blood donor registration, using community meetings, workshops, media and other IEC materials (e.g. World blood donor day; Community outreach and Drama)
- 1.7.9 Red Cross and MHMS to develop and implement a strategy for conducting mobile blood donations across South Tarawa, including use of a van for mobile blood collection if fund raising for this succeeds
- 1.7.10 Red Cross and MHMS to develop and maintain a voluntary national register of blood donors by establishing

the blood donor social club – Club 5
1.7.11 Develop and updates database and protocols for data entry and maintenance of registered voluntary non remunerated blood donors
Output 1.8:
Ensure the occupational safety of health workers and others who may be at risk of accidental transmission through workplace accidents
Strategic interventions:
1.8.1 Review, develop and distribute IEC materials and other protocols targeting health workers and others on universal precautions
1.8.2 Arrange and deliver training workshops for health workers in MHMS and NGOs and other agencies on universal precautions
1.8.3 Ensure that Manual and protocols are made available in proper (relevant) settings
1.8.4 Routinely audit compliance with universal precaution guidelines
1.8.5 Ensure supplies for maintenance of universal precautions are procured and disseminated to relevant locations (including syringes, rations etc)
1.8.6 Procure quality equipment and essential supplies to avoid service disruptions
1.8.7 Conduct a monthly inventory of supplies

Priority2: Community leadership and an enabling environment to reduce stigma and discrimination	
Objective2:	
Strengthen national and local government, civil society leadership including Churches, Unimwane, Women and Youth leadership, and improve the policy and legislative environment to reduce stigma and discrimination associated with HIV and STIs.	
Outcomes of this objective:	Indicators of whether these outcomes are achieved:
By 2015, there will be no stigma and discrimination associated with HIV or STIs.	Note that this is a national impact, so the indicator is included above.
By 2015, the Unimwane (old men) and the Churches will support the national approach to HIV and STIs, and allow participation of their communities in education and counselling.	Number of people who seek counselling and testing and say they were referred by Unimwane or Churches.
By 2015, there will be legislation in place to ensure that stigma and discrimination is illegal.	National legislation and policy framework adopted by the Parliament.

Output 2.1:

Engage Church leaders and Uminwane to promote understanding, reduce stigma and discrimination.

Strategic interventions:

- 2.1.1 Deliver annual training and awareness to members of the Kiribati National Council of Churches and other churches not in the council, throughout the Gilbert and The Line Islands Islands, and seek their ideas on what they can do to reduce fear, stigma and discrimination (commence with one day training, each year increase by one day, to three day training in 2015)
- 2.1.2 Deliver training and awareness to Unimwane Associations throughout Kiribati and seek their ideas on what they can do to reduce fear, stigma and discrimination (one day to three day training workshops)
- 2.1.3 Deliver training and awareness programs on human rights to other civil society organisations throughout Tarawa and outer islands
- 2.1.4 Develop guidelines on what church leaders should say to their communities, in collaboration with these leaders
- 2.1.5 Encourage interaction between Church and Unimwane leaders, health services staff and peer educators
- 2.1.6 Advocate to Church and Unimwane leaders to support legislation to reduce stigma and discrimination

Output 2.2:

Strengthen legislative capacity to reduce stigma and discrimination through review and enforcement of the Public Health Ordinance and HIV & STI Legislation

Strategic interventions:

- 2.2.1 Review existing Public Health Ordinance to ensure it promotes and protect the rights of people living with HIV and prohibits stigma or discrimination on the basis of HIV status
- 2.2.2 Establish a legal technical working group to oversee the process of improving policies and laws, in association with local legal experts, regional partners, and the Attorney General's Office
- 2.2.3 Develop and implement an education and awareness program about the new ordinance for key target groups and the general public, to ensure that the public accepts the bill
- 2.2.4 Consult with key stakeholders – including development of a policy paper for the Ministries of Health, Internal Affairs, Fisheries, and the Attorney General, to advocate for new and appropriate legislation
- 2.2.5 Consult with key stakeholders to finalize the policy paper (e.g. Ministries of Social Affairs, Fisheries and Marine Resources Development, Labour and Human Resources Development, Education, selected NGOs, Churches and Unimwane (Old Men))
- 2.2.6 Submit the Cabinet paper by MHMS to Cabinet to seek approval for the drafting of the HIV and STI Legislation
- 2.2.7 Further develop the new law and submissions to Parliament, through the Attorney General, then present the bill to Parliament

Output 2.3:

Strengthen civil service workplaces to reduce stigma and discrimination through development and endorsement of workplace policies

