

# PROJET SIDA FUNGURUME (PROSIFU)

A PUBLIC-PRIVATE PARTNERSHIP FOR MINING COMMUNITIES, TRUCK DRIVERS, AND OTHER AT-RISK POPULATIONS

## YEAR 1 QUARTERLY REPORT, QUARTER 2

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## ACRONYMS AND ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ARV	antiretrovirals
ART	antiretroviral therapy
BAK-Congo	Bread and Knowledge Too-Congo
CSW	commercial sex worker
HCT	HIV counseling and testing
HIV	human immunodeficiency virus
IR	Intermediate Result
M&E	monitoring and evaluation
NGO	nongovernmental organization
OVC	orphans and vulnerable children
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission of HIV
PNLS	<i>Programme National de Lutte contre le SIDA</i> (National HIV/AIDS Program)
PNMLS	<i>Programme Nationale Multi-Sectorielle de Lutte contre le SIDA</i>
ProSIFU	<i>Projet SIDA Fungurume</i>
ProVIC	<i>Projet Intégré de VIH/SIDA au Congo</i> (DRC Integrated HIV/AIDS Project)
ROADS II	Regional Outreach Addressing AIDS through Development Strategies II
RDQA	routine data quality assurance
SEFAM	<i>Secours en Faveur Des Marginalises au Congo</i>
TB	tuberculosis
TFM	Tenke Fungurume Mining
USAID	United States Agency for International Development

## EXECUTIVE SUMMARY

PATH and Tenke Fungurume Mining (TFM) are pleased to submit this second quarter report for Year 1 (fiscal year 2013) under the US Agency for International Development (USAID) Global Development Alliance (GDA) mechanism for *ProjetSIDA Fungurume* (ProSIFU). The project's goal is to reduce the risk of HIV and mitigate its impact on communities in Fungurume Health Zone (FHZ), the town of Kasumbalesa, and the transportation axis between them in the southern province of Katanga, Democratic Republic of Congo (DRC).

The launch of USAID's DRC "strategic pivot" during the second quarter of ProSIFU's first year has substantially revised and refocused the project's originally approved scope. Most notably, ProSIFU's interventions will now largely be framed around preventing HIV transmission from mothers to their children (PMTCT)—rather than among the general population—and on ensuring antiretroviral treatment (ART), through a "test and treat" approach, to *all* eligible HIV-positive beneficiaries—rather than providing treatment only in the context of PMTCT. Community mobilization and outreach, while still important and organized around champion communities as originally planned, will now be narrower and more targeted in scope: the new focus will be on behavior change communication activities and messages aimed at reducing high-risk sexual behaviors and addressing priority pivot themes, such as PMTCT, and on targeting key populations such as truckers, miners, and commercial sex workers (CSWs), persons with disabilities, and women.

ProSIFU quickly responded to the strategic pivot by mobilizing its staff, leveraging the expertise and resources of another PATH-led project, *Projet Integre de VIH/SIDA au Congo* (ProVIC), which is similarly responding to the pivot; and launching coordinated planning efforts with provincial and health zone authorities to assess additional potential PMTCT sites. ProSIFU is now working with an additional six PMTCT sites, for a new total of seven. Five of these sites will be integrated into ProSIFU as direct partners (Dipeta Health Referral Center, Neema ("Dipeta II") Health Center, Saint Francois Xavier ("Tenke") Health Center, Shaloom Health Center, and El Shadai Health Center), and two will receive indirect support from ProSIFU through a "*strategie avancee*" (Kakanda Safina Health Center and Piscine Siloe Health Center). PMTCT activities began at Dipeta in January 2013, and at remaining PMTCT sites in March 2013.

To support these health facilities and ensure the extension of the continuum of care into the community, ProSIFU's local nongovernmental organization (NGO) partners Bread and Knowledge Too-Congo (BAK-Congo), Lamuka, and *Secours en Faveur Des Marginalises au Congo* (SEFAM) will now help launch four additional champion communities in Fungurume and Kasumbalesa—for a new total of five. Among these is a Champion Community specifically targeting CSWs in Kasumbalesa. ProSIFU activities will also build on ProVIC's existing three champion communities in this region.

