

Projet SIDA Fungurume (ProSIFU)
Project Performance Monitoring and Evaluation Plan matrix
(Post-strategic pivot, August 2013)

PEPFAR NGI	Indicator	Revised Year 1 target (Nov. 2012 to Sept. 2013)	Revised Year 2 target (Oct 2013- June 2014) (tentative)	Life of project target	Rationale
Intermediate Result 1: HCT and prevention services expanded and improved in Fungurume and Kasumbalesa					
P8.1.D	Number of the targeted population reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required	19,491	18,991	38,482	In response to the strategic pivot, the project will emphasize more specialized community sensitization, with messaging around the use of PMTCT and continuum of care services, including treatment adherence, and male engagement in PMTCT. Selected sensitization activities will also target youth in high-HIV prevalence areas. The targeted population number for Year 1 (with an implementation period of February-September 2013) under this indicator (which includes those reached with AB messaging) reflects the implementation of 5 new champion communities (4 in Fungurume and 1, CSW-focused Champion Community in Kasumbalesa), and the training of approximately 20 <i>relais communautaires</i> per Champion Community for the strategic dissemination of these messages. It should be noted that project Year 2 will involve only 7 months of implementation, because all local grantee activities will end on March 31, 2014 (in order to allow for a sufficient overall project close-out period). Among the 18991 to be reached on FY1, we estimate that 70% will be reached in Fungurume and 30% other in Kasumbalesa
P8.2.D	Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required (subset of P8.1D)	2,500	2,500	5,000	Results under this indicator will focus on targeting youth, at 2500 youth for each of project Y1 and Y2. Youth targeted with AB messages by peer educators and <i>relais communautaires</i> under this indicator reflect a subset of individuals to be targeted under P8.1D above. These targets have been significantly reduced in line with the PEPFAR DRC strategic pivot. This will include reaching youth with prevention messaging in schools, via youth associations and cyber cafes, and in churches (including as couples).
P8.3.D	Number of MARP reached with individual and/or small group-level interventions that are based on evidence and/or meet the minimum standards	14,128	7,778	21,906	Life of project target: 21,906 individuals reached over 16 months, as follows: the project aims to reach key populations (formerly MARPs, and noting as well that individuals reached under P8.3D are not also counted under P8.1D). 14,128 individuals from key populations will be reached by the end of Year 1 (February 2013-September 2013), and an additional 7,778 individuals will be reached by the end of Y2 (October 2013-April 2014), per this indicator. For Y1, this will include 3,414 CSWs and 10,714 other vulnerable populations. For Y2, this will include 1,945 CSWs and 5,833 other vulnerable populations. Support from local NGO grantee SEFAM (an organization already well-established in Kasumbalesa prior to ProSIFU) and from local NGO grantee BAK-Congo in Fungurume, will help ensure achievement of these targets. Key populations will notably include not only CSWs, but also truckers and miners communities. Based on grantee contracts, an estimated 45% of this target will be reached in Fungurume and 55% in Kasumbalesa
P12.5.D	Number of people reached with individual, small group, or community-level intervention or service that explicitly addresses GBV (TOTAL)	2,340	5,459	7,799	This indicator was newly added to ProSIFU's reporting requirements during the 3rd quarter of Y1 in response to the PEPFAR DRC strategic pivot. ProSIFU has targeted reaching 2,340 individuals with GBV-specific messaging during the 4th quarter (July-August-September 2013) of Y1 (i.e., post-pivot), at an estimated 780 individuals reached per month. This number will include 1,662 males and 678 females. It will also include 1,614 individuals <25 years old and 816 individuals aged 25 years and older. For the remaining 7 months of project implementation (i.e., Y2), ProSIFU will reach 5,459 individuals with GBV-specific messaging. The bulk of these results will be contributed through local NGO partners' (BAK-Congo's and SEFAM's) sensitization activities. Results will also be contributed by ProSIFU's 5 (formally) partnering public and private health facilities, via educational discussions with pregnant women during ANC services.