Strategic interventions:

- 2.3.1 Invite focal points for HIV in each Ministry, as well as those who are responsible for developing work place policies, to join the technical working group which is developing the new HIV and STI legislation
- 2.3.2 Conduct a training workshop on HIV and the law
- 2.3.3 Develop and disseminate IEC material and media to raise awareness about stigma, discrimination and the law for specific Ministries and workplaces
- 2.3.4 Establish small working groups in each Ministry to consult and develop workplace policies to protect the rights of people living with HIV to work in fair and secure environments
- 2.3.5 Review the seafarers and police workplace policies on HIV – including pre-conditions for mandatory testing – in light of Kiribati 2008 Employment Ordinance and the MHMS VCCT policy and practices
- 2.3.6 Monitor and report on implementation of workplace policies

Output 2.4:

Establish Stepping Stones Program in Tarawa

Strategic interventions:

- 2.4.1 Re-establish the Stepping Stones Committee (Stepping Stones is a program to promote community involvement in solving problems relating to HIV, STIs and sexual health – HIV/STI Secretariat will ensure this is re-established)
- 2.4.2 Conduct TOT training on Stepping Stones (new and previously trained) to develop workplan for roll out – first in Tarawa
- 2.4.3 Develop IEC materials and media initiatives for rolling out Stepping Stones in Tarawa
- 2.4.4 Collect and analyse data for regular monitoring and evaluation to assess coverage and effectiveness of Stepping Stones

Output 2.5:

Improve safety of nightclubs and licensed environments to reduce vulnerability and risk for young women and men

Strategic interventions:

- 2.5.1 Once the HIV and the Law Working Group is established, invite discussions with representatives from the bars and nightclubs as well as other relevant stakeholders such as AAFR, BTC & TUC Liquor Committee Chairperson
- 2.5.2 Review current Liquor Licensing Act and regulations and identify any amendments which may make these environments safer; if necessary, propose changes to the liquor licensing legislation and draft a policy paper seeking endorsement by Cabinet
- 2.5.3 Develop a strategy for enforcing the legislation: including use of IEC and media campaigns for safer drinking environments and education for bar and nightclub staff, employers and people visiting these places
- 2.5.4 Plan then conduct operational research into the links between alcohol consumption and risk for young people
- 2.5.5 Use this research to inform the development of the IEC and media campaigns

Output 2.6:

Promote awareness of human trafficking in Kiribati, particularly in the Line Islands

Strategic interventions:

- 2.6.1 Review legislation – the Immigration and Customs Act and other relevant legislation
- 2.6.2 Develop training and awareness materials for schools and communities; and customs and police; and media
- 2.6.3 Deliver training and awareness in schools, communities, and through customs and police workplaces
- 2.6.4 Develop a media campaign for radio
- 2.6.5 Monitor implementation of awareness programs

Priority 3: Diagnosis, treatment and support of people living with HIV

Objective 3:

Increase coverage and quality of diagnosis, case management and care for people living with HIV

Outcomes of this objective:

Indicators of whether these outcomes are achieved:

By 2015, a 100% increase in the number of people who know their own HIV status (from 2011 baseline 4,587).

Number of people who receive HIV testing and post-counselling services and receive their results, as per Pacific minimum standards.

By 2015, 90% of pregnant women will know their HIV status.

Percentage of pregnant women who know their HIV status.

By 2015, all people living with HIV who are eligible for treatment will be receiving treatment (eligibility based on low CD4 count).

Note that this is a national impact, so the indicator is included above.

Output 3.1:

Access to quality testing and diagnosis of HIV to all clients in Tarawa, Outer Islands and Linnix

Strategic interventions:

- 3.1.1 Review and update data for HIV positive cases (linked with other data related activities: see Output 5.2)
- 3.1.2 Continue to offer confidential counselling and HIV testing to all clients in existing VCCT accredited sites
- 3.1.3 Strengthen preliminary & confirmatory HIV tests and CD4 tests throughout Kiribati, including outer islands
- 3.1.4 Review protocols and guidelines annually
- 3.1.5 Maintain an effective inventory system in place in the Laboratories and Pharmacy for the effective and continuous supply of drugs, testing kits and reagents.
- 3.1.6 Review, and update laboratory protocols and guidelines and maintain quality assurance compliance

Output 3.2:

Ensure Access to Quality Treatment and management of HIV

Strategic interventions:

- 3.2.1 Review and improve an effective referral between entry sites (eg VCCT and other clinics) and other sites on the Continuum of Care for HIV clients (refer to VCCT Flowchart)
- 3.2.2 Continue to offer ARV to people living with HIV who are eligible for treatment, and maintain ongoing monitoring of CD4 levels and relevant symptoms
- 3.2.3 Review and update the guidelines for monitoring treatment and management of HIV and disseminate to all MHMS and other stakeholders staff
- 3.2.4 Maintain and strengthen links to the ANC program
 - ANC Program staff refresher training on updates in HIV diagnosis treatment and management offered every six months
 - Annual review and dissemination of PPTCT Guidelines
- 3.2.5 Provide or arrange refresher training for the CCCT on changes or updates on management protocols; or testing and diagnostic updates (laboratory) through collaboration with regional/external bodies.
- 3.2.6 Provide HIV caregivers (families) with basic and updated information on HIV
- 3.2.7 Review and maintain IEC materials to promote recognition of the need for treatment of HIV (linked with STI awareness: see 4.2.6)
- 3.2.8 Assess the demand for extended services on the outer islands and upgrade the HIV clinician position to full time

Output 3.3:

Establish a network of clinical core care team for HIV to improve coordination and collaboration

Strategic interventions:

- 3.3.1 Review the referral and information system and protocols to ensure confidentiality and quality follow-up care for HIV+ clients
- 3.3.2 Maintain case monitoring of comprehensive/continuum of care in relation to patients progress, including statistics, and treatment of OIs
- 3.3.3 Develop strategies to respond to individual care needs with regard to HIV opportunistic infections (OIs) drugs and other essential supplies
- 3.3.4 Maintain confidentiality of the CCCT network meetings
- 3.3.5 Develop a system for all implementers to send their data to the MHMS and also copy this data to the HIV/STI Secretariat

Output 3.4:

Supply of essential drugs and equipment for HIV

Strategic interventions:

3.4.1 Continue to maintain timely stock reporting and ordering of essential drugs and equipments.

3.4.2 Review and update Guidelines and policies annually

Priority 4: Quality diagnosis, management and control of STIs

Objective 4:

Increased coverage and quality diagnosis, treatment and care for people infected with STIs

Outcomes of this objective:	Indicators of whether these outcomes are achieved:
By 2015, 100% of pregnant women who attend antenatal clinics will know their syphilis status.	Percentage of those women who attend antenatal clinics at least once who are tested for syphilis.
By 2015, 100% of pregnant women and their infants who are infected with STIs will have received effective treatment.	Number and percentage of STI cases (syphilis and chlamydia) treated among the total number of pregnant women tested positive during antenatal care in a program year. Percentage of babies born to mothers who are infected with syphilis who have received treatment.
By 2015, 100% of young men and women infected with STI will have received effective treatment.	Percentage of men and women aged 10-24 who have been diagnosed with STI and have received treatment (disaggregated by specific STIs).
By 2015, 100% of people who are diagnosed with STIs in mobile clinics will have received effective treatment.	Percentage of men and women who have been diagnosed with STI in mobile clinics and have received treatment (disaggregated by specific STIs).
By 2015, 100% of “general people” diagnosed with STIs will have received effective treatment (this includes visa applicants, overseas employment seekers, people who attend clinics because they have symptoms).	Percentage of people in each category who have been diagnosed with STI and have received treatment.
By 2015, all STI treatment sites will have adequate and ongoing supplies of drugs to treat STIs.	Number and percentage of STI treatment sites reporting no stock-outs for more than 14 days of essential STI drugs as per national treatment guidelines.

Output 4.1:

Provide and maintain Quality Diagnosis of STI

Strategic interventions:

- 4.1.1 Continue to offer confirmatory and referral testing services to MHMS laboratory and other overseas reference laboratories
- 4.1.2 Review, update and disseminate the testing and referral guidelines to all existing laboratories and VCCT sites
- 4.1.3 Introduce rapid Point of Care testing for STIs in accord with regional protocols as these are rolled out
- 4.1.4 Develop guidelines for appropriate use of Point of Care testing in outer islands, in collaboration with regional partners
- 4.1.4 Establish the national recording system for all STI cases
- 4.1.5 Conduct refresher training of all laboratory staff and VCCT and referral staff in Tarawa, the Line islands and Outer islands when required
- 4.1.6 Strengthen inventory systems for testing kits and other diagnostics to ensure accurate and timely testing services are available to clinics
- 4.1.7 Re-assess and identify gaps with regard to equipment and other medical supplies by Pharmacy and Laboratory Units
- 4.1.8 Develop a proposal for funding assistance for purchasing new equipment (e.g. Chlamydia test kit equipment) and for additional human resources to strengthen laboratory and pharmacy capacity
- 4.1.9 Deliver tutorial services for health staff in STI detection, screening and treatment, fortnightly throughout Tarawa and outer islands (Delivery of tutorials through existing MHMS Radio Network for outer islands, and via teleconferencing for staff in South Tarawa)

