

**FY 2013 Annual Program Results (APR) Technical Area Level  
Indicators Results for the Integrated Health Project of the DRC  
(DRC-IHP)  
PEPFAR Report October 2012 – September 2013**

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DRC-IHP field staff

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**Integrated Health Project of the Democratic Republic of Congo**  
Management Sciences for Health  
784 Memorial Drive  
Cambridge, MA 02139  
Telephone: (617) 250-9500  
[www.msh.org](http://www.msh.org)

# FY 2013 APR Technical Area Level Indicators Results: Democratic Republic of the Congo

## MSH - IHP

Indicator No.	Indicator label	COP 2013 Targets	FY 2013 SAPR Results	FY 2013 APR Results	FY 2013 APR Achievement
P1.1.D	<b>Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)</b>	58429	51081	61,836.0	105.8%
Narrative:	<p>Results obtained during the first semester (October 2012 – March 2013) came from 212 sites supported by the project the four provinces. But those collected at the end of the FY13 for the last semester (April – September 2013) concerned only 52 sites in Katanga province including 32 sites in Kolwezi and 20 sites in Kamina following the PEPFAR new orientation. The completion rate was at 87% (51,081/58,429) during the first-six-months and rose to 106% (61,836/58,429) at the end of the FY13 due to availability of counseling and testing services provided by qualified staff, which has also led more people to know their status.</p> <p>In addition, we note that among the 61,836 pregnant women with known status, there are 17 pregnant women HIV + who knew their status at entry.</p> <p>For this indicator, there is no double-counting because figures are collected from just ANC activities and no clinic data from labor and delivery were included.</p> <p>This performance is mainly due to the regular supply of HIV tests and improved services provided by qualified staff.</p>				
P1.2.D	<b>Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery</b>	71%	65%	65%	91.1%
	Numerator: Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	414	317	370.0	89.4%
	Denominator: Number of HIV- positive pregnant women identified in the reporting period (including known HIV- positive at entry)	581	484	572.0	98.5%
	Newly initiated on treatment during current pregnancy (subset of life-long ART)	227	194	218.0	96.0%
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)	50	50	50.0	100.0%
	Life-long ART (including Option B+)	277	244	268.0	96.8%
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	0	0	0.0	

	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and delivery)		137	73	102.0	74.5%
	Single-dose nevirapine (with or without tail)		0	0	0.0	
	Sum of regimen type disaggregates		414	317	370.0	89.4%
	Sum of New and Current disaggregates		277	244	268.0	96.8%
Narrative:	<p>All sites have management tools such as register of patients on ARVs and register of pregnant women HIV- positive. These registers enable health providers to report and disaggregate beneficiaries by regimen. In addition, among 370 pregnant women HIV-positive receiving treatment, only 66 were reported in Katanga: 57 in Kolwezi and 9 in Kamina. The remaining 304 cases were report in the 3 non-priority provinces where the project has disengaged (South Kivu, Kasai Occidental and Oriental).</p> <p>There is no risk of double counting because tools such as registers are available, the data are timely recorded at each site and each of the beneficiaries is registered only once regardless number of times they may return to the site for any needs including consultation and drugs replenishment.</p> <p>Moreover, the performance toward achieving the target for women benefited prophylaxis (maternal AZT) is just 74,5% because there are a lot loss of follow up cases and at community level, women HIV-positive don't accept their status due to fear of stigma and refuse medication.</p> <p>We note that those eligible for treatment are removed from "Maternal AZT (prophylaxis component of WHO Option A during pregnancy and delivery)" and are included in Newly Initiated on treatment during current pregnancy (subset of life-long ART)".</p> <p>To improve this situation, very crucial activities need to be implemented in the health areas (site) where there were more cases of loss of follow up. Those activities include setting up of support groups and involvement of CBOs and/or local NGOs for following up and raising awareness of pregnant women HIV-positive who have subscribed to receive home visits in order to safeguard confidentiality.</p>					
P6.1.D	<b>Number of persons provided with post-exposure prophylaxis (PEP)</b>		40		0.0	0.0%
	By Exposure Type: Occupational		0		0.0	
	By Exposure Type: Other non-occupational		0		0.0	
	By Exposure Type: Rape/sexual assault victims		40		0.0	0.0%
Narrative:	<p>No distribution of PEP Kits happened after the training of 171 health service providers on HIV package including post-exposure prophylaxis of health service providers that IHP organized in the coordination offices of Kolwezi and Kamina in August and September 2013. The IHP order of 2,025 PEP Kits is still being processed by SCMS. HIV package training includes the following modules: PMTCT, PITC, GBV, early diagnosis, GBV, PEP, management of ARVs, testing and biological monitoring. Moreover, it is certain that there were occupational, sexual violence and non-occupational cases, but they were not reported due to the lack of PEP kits.</p> <p>A special effort must be made to sensitize all health providers to declare all sexual violence cases in coordination with police and justice and report all types of post-exposure (occupational and non occupational).</p>					