Project/ non-PEPFAR	Number of communities participating in the Champion Community approach	5	5	5	This indicator accounts for the establishment of 5 new Champion Communities in Fungurume and Kasumbalesa, with support from the project's local NGO grantee partner BAK-Congo. Of these 5 total Champion Communities, 4 Champion Communities were newly added to ProSIFU's scope following the 2013 PEPFAR DRC strategic pivot. ProSIFU's 5 Champion Communities are as follows: 1 in Dipeta I (Fungurume), 1 in Dipeta II (Fungurume), 1 in Tenke, 1 in Kakanda, and a CSW-focused Champion Community in Kasumbalesa. All 5 Champion Communities are expected to be fully operational before the end of the 4th quarter of Y1. The project will also collaborate with 3 existing champion communities established by ProVIC in the Kasumbalesa region (not reported).

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Sub-Intermediate Result 1.2: Community- and facility-based HCT services increased and enhanced					
P11.1.D	Number of individuals who received HCT services and received their test results	5,418	4,873	10,291	These reduced annual targets reflect ProSIFU's response to the PEPFAR DRC strategic pivot--notably, a shift away from providing HTC services to the general population, and toward providing more targeted HTC through PMTCT, PITC, and key population-focused testing and counseling services. In Y1, 5418 individuals will be reached. This will include an estimated 2784 females and 2634 males. In Y2 (for the remaining 7 months of project implementation), 4873 individuals (including 3675 females and 1198 males) will be reached. Results will be achieved largely through ProSIFU-supported facility-based services (5 PMTCT sites and 2 "advanced accompanied sites"), and through SEFAM-supported mobile HTC services (targeting key populations).
Sub-Intermediate Result 1.3: Prevention of mother-to-child transmission (PMTCT) services improved and expanded					
P1.1.D	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	2,369	2,961	5,330	In response to the PEPFAR DRC strategic pivot, ProSIFU expanded its number of intervention sites (and hence geographic coverage), and expanded service coverage--in terms of shifting to an emphasis on providing comprehensive PMTCT services. The number of health facilities supported by ProSIFU shifted during this period from 2 to 7 (where the new total of 7 includes advanced accompanied sites without formal partner agreements with ProSIFU). These 7 public and private/Catholic PMTCT health facilities in Fungurume health zone are as follows: CSR Dipeta, CS Neema, CSR St. Francois Xavier, CS Shaloom, CS El Shadai, Kakanda Safina (advanced accompanied site), and Piscine Siloe (advanced accompanied site). All sites (including those added by ProSIFU in response to the PEPFAR DRC strategic pivot) will be operational by the 4th quarter of Y1. 2,369 pregnant women will be reached in Y1 and 2,961 pregnant women will be reached in Y2 under this indicator.
P1.2.D	Percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	84%	94%	89%	Based on averaged HIV prevalence of 2.1% in Katanga(source: 2012 ProVIC data's Katanga), we anticipate finding 58 HIV-positive pregnant women (including known positives at entry) in Y1. Of these, 84 % (49 women) will receive ARVs during labor and delivery in order to prevent MTCT. Per WHO Option A guidelines and country data, 40% (20 women) of these 49 women are anticipated to be eligible for ART, and 60% (29 women) are anticipated to be eligible for maternal AZT prophylaxis in Y1.
	<i>Numerator: Number of HIV-positive pregnant women who received ARVs to reduce risk of mother-to-child-transmission</i>	49	59	108	
	<i>Denominator: Number of HIV- positive pregnant women identified in the reporting period (include known HIV- positive at entry)</i>	58	63	121	
P1.3.D	Number of health facilities providing antenatal care services that include both HIV testing and antiretrovirals for PMTCT on site	5	5	5	All 5 health facilities with formal agreements from ProSIFU (CSR Dipeta, CS Neema, CSR St. Francois Xavier, CS Shalom, and CS El Shadai) will provide ANC services that include both HIV testing and antiretrovirals for PMTCT on site.