At the time this report was prepared (after the close of the second quarter), ProSIFU had just submitted a revised Year 1 work plan to USAID. This revised version includes an updated project results framework with a new, PMTCT-focused sub-intermediate result (sub-IR 1.3). Because this revised work plan is still pending USAID approval, sub-IR 1.3 is not referenced in this report; instead, PMTCT-related activities are discussed throughout.

After substantially reorienting ProSIFU—from revising our overall programmatic approach and deploying new guidance to staff and partners, to identifying additional PMTCT sites and

expanding the number of champion communities around them—the project has at last picked up pace. During the project’s brief, post-pivot start-up period, for example, **more than 1,000 individuals have received HIV counseling and testing services through ProSIFU**, and more than 550 women have been reached with PMTCT services. Two new champion communities have been launched in Fungurume, with support from local NGO partners BAK-Congo, SEFAM, and Lamuka, and both have completed baseline assessments, established steering committees, recruited community workers, and developed community action plans.

The project’s early results are promising, reinforcing the case that there is strong community need for the key services that ProSIFU supports. For example, the project’s approach to targeting HIV outreach, counseling, and testing within “hotspots” is proving an effective one, as early results show seropositivity rates in these areas that are higher than the national average: **of the 1,028 individuals** who received both voluntary and provider-initiated HIV counseling and testing services, for example, **46 individuals, or about 4.5 percent**, tested positive.

ProSIFU’s focus on mobilizing a rapid, coordinated response to the strategic pivot during the second quarter has set the stage for achieving considerable gains in progress against annual targets next quarter. Integrated health provider trainings in May (which will include the roll-out of updated project monitoring and evaluation (M&E) datacards), robust M&E oversight from ProVIC’s newly-minted deputy national M&E specialist, and joint monthly data validation meetings are all anticipated to help significantly address data quality challenges identified this period, and to strengthen the capacity of ProSIFU’s local partners and health system to deliver quality, comprehensive services.

## QUARTER 2 PROGRESS BY TECHNICAL COMPONENT

### Intermediate Result 1: HIV counseling and testing (HCT) and prevention services expanded and improved in Fungurume and Kasumbalesa

#### Sub-IR 1.1: Communities' ability to develop and implement prevention strategies strengthened

##### *Overview*

Over the course of the reporting period, ProSIFU supported both the launch of two champion communities in Fungurume, and coordinated preparations for the launch of three additional champion communities, in Fungurume and Kasumbalesa, next quarter. Together, these champion communities will cover the geographic catchment areas of the project's seven PMTCT sites and help strategically create strengthen linkages between facility- and community-level services.

As local NGO partner BAK-Congo helps lead these expansion efforts—including by setting up an additional office, and by providing capacity building support to both Fungurume health zone and local NGO Lamuka in the process—local NGO partner SEFAM has begun both community outreach and mobile HCT activities in Kasumbalesa. Voluntary and provider-initiated HCT are also operational in project-supported PMTCT sites.

##### *Participatory Learning and Action assessments*

As a first step in the development of champion communities, ProSIFU conducted Participatory Learning and Action (PLA) assessments from January 21 to 29, 2013. The general objective of these assessments, modeled after those designed and used by the DRC Integrated HIV/AIDS Project (ProVIC), was to engage community members in assessing their local realities and needs through a process of collective analysis and learning. These collectively identified needs are then used to shape Champion Community action plans, establish activity priorities, and identify local resources that can be leveraged to ensure the sustainable success of those activities.

Importantly, this type of assessment promotes the active participation of community members in the issues and interventions that shape their lives, helps secure local buy-in by engaging and empowering them as key project stakeholders and change agents, and generates qualitative data to inform project planning. Moreover, the use of visual and participatory methods enables a wide range of community members to participate, regardless of age, ethnicity or literacy capabilities.