<b>P7.1.D</b>	<b>Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions</b>		1751		1,748.0		99.8%
Narrative:	The achievement rate is 99.8% (1748/1751). A total of 1,748 PLHIV (176 in Kamina and 1,572 in Kolwezi) coming from both IHP and partners Global Fund supported sites were recorded to having received cotrimoxazole and preventive interventions including family planning. There is no challenge in terms of PLHIV registration because project has counted and reported the number of PLHIVs as individuals but not the number of services provided to each PLHIV.						
<b>P8.1.D</b>	<b>Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required</b>						
Narrative:							
<b>P8.2.D</b>	<b>Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required</b>						
Narrative:							

P8.3.D	<b>Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required</b>		900				
	By MARP Type: CSW		200		0.0		0.0%
	By MARP Type: IDU		0				
	By MARP Type: MSM		0				
	Other Vulnerable Populations		700		0.0		0.0%
Narrative:	No activities regarding MARP and vulnerable population have been initiated during the reporting period. IHP will start implementing these activities from FY14 in health zones of Lualaba and Kanzeze for Kolwezi and in Songa and Kabongo health zones in Kamina. The targets include miners, sex workers and other vulnerable populations.						
P11.1.D	<b>Number of individuals who received Testing and Counseling (T&amp;C) services for HIV and received their test results</b>		72427	62204	76,540.0		105.7%
	By Age/Sex: <15 Male		160	0	92.0		57.5%
	By Age/Sex: 15+ Male		6069	4229	6,309.0		104.0%
	By Age/Sex: <15 Female		259	15	564.0		217.8%
	By Age/Sex: 15+ Female		65939	57956	69,575.0		105.5%
	By Sex: Female		66198	57975	70,139.0		106.0%
	By Sex: Male		6229	4229	6,401.0		102.8%
	By Age: <15		419	19	656.0		156.6%
	By Age: 15+		72008	62185	75,884.0		105.4%
	By Test Result: Negative		71545	61437	75,470.0		105.5%
	By Test Result: Positive		924	767	1,070.0		115.8%
	Sum of age disaggregates		72427	62204	76,540.0		105.7%
	Sum of sex disaggregates		72427	62204	76,540.0		105.7%
	Sum of age/sex disaggregates		72427	62204	76,540.0		105.7%
Sum of test result disaggregates		72469	62204	76,540.0		105.6%	

Narrative:	<p>Among 76,540 people who were counseled, screened and have received their results, there are 61,836 pregnant women, 656 cases from DCIP, 6,401 male partners, 14 early infant diagnosis and 7,633 TB/HIV patients</p> <p>The achievement rate for males &lt; 15 is just 57.5 % (92/160). Testing them is not easy because it requires parents or guardians approval since they are minor. In addition, it is important to note that targets set up both males and females &lt; 15 were underestimated by considering the above mentioned difficulties.</p> <p>The high number of females &lt; 15 (564) is explained by the fact that sexuality of girls is much earlier, most of girls having 15 year old or younger are already married and become mothers compared to boys.</p> <p>Finally, the result of 105.7% (76540/72427) is due to availability of tests, service provided by qualified staff which have also led to more people knowing their status.</p>						
P12.5.D	<p><b>Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion (GBV pilot indicator)</b></p> <p>By age: 0-4</p> <p>By age: 5-9</p> <p>By age: 10-14</p> <p>By age: 15-17</p> <p>By age: 18-24</p> <p>By age: 25+</p> <p>By geography: Districts*</p> <p>By sex: Female</p> <p>By sex: Male</p>						
Narrative:							
P12.6.D	<p><b>Number of GBV service-encounters at a health facility (GBV pilot indicator)</b></p> <p>By age: 0-4</p> <p>By age: 5-9</p> <p>By age: 10-14</p>						