P1.4.D	Number of HIV pregnant women assessed for ART eligibility through either clinical staging or CD4 testing	58	59	117	Based on averaged HIV prevalence of 2.1% in Katanga(source: 2012 ProVIC data's Katanga), we anticipate supporting 58 HIV-positive pregnant women (including known positives at entry) in Y1 and 72 additional HIV-positive pregnant women during Y2 (October 2013-April 2014).
P1.5.D	Number of HIV pregnant women newly enrolled into HIV C&S services	58	63	121	Annual targets (58 HIV-positive pregnant women for Y1, and 63 HIV-positive pregnant women for Y2) were calculated as 100% of P1.4.D targets.
C4.1.D	Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	24%	22%	23%	Annual targets for this indicator from Y1 to Y2, in order to account for the progressive start-up and roll-out of EID services over the course of Y1 (as additional PMTCT sites were added in late Y1 in response to the strategic pivot. By the end of Y2, ProSIFU will ensure that a targeted 23% of HIV-positive pregnant women under indicator P1.4.D will receive EID services under this indicator.
	<i>Numerator: Number of infants who received an HIV test within 12 months of birth during the reporting period</i>	14	14	28	
	<i>Denominator: Number of HIV- positive pregnant women identified in the reporting period (include known HIV- positive at entry)</i>	58	63	121	
C4.2.D	<i>Percentage</i> of infants born to HIV-positive women who were started on cotrimoxazole prophylaxis within two months of birth	20%	20%	20%	12 infants in Y1 and 14 infants in Y2 born to HIV-positive women will receive CTX prophylaxis within 2 months of birth (at 20% of the annual target for P1.4.D).
P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP)	18	24	42	We estimate that in Year 1, 23 victims of rape/sexual assault and 1 occupational case will receive PEP. In Year 2, we estimate 40 victims of rape/sexual assault and 2 occupational cases will receive PEP.

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P12.6.D	Number of GBV service-encounters at a health facility (TOTAL)	281	874	1,155	These services will be provided at all 5 health facilities with formal ProSIFU partner agreements (CSR Dipeta, CSR St François, CS Neema, CS Shalom, and CS El Shadai). In Y1, this will include an estimated 281 GBV service-encounters (233 females and 48 males), approximately 28 of which will require post-GBV care. In Y2, this will include an estimated 874 GBV service-encounters (725 females and 149 males), approximately 43 (5%) of which are anticipated to lead to post-GBV care.
P12.7.D	Percentage of health facilities with GBV services available	80%	100%	100%	Of the 5 health facilities with formal ProSIFU partner agreements, all 5 will offer GBV screening services (CSR Dipeta, CSR St François, CS Neema, CS Shalom, and CS El Shadai). Of these 5 health facilities, 2 (CSR Dipeta and CSR St. François Xavier, which are hub PMTCT sites and can therefore receive GBV referral cases from spoke sites) will also offer post-GBV care.
Intermediate Result 2: Care, support, and treatment for PLHIV and OVC improved in target areas					
Sub-Intermediate Result 2.1: Access to and quality of care and support services strengthened					
C1.1.D	Number of eligible adults and children provided with a minimum of one care service	328	406	406	Care and support (C&S) activities and services will be provided only in Fungurume, in part in recognition of the elevated HIV prevalence rate in this region. 96% of newly identified HIV-positive individuals will be targeted for project-supported care focused around PMTCT and PITC services and key populations. Breakdowns of annual targets are as follows: first, 326 individuals (115 males and 215 females), about 83% of them eligible adult PLHIV, will be reached during Y1 (February 2013-September 2013). This will include 276 newly-identified, eligible adults and children, in addition to 50 OVC who were already covered by partnering CBO Lamuka, and who will continue to be covered under this project. Second, 80 additional individuals will be targeted for recruitment into the project's C&S programming during Y2, for a total of 406 adult PLHIV and OVC (154 males and 252 females) supported under this indicator by the end of Y2. These targets are expected to both help address problems surrounding the stigmatization of HIV+ individuals and their families and link to HTC services and targets as outlined under indicator P11.1.D above. The life-of-project target for this indicator is 406 individuals and not 732, so as not to double-count the 326 individuals supported during Y1 who will continue to receive project-supported services during Y2.