Specific objectives included:

- Increasing awareness of and buy-in for the Champion Community approach among political and administrative authorities and religious leaders, and among specific interest group leaders;
- Establishing steering committees to help establish and implement the Champion Community approach in two project-supported areas in the Fungurume health zone: Tenke and Dipeta.
- Advocating and raising awareness among key and/or



PLA discussions with ProSIFU's Community Mobilization Specialist. Photo: PATH/ProSIFU.

vulnerable groups, to encourage their participation in ProSIFU's champion communities.

- Providing data collectors and facilitators with theoretical and practical knowledge on how to use a participatory approach to collecting baseline Champion Community data.

### *Activities and achievements*

#### *Meetings with government and Tenke Fungurume partners in January 2013*

In January 2013, the project team convened meetings with local government and TFM partners at the office of madam chief of Fungurume to explain the purpose of the PLA assessment activity, introduce and secure local buy-in for the Champion Community approach, mobilize support from the local administrative and health authorities for project interventions at the health facility and community levels; and plan the coordinated launch of the project's Champion Community activities in the Fungurume health zone. Also participating were the Fungurume health zone's chief medical officer, the director of the Dipeta Health Referral Center, representatives from TFM's health and community development departments, ProSIFU's program officer, and a program officer from local nongovernmental organization (NGO) partner Bread and Knowledge Too-Congo (BAK-Congo). This organization brings to ProSIFU nearly three years of rich experience implementing the Champion Community approach, having helped lead the launch and implementation of champion communities under ProVIC. The meeting provided an opportunity to promote not only ProVIC's field-tested Champion Community approach among key ProSIFU government and TFM stakeholders, but also active, locally-led multi-sectoral engagement in the fight against HIV/AIDS.

#### *Training Champion Community members on the PLA approach*



PLA assessment facilitators-in-training learn how to create and use visual PLA tools during a workshop with ProSIFU. Photo: PATH/ProSIFU.

At the beginning of the second quarter, ProVIC's community mobilization specialist helped lead a workshop for eight PLA assessment facilitators-in-training who would then collect and analyze data as part of Fungurume Champion Community start-up activities. The Fungurume health zone bureau helped ProSIFU identify these eight participants, which included three women and five men from the Fungurume and Tenke *aires de santé*, based on criteria established in the PLA assessment data collection protocol that was originally developed in 2010 by ProVIC's community mobilization and M&E teams.

Participants were trained on how to facilitate small group discussions, including how to navigate sensitive discussion topics; how to effectively use visual methods and analytical tools to gather information from and with community members; and how to then analyze and present data to the community, to help them synthesize local perspectives and use an evidence-based approach to their Champion Community action planning efforts.

The trained facilitators then helped lead focus group discussions with various project target groups, with oversight from ProVIC's community mobilization specialist and a program officer from BAK-Congo. Participant groups were selected from a sample of two communities from the Dipeta 1 and Tenke *aires de santé*. Visual tools, such as community maps, polarization diagrams, problem trees, and OVC portraits, were all created by the group

participants during the course of focus group discussions; these tools provided the project team with important qualitative baseline data.

### *Qualitative data collection from focus group discussions with target groups*

Data collected during these PLA assessments informed the development of HIV prevention strategies, with champion communities in the *airesde sante* in ProSIFU intervention areas playing a key role. Specifically, the assessments helped to:

- Obtain baseline data on communities' knowledge, attitudes, and practices around HIV/AIDS.
- Identify existing local resources to help meet communities' HIV/AIDS- and other development-related needs—including how accessible these resources are, and how much they are being used (and if not, why).
- Identify gaps, possible solutions, and priorities to meet those identified needs. This includes proposing how to leverage existing resources to solve identified problems and promote sustainable solutions.
- Involve project beneficiaries as active stakeholders and change agents, also ensuring that a variety of perspectives are addressed in the process.

Information gathering in each of these communities involved four target groups: separate groups of married men and married women, aged 25 to 40 years old, who had been living in the community for more than two years; and separate groups of girl and boy orphans and vulnerable children (OVC), aged 12 to 17 years old. Consent forms were signed by tutors (e.g., parents or guardians) of OVC participants. Participants were selected for these focus groups in collaboration with local, community-based organization Lamuka. Lamuka will receive capacity building support from ProSIFU throughout project implementation.