Output 4.2:

Provide and maintain Quality Management of STIs

Strategic interventions:

- 4.2.1 Review, update, print and disseminate management guidelines for STIs
- 4.2.2 Assess and provide training needs for nurses on STI Case management throughout Kiribati
- 4.2.3 Improve referral and contact tracing by using email routinely to communicate to Outer islands health clinics to advise of follow up on clients diagnosed in South Tarawa
- 4.2.4 Improve, update and maintain data collection and recording of positive (and negative) cases for STI management at clinics and MHMS
- 4.2.5 Maintain regular supplies of STI treatment drugs between pharmacy and clinics
- 4.2.6 Increase awareness to pregnant mothers and youth on STI management and prevention (including IEC)

Output 4.3:

Prevention of STI recurrence throughout Kiribati

Strategic interventions:

- 4.3.1 Improve collaboration between MHMS and NGOs, Churches, Island Councils and Police, to agree on strategies to address contact partner tracing throughout Kiribati
- 4.3.2 Standardize IEC materials on the prevention of STIs throughout Kiribati
- 4.3.3 Conduct awareness and support (IEC materials, drama, road shows, radio and TV materials)

- 4.3.4 Train health workers based on the assessment needs at MHMS and NGOs STI clinics – throughout Kiribati
- 4.3.5 Launch and implement Youth Friendly Health Service guidelines and establish additional youth friendly services throughout Kiribati
- 4.3.6 Seek funds to support the development of additional youth friendly services throughout Kiribati.

Output 4.4:

Establish and maintain a Clinical Care Network for STI Practitioners/counsellors throughout Kiribati

Strategic interventions:

- 4.4.1 Review & Strengthen existing policies, procedures and guidelines to control and manage STIs effectively between the MHMS and NGOs clinics.
- 4.4.2 Conduct quarterly network members meetings on STIs issues
- 4.4.3 Develop a centralized database to support network between MHMS and NGOs (co-financed with other “data” related activities)

Output 4.5:

Ensure effective National Supply of STI Drugs, Equipment and Other Essential Supplies

Strategic interventions:

- 4.5.1 Maintain adequate supply (reporting and ordering) of drugs, equipment and other essential supplies for STIs
- 4.5.2 Review and disseminate policy on importing drugs (prohibit private sector from ordering drugs that are not within the approved guideline)
- 4.5.3 Develop materials to educate STI clients on the importance of drug compliance to avoid drug resistance.

Priority 5: Strengthening management and coordination of the national response

Objective 5:

To deliver good governance and effective, efficient management & coordination of the HIV & STI Program in Kiribati.

Outcomes of this objective:	Indicators of whether these outcomes are achieved:
By and of 2013, KCCM has a constitution which includes clearly defined membership, roles, responsibilities and decision-making authority.	KCCM constitution is endorsed by MHMS.
By 2015, KCCM is active and coordinating the national response, including holding meetings at least quarterly, and advocating for ongoing funding.	Reports of KCCM meetings and decisions taken. Reports of workshops and international meetings attended by KCCM members. Records of advocacy to donors and records of donor commitments to supporting the Kiribati national response to HIV and STIs.
By end of 2012, a Monitoring and Evaluation Framework has been developed.	M&E Framework developed by HIV/STI Secretariat. M&E Framework endorsed by Ministry of Health.
By end of 2013, all relevant stakeholders have capacity to contribute to Monitoring and Evaluation.	Reports of capacity building workshops in M&E.
Commencing in 2013, annual work plans and budgets are developed, then reviewed and approved by KCCM.	Minutes of KCCM meetings indicate review and adoption of workplans, annually.
By 2013 liaison with, and reporting to, donors is satisfactory.	Program and financial reports are produced on time (times vary between donors: six monthly, annual). Donor feedback indicates satisfactory reporting.