C2.1.D	Number of HIV-positive adults and children receiving a minimum of one clinical service	321	399	399	In line with the PEPFAR DRC strategic pivot, clinical services will especially target clients identified through health facility-based PMTCT and PITC services. Clinical services under this indicator include CTX prophylaxis (provided in health facilities), TB screening, and other clinical services according to clients' needs. As noted under indicator C1.1.D above, care and support (C&S) activities and services will be provided only in Fungurume. About 98% of all PLHIV targeted under C1.1D will be targeted to receive at least one clinical service, including CTX prophylaxis and/or TB screening, under this indicator. The life-of-project target for this indicator is 399 individuals and not 718, so as not to double-count those eligible adults and children recruited in Y1 who will continue to receive project-supported services during Y2.
C2.2.D	Percentage of HIV-positive persons receiving cotrimoxazole (CTX) prophylaxis	78%	88%	88%	Per national norms and guidelines, and as project-supported services and referral and counter-referral systems are fully launched, improved, and expanded, the project will ultimately target 88% of HIV-positive individuals for receipt of cotrimoxazole (CTX) prophylaxis: 251 individuals during Y1 and 350 individuals (which includes 99 additional HIV-positive individuals recruited during Y2). The life-of-project target for this indicator is 350 and not 601 persons, so as not to double-count those recruited in Y1 who will continue to receive project-supported CTX prophylaxis during Y2. CTX will be provided to Fungurume project beneficiaries via TFM, with support from and collaboration with Fungurume health zone, while individuals who test HIV+ via HTC services provided by ProSIFU in Kasumbalesa will receive CTX via CSR Kasumbalesa (a ProVIC-supported health facility).
	<i>Numerator: Number of HIV-positive persons receiving CTX prophylaxis</i>	251	350	350	
	<i>Denominator: Number of HIV-positive individuals receiving a minimum of one clinical service</i>	321	399	399	
C2.3D	Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	18	41	59	During Q4 of Y1, ProSIFU will leverage ProVIC's care and support specialists to provide on-site technical support to health providers in ProSIFU-supported health facilities, in order to build their capacity to identify individuals for and provide these services. This support is anticipated to help yield results against this indicator by the end of Q4.
C2.4D	<i>Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting</i>	74%	93%	93%	During Y1, 232 individuals, or roughly 74% of all PLHIV, will also receive TB screening services. By the end of Y2, the project will ultimately target 93% of HIV-positive individuals for TB screening services.
	<i>Numerator: Number of HIV-positive patients who were screened for TB in HIV care or treatment setting</i>	236	370	370	
	<i>Denominator: Number of HIV-positive adults and children receiving a minimum of one clinical service (C2.1D)</i>	321	399	399	
	<i>Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment</i>	10%	12%	12%	

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C2.5D	<i>Numerator</i> : Number of HIV-positive patients in HIV care who started TB treatment	32	49	49	These targets assume that roughly 10% of PLHIV who screen positive for TB symptoms will be diagnosed as having TB. All of these individuals will be initiated on TB treatment.