	By age: 15-17							
	By age: 18-24							
	By age: 25+							
	By sex: Female							
	By sex: Male							
	By type of service: GBV screening							
	By type of service: Post GBV-care							
	Narrative:							
	<b>Percentage of health facilities with Gender-Based Violence and Coercion (GBV) services available (GBV pilot indicator)</b>							
	Numerator: Number of health facilities reporting that they offer (1) GBV screening and/or (2) assessment and provision or referral to the relevant service components for the management of GBV-related health needs							
<b>P12.7.D</b>	Denominator: Total number of health facilities in the region or country being measured.							
	By type of facility: clinical							
	By type of facility: community							
	By type of service: GBV screening							
	By type of service: Post GBV-care							
	Narrative:							

<b>C1.1.D</b>	<b>Number of eligible adults and children provided with a minimum of one care service</b>		2001	1766	2,586.0		129.2%
	By Age/Sex: <18 Male		122	97	111.0		91.0%
	By Age/Sex: 18+ Male		406	346	612.0		150.7%
	By Age/Sex: <18 Female		160	110	188.0		117.5%
	By Age/Sex: 18+ Female		1313	1213	1,675.0		127.6%
	By Sex: Female		1473	1323	1,863.0		126.5%
	By Sex: Male		528	443	723.0		136.9%
	By Age: <18		282	207	299.0		106.0%
	By Age: 18+		1719	1559	2,287.0		133.0%
	Sum of sex disaggregates		2001	1766	2,586.0		129.2%
	Sum of age disaggregates		2001	1766	2,586.0		129.2%
	Sum of age/sex disaggregates		2001	1766	2,586.0		129.2%
<b>Narrative:</b>	<p>When we reviewed targets for this indicator after PEPFAR new orientation, we have estimated the number of adults and children who will receive a minimum one care service to 2001, but when health services providers have delivered nutritional advice, integrated family planning and psychosocial support as care services at all the sites, the number exceeded the target (2 586/2 001) and consequently the achievement rate is 129.2%.</p> <p>There is no challenge in term of double counting of PLHIV registration because project has counted and reported individual (PLHIV) but not the number of services provided to PLWHA and the total number of eligible persons provided with a minimum of one care service concerned only HIV-infected persons.</p> <p>Moreover, we note that support activities at community level remained challenging as support groups are not set up yet. During the fourth year, support groups will be put in place based on priority needs in each community in collaboration with all stakeholders.</p>						
<b>C2.1.D</b>	<b>Number of HIV-positive adults and children receiving a minimum of one clinical service</b>		1723	1570	1,984.0		115.1%
	By Age/Sex: <15 Male		69	67	79.0		114.5%
	By Age/Sex: 15+ Male		268	236	449.0		167.5%
	By Age/Sex: <15 Female		58	54	65.0		112.1%
	By Age/Sex: 15+ Female		1328	1213	1,391.0		104.7%
	By Sex: Female		1386	1267	1,456.0		105.1%
	By Sex: Male		337	303	528.0		156.7%
	By Age: <15		127	121	144.0		113.4%
	By Age: 15+		1596	1449	1,840.0		115.3%
	Sum of sex disaggregates		1723	1570	1,984.0		115.1%

	Sum of age disaggregates		1723	1570	1,984.0		115.1%	
	Sum of age/sex disaggregates		1723	1570	1,984.0		115.1%	
	<b>Narrative:</b>	During the reporting period, the number of HIV-positive adults and children receiving a minimum of one clinical service has increased up to 1984 especially among male partners (528/337) who accompany their wives to HIV care sites and accept to be tested. This situation is due to the quality of service provided by trained health service providers, availability of tests and the integration of additional services such as PICT and family planning services in the sites. This trend could improve much more when we involve local NGOs and establish support groups in the community.						
	<b>C2.2.D</b>	<b>Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis</b>						
			28%		35.9%		127.8%	
		Numerator: Number of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	484		712.0		147.1%	
		Denominator: Number of HIV-positive individuals receiving a minimum of one clinical service	1723	1570	1,984.0		115.1%	
	<b>Narrative:</b>	The performance achieved during this period is 128 % (35.9%/28%). It is due to the availability of cotrimoxazole and quality of service offered by trained providers. Moreover, the national protocol states that once a person is HIV-positive, she/he is eligible to cotrimoxazole but unfortunately it doesn't define clearly a period for stopping it. IHP will continue to secure a steady supply of cotrimoxazole, put them within the grasp of PLHIV and enhance the technical capacity of health zones and health facilities teams about their average monthly consumption and quantify their needs in collaboration with SIAPS to avoid any out of stock.						
	<b>C2.3.D</b>	<b>Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food</b>						
		Numerator: Number of clinically malnourished clients who received therapeutic and/or supplementary food during the reporting period.						
		Denominator: Number of clients who were nutritionally assessed and found to be clinically malnourished during the reporting period.						
		By Age: <18						
		By Age: 18+						