Output 5.1:

Develop strong leadership of the response through the CCM

Strategic interventions:

- 5.1.1 Develop a standing agenda for the monthly CCM meetings to review implementation of the Response and endorse financial acquittals which includes at least the following:
- Review Programmatic and financial Reports from working groups include CDO, NGOs and implementing partners including report on other HIV & STIs activities funded by other agencies
 - Programmatic and financial progress report from HIV Secretariat
 - Monthly workplan proposals
 - Minutes reviewed and endorsed
- 5.1.2 Conduct special CCM meetings for urgent matters that cannot wait for monthly meetings including technical working group meetings that may be required by CCM
- 5.1.3 CCM members to discuss and agree on allocation of responsibilities for implementation of NSP making sure that individual work plans are in alignment with the NSP. All recipients of NSP grants streams 1,2, 3 etc to submit

- work plan proposals and MOU for approval review by CCM
- 5.1.4 Hire Local TA to review CCM Constitution and consider the following:
- Membership
 - Operational guidelines
 - Roles and responsibilities
 - Decision-making authority
 - Relevant training appropriate for program staff
- 5.1.5 Capacity building for CCM members
- Conduct annual training workshops on governance and leadership.
 - Allow CCM members to attend regional and international meetings and workshops

Output 5.2:

Strengthen use of Strategic Information to inform a strong response to HIV and STIs

Strategic interventions:

- 5.2.1 Establish a National Planning, Monitoring and Evaluation Technical Working Group (NPME TWG) to address Planning, Monitoring and Evaluation of the response. This NPME TWG should consider and use existing information and data in planning for response.
- 5.2.2 NPME TWG consults implementing partners and funders to assess data needs, review data current surveillance systems and other data reporting flows, format and resources.
- 5.2.3 NPME TWG develop Monitoring and Evaluation Framework and Plan for the National Response that aligns with MHMS systems and processes.
- 5.2.4 Establish a standardise data base systems for data collection and entry, analysis and storage, report and disseminate for decision making, action and feedback by all stakeholders and funders (co-finance from other donors)
- 5.2.5 Conduct M & E Training of Trainer workshop with all implementing partners in the National Response including NPME TWG.
- 5.2.6 Submit programmatic and financial acquittal reports to funders as required based on quarterly analysis of implementation
- 5.2.7 NPME TWG regularly liaise with the Chairs of the Program Working Groups (IEC, Clinical Care, VCCT and others) to consolidate a national progressive report for response

Output 5.3:

Oversee implementation of the National Strategic Plan

Strategic interventions:

- 5.3.1 Strengthen the HIV secretariat office and staff including:
- Clear Structure of HIV Secretariat Office
 - Review Operational and financial Procedures
 - Review TORs/Job description for HIV staff
 - Conduct performance appraisals for HIV staff

- Support salary for HIV staff
- Improve and support workplace environment, office equipment, supplies and program extension of HIV office

5.3.2 Conduct an annual review of implementation of the National Strategic Plan with the CCM in accord with agreed MEF indicators

Output 5.4:

Ensure strong financial management of the response

Strategic interventions:

5.4.1 Review and estimate budget for NSP, including delivery of the Monitoring and Evaluation Plan

This requires:

- Costing of all NSP programs and activities; the implementing
- RO/UNIT for each program or activity to develop work plan and budget in a log frame format showing details of costing per unit, per event/instance, single activity and total of all HIV and STI programs or activities they are responsible for, details of funding sources, whether funding has been secured or not, and submit them to HIV Coordinator consolidation, endorsement and presented to CCM for approval
- For HIV and STIs programs and activities funded from the GF and RF, the work-plan and budget detail costing will be prepared by the HIV Coordinator and approved by CCM

5.4.2 Undertake regular financial acquittals and reporting of the NSP implementation for MHMS and fund:

This requires:

- The RO/UNIT implementing agency for each NSP program/activity to submit their financial acquittal reports on a monthly basis to the CCM for info, review and action
- The HIV Project Accountant to submit similar reports to the CCM on a monthly basis for all HIV program/activities funded under the GF and RF
- The HIV Coordinator to submit similar reports on a monthly basis on the program progress, as this report needs to be reconciled against the financial acquittal reports

5.4.3 Project Accountant to advise CCM of funding shortfalls and/or under-utilisation of funds for their advice in regard to re-allocation or reprogramming; this will be done through the monthly financial acquittal reports and programmatic reports which the RO/UNIT and Project Accountant and HIV Coordinator will submit to the CCM

5.4.4 With the endorsement of the CCM and MHMS, support efforts to mobilise and advocate for additional funds from donors

This requires:

- Establish a technical working group to review and develop a strategic plan on mobilising additional funding where required, and to advocate it and monitor the plans progress regularly on a monthly basis
- Keep the MHMS and the CCM well informed of progress of the working group, also on a monthly basis.