	<i>Denominator</i> : Number of HIV-positive adults and children receiving a minimum of one clinical service (C2.1D)	321	399	399	
P7.1.D	Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV' interventions	253	406	406	Prevention with positives (PwP) interventions will be implemented in line with PMTCT and continuum of care expansion efforts. A proportion of PLHIV targeted under indicator C2.1D above will be targeted for PwP interventions over the life of project under this indicator. This targeted was deemed realistic, in recognizing: the high mobility of key populations targeted by the project; their often high degree of stigmatization; and their often unwillingness to reveal their HIV status and/or seek C&S services. PLHIV recruited into project-supported self-help groups (SHGs), in collaboration with local NGO BAK-Congo, will be counted here. These SHGs will extend psychosocial support and positive living interventions (e.g., peer, nutritional, and hygiene counseling; treatment adherence and legal support, etc.). Members may also apply to the TFM Social Community Fund and TFM-supported economic development initiatives (for income generation) in Y2. The life-of-project target for this indicator is 406 PLHIV, and not 659, so as not to double-count those PLHIV recruited in Y1 who will continue to benefit from project-supported PwP interventions during Y2.
C5.1D	Number of eligible clients who received food and/or other nutrition services	18	42	42	NACS, including nutrition counseling, will be provided to 18 individuals in Y1 and 42 individuals in Y2. Pregnant and lactating women will represent approximately 67% of overall target numbers. Pregnant and lactating women will represent 1% of the total target (12 in Y1 and 26 in Y2). A total of 10% of all C&S beneficiaries will receive this service.
Project/ non-PEPFAR	Number of new HIV-positive patients referred for care/pre-ART or ART services	313	540	853	We anticipate reaching 100% of new HIV positive clients. In FY13, during the Semester II, a total of 313 people should be diagnosed as newly HIV positive. According to the continuum of services, each client should receive at least one clinical service including CD4 counting service or CTX (internal referral). In FY14, taking into account the 8 months of implementation next year, the project target should be 540.
Project/ non-PEPFAR	Number of new HIV-positive persons attended/registered in care (pre-ART or ART) services from referral	250	432	682	At least 80% of new HIV+ patients referred (see the previous indicator) will attend the service knowing that the referral completion can be influenced by various factors (client perception of disease severity, stigma, etc.)
Sub-Intermediate Result 2.2: Access to antiretroviral treatment strengthened					
T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART	125	203	203	To ensure a full continuum of HIV-related services, all eligible HIV-positive individuals will receive ART. This includes 40% of HIV-positive pregnant women, who are expected to be eligible for (lifelong) ART. 118 HIV-positive individuals from key populations are also expected to be ART-eligible by the end of Y1. In Y1, approximately 125 HIV-positive individuals (including 40 males and 85 females, 14 of them pregnant women) are expected to be newly initiated on ART. In Y2, 203 HIV-positive individuals (including 70 males and 203 females, 28 of them pregnant women) are expected to be newly initiated on ART. Infants <1 years of age who are eligible for ART will be identified through EID (per C4.1D above).
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	161	203	203	Upon follow-up of the cohort of project-supported individuals identified as HIV-positive and eligible for ART during Y1, we expect a total of 203 individuals on ART under ProSIFU by the end of Y2. The 161 PLWHA anticipated under ART for their own health by the end of Y1 reflects both newly-initiated cases (under ProSIFU), and those initiated on ART prior to ProSIFU who are continuing ART.
Intermediate Result 3: Health systems strengthening supported					
H2.3.D	Number of health care workers who successfully completed an in-service training program	20	0	20	ProSIFU has increased this target in response to the PEPFAR DRC strategic pivot-driven increase in PMTCT sites (which will require capacity-building for additional health workers at these sites). Health workers at ProSIFU-supported health facilities will receive trainings on the integrated HIV service package organized around a PMTCT axis, as well as training sessions tailored to their specific needs. Life-of project targets will be achieved by the beginning of the 4th quarter of Y1.

		Y1	Y2	Total
	30000 total			
	15000 half			
	16 months		12	4
	1875 pm		22500	7500
21000	1312.5 pm		15750	5250
18750	1171.875		14062.5	4687.5
				16
				30000
				21000
				18750