Narrative:						
C2.4.D	<b>TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting</b>	36%	33.3%	93.7%		
	Numerator: Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	612	660.0	107.8%		
	Denominator: Number of HIV-positive individuals receiving a minimum of one clinical service	1723	1570	1,984.0	115.1%	
Narrative:	<p>COP2013 target is 36% and the actual result is 33.3%. The performance toward achieving the target is <math>33.3\%/36\% = 93\%</math> But the percentage of PLWHA screened for TB compared to the total number of PLWHA who received a one clinical care remains low because it represents only 33.3% (660 / 1984).</p> <p>We can consider the challenge at two levels:</p> <ol style="list-style-type: none"> <li>1. Health service provider: <ul style="list-style-type: none"> <li>• Health service unable to ensure screening for TB.</li> </ul> </li> <li>2. Access and availability of services: <ul style="list-style-type: none"> <li>• No integration of PMTCT /PITC sites with CST and CSDT.</li> </ul> </li> </ol> <p>To overcome these challenges, the project was planned to continue for sensitizing health service providers on the relevance of screening PLWHA for TB during monthly meetings monitoring, strengthen supportive supervision so the screening for TB of all PLWHA is systematic. Finally, the project calls for integrating in all PMTCT / PITC sites a service for ensuring diagnosis and treatment of tuberculosis.</p>					
C2.5.D	<b>TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment</b>	6%	5%	5.8%	104.9%	
	Numerator: Number of HIV-positive patients in HIV care who started TB treatment	96	73	116.0	120.8%	
	Denominator: Number of HIV-positive individuals receiving a minimum of one clinical service	1723	1570	1,984.0	115.1%	

Narrative:	<p>COP2013 target is 6% and the actual result is 5.8%. The performance toward achieving the target is <math>5.8\%/6\% = 97\%</math> due to the expansion co-infection TB / HIV sites, the systematic TB screening of all PLWHA and the effective integration of TB and HIV services in most PMTCT sites.</p> <p>However, challenge remained at the data collection of co-infected patient's situation (TB/VIH) who should start treatment as both NAP and NTP programs have not yet developed integrated management tools for the two programs. Although referral system doesn't work properly, IHP draws and collects data via monthly activity reports submitted by PMTCT sites, diagnosis and treatment centers and treatment centers at health zone level.</p>						
	<b>Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth</b>		1%		2%		169.2%
	Numerator: Number of infants who received an HIV test within 12 months of birth during the reporting period		7		14.0		200.0%
C4.1.D	Denominator: Number of HIV- positive pregnant women identified in the reporting period (include known HIV- positive at entry)		484		572.0		118.2%
	By timing and type of test: virological testing in the first 2 months		0		0.0		
	By timing and type of test: either virologically between 2 and 12 months or serology between 9 and 12 months		7		14.0		200.0%
Narrative:	<p>The performance achieved during this period is 169.2% ( 2%/1%) because we have 14 cases compared to 7 initially targeted. It should be noted that this result is only achieved in Tshumbe health zone that have a small batch of KIT DBS and health services providers have benefitted from training on early diagnosis sampling technique.</p> <p>We have detected 14 cases in Tshumbe and all of them are negative according to the results established by the national laboratory in Kinshasa.</p> <p>There is no double counting because we have just 14 cases from which samples were collected and sent to Kinshasa by the IHP coordination office in Tshumbe</p> <p>Despite this result, early diagnosis remains a challenge for the project and probably for all the country because the laboratory in Kinshasa is the only lab performing early diagnosis. Moreover, Clinton Foundation who supplies DBS kit is no longer operational in DRC since 2012.</p> <p>For FY 2014, an order has been submitted to SCMS to purchase DBS Kits and we estimate an advocacy to NAP is ongoing so that the laboratory in Lubumbashi will be functional in the best time to further improve the early diagnosis.</p>						
C5.1.D	<b>Number of eligible clients who received food and/or other nutrition services</b>						
	By Age: <18						

