



August 30, 2013

Mr. Charly Mampuya
USAID/Democratic Republic of Congo
198, Isiro Avenue
Kinshasa, Gombe
Democratic Republic of Congo

Dear Mr. Mampuya

Re: ProSIFU Year 1 Quarter 3 Report (April to June 2013)
Cooperative Agreement # AID-660-A-13-00001

Following your feedback on the ProSIFU Year 1, Q3 report, PATH is pleased to provide responses to your questions below.

1. Narrative

USAID comment:

- Page iii. Table of Contents “Quarter 2” should read “Quarter 3”

ProSIFU response:

Thank you. Noted.

USAID comment:

Page v: “Nearly 2,900 individuals—2,190 individuals through mobile voluntary HTC, 223 individuals through provider-initiated HIV testing and counseling (PITC), and 429 pregnant women through PMTCT services”. It’s clear that the mobile HTC represents the predominant approach (LOE: 75 percent) while the referral is questionable. Please address this issue in the next report.

ProSIFU response:

Thank you for your comment. It should be noted that the implementation area for this project is in a geographic region with a substantial presence key populations (MARPs) such as sex workers and artisanal miners (for Kasumbalesa only). PITC and PMTCT services were initially integrated into three medical facilities; only one was able to initiate activities quickly thus accounting for the lower numbers of individuals tested across all 3 facilities. Going forward, we will closely monitor the LOE between mobile HTC and integrated/PITC HIV services to make sure that the project is being responsive to the USAID strategic pivot. It should be noted that there is a single mobile HCT site, which is based in Kasumbalesa’s Whisky truck stop. This mobile HCT and the Champion community which is focused on sex workers works in close collaboration with the Kasumbalesa Health Center which is

supported by ProVIC. Any truck drivers or sex workers who are tested at Kasumbalesa HC are counted as ProVIC results, thus distorting the ratio.

USAID comment:

- Page vi (last paragraph): You report raises a dilemma: while you are referencing to unknown targets (from our records we don't have a revised PMEP), programmatic activities are linked to your work plan submitted in April 2013. Following USAID's feedback, a revised work plan and PMEP was urgently needed to avoid this confusion. Please share with us the revised program description, PMEP by the end of August 2013.

ProSIFU response:

Noted. Please see attachments of the PMEP and the revised program description submitted. It should be noted that due to the dynamic COP process this year, PATH was requested to revise targets as late as August 23rd and these have now been submitted to PEPFAR. Going forward this will not be an issue.

USAID comment:

- Page 2 (Activity 3: Provide targeted HCT services and prevention messages for key populations in Kasumbalesa): Even USAID did not agree with billboards, the activity should be implemented. As stated, what about targeted HTC services? Also, prevention messages for key populations don't mean only billboards placement. Please correct.

ProSIFU response:

Yes, the project is continuing to implement other prevention activities with key populations. Key populations are reached with specific prevention messages through trained peer educators and community workers. During mobile HTC interventions, our partner SEFAM-Congo provides one-to-one sensitization and pre-test counseling. In addition, our partner BAK-Congo has established a champion community for sex workers through which this key population receives specific prevention messages related to HIV prevention. Additionally, TFM has been able to respond to requests for informational leaflets and has widely distributed materials related to HIV, STI and TB prevention.

USAID comment:

- Page 3 (Activity 1: Improve access to facility-based and mobile HCT services):
 - o Please replace 19.7% by 16.7percent (44 positive out of 264 persons)

ProSIFU response:

Noted.

USAID comment:

- o As suggested in our general comments, please propose an efficient/effective referral and counter-referral pathways/mechanisms supporting the continuum of care in Kasumbalesa (just one paragraph).

ProSIFU response:

ProSIFU is working with Health Zones and partners to establish an effective referral and counter referral system to ensure the continuum of care in Kasumbalesa. This will require an updated cartography of health structures providing HIV related services and harmonization of interventions

between different key players such as health zones, health facilities, implementing partners and other trans-borders projects.

One of the biggest challenges with establishing referral mechanisms relates to the mobility of certain populations such as truck drivers. Given the cross-border movement of truck drivers, the development of a strong referral system remains a challenge. Keeping in mind the principle of not testing without treatment, ProSIFU is working to establish linkages with other HIV service providers in neighboring countries to consider options for follow-up of HIV infected truck drivers. For those truck drivers and/or sex workers who are residents of DRC, we have linked with CSR Kasumbalesa and their personnel participate in our mobile HTC services. We also continue communications with North Star Alliance and are considering how to refer clients to this project's clinics.

USAID comment:

- These activities mentioned the existence of too many lost to follow-up. We recommend that the partner develops tied strategies to be discussed in order to improve the adherence even if the patient changes the location.

ProSIFU response:

ProSIFU will reinforce home visits by health care providers and community-based partners to track the loss to follow up HIV positive persons. Specifically, project intends to increase the mechanism for home-based visits by Self Help Groups members who will encourage their PLHIV peers to return to the group and adhere to their treatment regimen if necessary. We are also working with our clinical site partners to make sure that patients maintain treatment adherence even if they are mobile and/or prefer to move from one clinic facility to another for treatment. An added bonus is that our peer educator volunteers are directly linked to health facilities and report to clinic staff thus facilitating sustainable referrals.