Married women participate in focus group discussion in Fungurume. Photo: PATH/ProSIFU.

It is worth noting that the initial protocol included six target groups, including groups of people living with HIV (PLHIV), and groups of men and women aged 24 to 35 years living in Fungurume. But due to the stigma faced by PLHIV, recruiting this key population into focus group discussions has proved difficult. Going forward, ProSIFU will work concertedly on strategies to target and better reach this clandestine group; this is likely to involve consulting with and drawing from ProVIC's expertise and experiences working with PLHIV.



A portrait drawn by a male OVC focus group discussion participant as part of a PLA assessment activity. Photo: PATH/ProSIFU.

### *Sharing PLA assessment results with local stakeholders*

During the second quarter, the ProSIFU team shared findings from the aforementioned PLA assessments with the Madam Chief of the city of Fungurume, the Fungurume health zone's chief medical officer, representatives from Dipeta Referral Center and TFM, the local facilitators who collected the assessment data, and various community leaders.

Drawing from the ProSIFU program officer's presentation of assessment data, community leaders highlighted the need for more active participation from the health zone bureau in identifying

target groups; this, they noted, would help avoid potential data collection bias among data collectors. They also underscored the need to extend the rule of law to better protect PLHIV in all parts of the community from stigma and discrimination. Importantly, assessment data revealed high community demand for increased access to HIV counseling and testing (HCT) services.

### *Establishing Champion Community steering committees*



Champion Community steering committee member training. Photo: PATH/ProSIFU.

As a critical step in the Champion Community process, steering committees were formed in Fungurume, in Dipeta I and Dipeta II, during this reporting period. These committees include representatives from various population and interest groups, and from different levels of the community, such as religious and traditional tribal leaders; public health representatives; private-sector entrepreneurs and health providers; local NGO partners; local associations of women, nurses, and/or students; and individuals from key groups, such as miners and CSWs.

These steering committees will function as the critical platform for leadership, coordination, and support that will help link community members to the essential health and other support they need—and in doing so, also engage them in community-driven activities in the fight against HIV/AIDS.

In addition to convening advocacy and community mobilization meetings with local political, religious, community, business, civil society, and government leaders in the Fungurume health zone, ProSIFU also trained newly-identified steering committee members on the Champion Community approach. Using tools developed by ProVIC, these trainings focused on topics such as the Champion Community methodology in the context of HIV/AIDS programming; planning, implementation, and monitoring processes; and how to conduct effective, high-impact advocacy and outreach activities.

### *Developing community action plans*

In their newly-minted roles, the steering committees from the two Fungurume champion communities helped quickly organize participatory planning meetings and select community workers, with support from ProSIFU, BAK-Congo, and Lamuka. These action planning meetings included local implementing partners, community leaders, administrative and religious authorities, and community workers. through which the group prioritized objectives, set targets, and developed action plans, With these action plans—which included priority objectives and targets—in hand, these champion communities are now fully up and running.

ProSIFU will provide ongoing capacity building support to these key project actors in their continued planning and implementation efforts.



Induction of Champion Community steering committee members. Photo: PATH/ProSIFU.

### *Key recommendations*

- Accelerate implementation of the Champion Community approach by local NGO partner BAK-Congo—particularly among champion communities newly identified in response to the USAID’s DRC strategic pivot guidance.

- Continue promoting and increasing awareness of the Champion Community approach among community leaders.
- Establish Champion Community steering committees in the remaining champion communities newly added in response to the USAID strategic pivot: two in Fungurume, and one in Kasumbalesa (targeting commercial sex workers). To the extent possible, collect qualitative baseline data from these communities as was done for the earlier-launching ProSIFU champion communities.

## **Sub-IR 1.2: Community and facility-based HCT services increased and enhanced**

### *Activities and achievements*

#### *Improving access to facility-based and mobile HCT services*

In the second quarter of fiscal year 2013, ProSIFU collaborated closely with Fungurume Health Zone and the *Programme National de Lutte contre le SIDA* (PNLS) on building local capacity to deliver HCT services. Collaborative efforts included providing routine joint formative supervision, training HCT providers, and ensuring a consistent supply of HCT commodities to help ensure access to HCT services. No stockouts of HCT supplies were noted among ProSIFU's project sites during the period. In the context of the strategic pivot's new PMTCT focus, HCT is a critical component of and gateway to PMTCT services for mothers and their exposed infants. PMTCT services also serve as a unique opportunity to offer HIV testing to male partners and other family members of pregnant women, and to link them to appropriate prevention, care, and treatment services.