	By Age: 18+					
	By: Pregnant Women or Lactating Women					
	<b>Narrative:</b>					
	<b>Number of adults and children with advanced HIV infection newly enrolled on ART</b>					
			272	218.0		80.1%
	By Age: <1		0	0.0		
	By Age/Sex: <15 Male		0	0.0		
	By Age/Sex: 15+ Male		25	0.0		0.0%
	By Age/Sex: <15 Female		0	0.0		
	By Age/Sex: 15+ Female		247	218.0		88.3%
	By: Pregnant Women		227	218.0		96.0%
	<b>Narrative:</b>	<p>During this reporting period, the performance achieved is 80.1% (218/272). The result is due to the fact that this indicator (number of adults and children with advanced HIV infection newly enrolled on ART) is recently included in our program following PEPFAR new orientation.</p> <p>In addition, the training of health service providers on activities related to this indicator was conducted in August 2013 for Kolwezi and Kamina. Therefore during the last quarter of the fiscal year (FY3Q4) only eligible pregnant women HIV-positive enrolled were reported.</p> <p>To improve the situation, IHP and Health zone management teams will ensure that all PLWHA may benefit from CD4 analysis, ensure that there is no stock out of ARVs and PIMA related supplies in any HIV care sites by mastering the average monthly consumption and establishing an appropriate quantification of needs, and strengthen supportive supervision in collaboration with NAP team.</p>				
	<b>Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]</b>					
			651	574	613.0	94.2%
	By Age: <1		0	0	0.0	
	By Age/Sex: <15 Male		24	24	24.0	100.0%
	By Age/Sex: 15+ Male		214	164	164.0	76.6%

	By Age/Sex: <15 Female		29	29	29.0	100.0%
	By Age/Sex: 15+ Female		384	357	396.0	103.1%
	<b>Narrative:</b>	<p>During FY13, project has recorded 613 persons HIV-positive who received ARVs including 188 males and 425 females, most of them were listed from sites of non-priority provinces (South Kivu, East and West Kasai). The main reason is that IHP organized the training of health service providers in Kamina and Kolwezi during FY3Q4 and service priority was driven to PMTCT.</p> <p>Since October 2013, it is important to note that Kolwezi and Kamina HIV care sites are providing PITC to inpatients particularly in internal medicine, malnourished patients and key populations. Therefore, we believe that people tested will increase and those who will be found eligible will receive ARV therapy. Management tools validated by NAP but produced and distributed by IHP and available in all sites allow us to report patients receiving ART but not pre-ART.</p> <p>Before the PEPFAR new orientation, there were a lot of challenges and risks of overlapped activities between those funded by the Global Fund and PEPFAR. But now the risk has significantly decreased as PEPFAR and Global Fund interventions are rarely in the same sites and where we are together, IHP has focused its interventions only on PMTCT.</p>				
	<b>T1.3.D</b>	<b>Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy</b>				
		Numerator: Number of adults and children who are still alive and on treatment at 12 months after initiating ART				
		Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.				
		By Age: <15				
		By Age: 15+				
	<b>Narrative:</b>					
	<b>H1.1.D</b>	<b>Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests</b>	51		52.0	102.0%

Narrative:	Project had 212 sites having laboratories with capacity to provide testing activities in the 4 provinces. But following PEPFAR new orientation, we have currently 52 sites including 32 in Kolwezi and 20 in Kamina.		
H1.2.D	<b>Number of testing facilities (laboratories) that are accredited according to national or international standards</b>		
Narrative:			
H2.1.D	<b>Number of new health care workers who graduated from a pre-service training institution within the reporting period</b>		
	By Cadre: Doctors		
	By Cadre: Midwives		
	By Cadre: Nurses		
Narrative:			

H2.3.D	<b>Number of health care workers who successfully completed an in-service training program within the reporting period</b>		120		171.0	142.5%
	By Type of Training: Male Circumcision		0		0.0	
	By Type of Training: Pediatric Treatment		0		0.0	
Narrative:	IHP organized a training on HIV package of 171 health service providers including 24 doctors, 118 nurses and 29 laboratory technicians during the fourth quarter of FY13. Based on the actual training needs, IHP successfully exceeded the initial target with a performance at 143% (171/120). HIV package training has the following modules : PMTCT, PITC, GBV, early diagnosis, GBV, PEP, management of ARVs, testing and biological monitoring.					