USAID comment:

- Page 5: Last paragraph. Please correct: Sites "avancés et accompagnés"

ProSIFU response:

Noted.

USAID comment:

- Page 8 (Activities planned): please insert the defined effective continuum of care in Kasumbalesa (please see Sub-IR 1.2)

ProSIFU response:

CSR Kasumbalesa provides support for people screened with continuum of care services. This center provides the CD4 count, hematological and biological results prior to initiation of antiretroviral therapy, the distribution of cotrimoxazole, support for ART, clinical and biological monitoring of patients.

USAID comment:

- Page 11 (Activity 3: Develop Child-to-Child (C2C) groups to support OVC): The project has already supported training of 18 social assistants. Are they different with C2C facilitators?

ProSIFU response:

For now C2C groups are facilitated by trained social assistants. We plan to involve health structures' based social assistants to carry on the implementation and facilitation of C2C groups beyond project life to ensure sustainability.

USAID comment:

- Page 12 (Activity 4: Expand HIV services in facility-based settings to improve the package of care at the facility level): As TFM provided FACSCount machine to CSR Dipeta, what is PATH's plan for the PIMA machine located in this health center?

ProSIFU response:

This is a misunderstanding regarding PIMA and FACSCount. For CSR Dipeta, TFM purchased a FACSCount machine while PATH purchased a PIMA machine for CSR Saint Francois Xavier at Tenke. So, there should not be a PIMA and a FACSCount at the CSR Dipeta facility.

USAID comment:

- Page 14: "ProSIFU anticipates that it will be difficult to motivate community and facility based volunteers- particularly to perform ongoing monitoring, technical assistance, and data collection and reporting activities." These tasks seem far too important to leave in the hands of unreliable volunteers. This concerns USAID greatly. What strategy can PATH use in lieu of volunteers for these tasks?

ProSIFU response:

We apologize for the confusion and lack of clarity. Indeed, these tasks are performed by technical staff and not volunteers. Volunteers are being used to reach out to key populations, vulnerable groups, pregnant women and their partners in and around PMTCT sites.

USAID comment:

- Page 14: **Activities planned for next quarter** – Please clearly define your care essential package.

ProSIFU response:

'Care' is understood under this project to include palliative care for HIV/AIDS, medical referrals, home-based care, and certain types of clinical care. 'Support' is understood under this project to include psychosocial and spiritual support/positive living, economic strengthening, nutritional support, educational support, shelter, and facilitation of legal protection. We summarize them as:

- 1. Clinical services (CTX, TB, malnutrition)***
- 2. Psychosocial assistance (mentor Mother & Community support groups, C2C); Home Visit, Income Generating Activities***

3. OVC (education, health and legal support)

2. Monitoring and Evaluation

USAID comment:

Globally data quality has been improved.

- P11.1.D (justification);
 - o Please replace 19.7percent by 16.7 percent (44 out of 264)

ProSIFU response:

Noted.

USAID comment:

- o “...of whom 15, or 3.55 tested positives, with 2 known positives at entry”. Please replace by “of whom 10 (15 minus 5 known positive), or 2.3% (which means 10/429-5), tested positive, with 5 known positive. Please see P1.1d and correct.

ProSIFU response:

Noted.

USAID comment:

- o “Of the 77 individuals reached through SEFAM’s mobile HTC services, all were referred to CSR Kasumbalesa”. Do they benefit for care and treatment services? What is the rate of loss to follow-up?

ProSIFU response:

Yes, we can confirm that all 77 individuals (51 truck drivers, 19 sex workers and 7 artisanal miners) are benefiting from care and treatment services at CSR Kasumbalesa. We are collecting details on the specifics of the services being provided to these individuals.

USAID comment:

- P1.1.D: please delete one of two first rows.

ProSIFU response:

Noted.

USAID comment:

- C5.1.D: Is this support provided by USAID? If so, why pregnant and lactating women are not assessed and benefitting for food support?

ProSIFU response:

Yes, the support was provided by USAID. During the Q3, our partner BAK-Congo assessed only OVC who benefited for food support. During this quarter, the project did not assess pregnant and lactating women as this is done at the facility level and sites did not roll this out but this is planned for going

forward. TFM via Sodexo will also provide nutritional support for malnourished PLWHA starting next quarter. This TFM support will be provided on a case-to-case basis.

USAID comment:

- Number of new HIV-positive persons attended/registered in care services from referral: As ProSIFU is leveraging ProVIC's efforts, what actions do you plan to reduce the LTFU rate?

ProSIFU response:

As stated earlier, ProSIFU will reinforce home visits by health care providers and community-based partners to track the loss to follow-up of PLWHAs. Consolidated referral and counter referral system will help to establish collaboration and linkages between health structures' to assist PLWHAs who might be more mobile. As ProVIC has extended QA/QI initiatives to Katanga, these lessons will be applied to FHZ sites as well to improve LTFU.

USAID comment:

- T1.1.D: USAID hopes we'll see this information in ProVIC report.

ProSIFU response:

Noted.

USAID comment:

- H2.3D: Please refer to PEPFAR/health service strengthening/human resources for health definition of in-service trainings.

ProSIFU response:

Noted.