ProSIFU has already begun supporting both community- and facility-based HCT services, with 1,028 people having received both voluntary and provider-initiated HCT services to date. Community-based HCT specifically has begun in Kasumbalesa, with plans to begin this activity in Fungurume in July 2013. Nearly all those tested were older than 15. Over the next quarter, with strategic pivot guidance now deployed, additional partners and/or sites being engaged, and trainings planned shortly, these numbers are expected to increase substantially, including for the number of women tested.

Within the context of PMTCT services as the core focus of the strategic pivot, 552 pregnant women across three project-supported PMTCT sites—Dipeta Health Referral Center, Neema (Dipeta II) Health Center, and Tenke (Saint Francois Xavier) Health Center—received PMTCT services during this period. Of these, 17 women, or 3.1 percent, tested HIV positive, eight HIV-positive women were placed on ARV prophylaxis, and one woman was placed on ART for her own health. ProSIFU and the Fungurume Health Zone team worked with these partners, and with PNLS's provincial HIV laboratory, to establish an HIV testing quality assurance system; random positive and negative blood samples were sent for verification to test the accuracy of the laboratory's processing services.

Of these three PMTCT sites, Dipeta both tested the greatest number of pregnant women (228 women) and had the highest seropositivity rate: 12 pregnant women, or 5.3 percent, of the 228 pregnant women who received HCT services at Dipeta tested HIV positive. At Tenke (Saint Francois Xavier) Health Center, 3 percent of the 164 women tested were identified as HIV positive; and at Neema, which offers only PMTCT services, all except one of 160 women tested were found HIV negative. These early results are consistent with ProSIFU's site assessment findings—that Dipeta is located in a particularly high-need, centrally located

area of Fungurume. Following more in-depth, integrated trainings on the complete package of HIV services in May, early infant diagnosis will also be provided.

Around the town of Kasumbalesa and Whisky truck stop, local NGO SEFAM is also now operational. In addition to providing targeted, PMTCT-linked outreach and community-based support, SEFAM targets key populations—particularly truckers, CSWs, and miners—with mobile HCT services and refers clients to the nearby Kasumbalesa Health Referral Center as needed. These services are often provided during the work day, to make seeking testing for convenient for key populations who travel to this border city for work.

#### *Promote HIV prevention through the promotion of condom use*

ProSIFU partners have begun distributing condoms provided by the *Programme National Multi-sectoriel de Lutte contre le SIDA* (PNMLS), to support prevention activities in champion communities. During the second quarter alone, local community-based organization Lamuka distributed 30,240 condoms provided by TFM to most-at-risk populations in Fungurume. Condoms are distributed particularly to high-risk individuals during activities and services such as community outreach sessions, mobile- and facility-based HCT, and PMTCT and family planning service delivery.

#### *Integrating and managing HIV/tuberculosis co-infection through HIV testing and referrals*

As a step toward improving links between the PMTCT service platform and tuberculosis screening, diagnosis, and treatment (as a core clinical care service), and extend the continuum of care for those affected by HIV, ProSIFU has been supporting Dipeta Health Referral Center in integrating HCT into its existing tuberculosis (TB) services. Dipeta is a *centre de dépistage et traitement de la tuberculose* (CSDT), and as such, offers TB screening, diagnosis, and treatment. One HIV-positive individual was screened for TB in HIV care or treatment settings during the reporting period, at 8 percent achievement of the *semi-annual* target (per indicator C2.4D). One individual (the same individual who was screened for TB) also started TB treatment during the reported period, at 2.2 percent achievement of the *semi-annual* target (per indicator C2.5D). In terms of the one HIV-positive case under care who started TB treatment, this person was screened, diagnosed, and placed under TB treatment in the *same* health facility, Dipeta Health Referral Center (per indicators C2.4D and C2.5D in Annex 1, the M&E results table, below).

Low performance during the reporting period can be attributed largely to project start-up delays, and to poor understanding among local, project-supported health providers of when and how to provide TB screening, despite the availability of the screening checklist tool (which, in turn, was in part because they had not yet received project-supported integrated health trainings during the reporting period). Since health providers in project-supported health facilities will receive these integrated health trainings (including trainings on data collection tools) next quarter, however, these results are expected to improve substantially in the coming months.

Individuals infected with TB will also be tested for HIV (with follow-up as needed), and clients who receive HIV counseling and testing services are also screened for TB. To better extend follow-up care at the community level, patients co-infected with HIV and TB co-infection will be referred to BAK-Congo-supported champion communities in Fungurume for psychosocial and other support as needed.

## Challenges and proposed solutions

During U.S. Ambassador Eric Goosby's original visits to Lubumbashi in 2011, he met with the Governor of Katanga, Moise Katumbi, who expressed the need for more billboards targeting truckers with HIV prevention messages along the road to Kasumbalesa.

These billboards were included in ProSIFU's original proposal, which noted that the project team would collaborate with the Regional Outreach Addressing AIDS through Development Strategies II (ROADS II) project to ensure the use of standardized themes and images (ROADS II is operational throughout eastern Africa). Now it appears that ROADS II is no longer operational in these implementation areas targeted by ProSIFU.

With the absence of ROADS II, and now with the DRC strategic pivot, whereby treatment has been emphasized over prevention, these billboards (which are expensive and not proven successful) are no longer an acceptable strategy. Per guidance received from USAID in June 2013 (at the time that this report was revised for re-submission to USAID), this activity was determined to not be aligned with the 2012 PEPFAR Blueprint's roadmap to achieving an AIDS-free generation. Therefore, despite the political sensitivity of this activity, it will not be implemented under ProSIFU.

## Activities planned for next quarter

Sub-IR 1.1 <i>Communities' ability to develop and implement prevention strategies strengthened</i>	Sub-IR 1.2 <i>Community- and facility-based HCT services enhanced</i>
Train partners in Tenke, Kakanda, and Kasumbalesa on the Champion Community approach	Offer provider-initiated HIV counseling and testing (PICT) to all clients in clinical sites
Develop and disseminate targeted sensitization messages, particularly around PMTCT	Organize mobile voluntary HIV counseling and testing (VCT) activities targeting key populations, and ensure strong service linkages and referrals
Organize support groups based on interests and needs	Provide training and technical assistance
Develop prevention messages and/or tools as needed	Request increased number of condoms
Implement messaging intervention(s)	Distribute condoms throughout target areas
Orient champion communities to TFM's Social Community Fund	

## Intermediate Result 2: Care, support, and treatment for PLWHA and OVC improved in target areas

### Sub-IR 2.1: Access to and quality of care and support services strengthened

#### *Activities and achievements*

ProSIFU supported numerous care and support activities during the reporting period, including those focused on strengthening and extending the continuum of care along the PMTCT service cascade. To reverse the negative effect of opportunistic infections on PLHIV, for example, since opportunistic infections accelerate the progression of HIV and increase morbidity and mortality rates, ProSIFU supported Dipeta Health Referral Center in providing cotrimoxazole beginning in January 2013. To date, 19 individuals (2 males aged

15+ years old, and 17 females aged 15+ years old, including 13 HIV-positive pregnant women) have received cotrimoxazole prophylaxis in health facilities. Upon completing integrated health trainings this May, cotrimoxazole provision will be rolled out to all ProSIFU-supported sites.

As examples of ProSIFU's initiatives to further integrate health services, all pregnant women who received project-supported PMTCT services were offered the opportunity to discuss family planning with their health care provider, and to access family planning methods, including condoms, if needed. PMTCT providers conducted home-based visits to reach HIV positive women lost to follow-up and provide psychosocial, bereavement, and spiritual support. And to support the identification of treatment-eligible patients, Pima™CD4 machines were provided to Saint Francois Xavier and Tenke health center.

## **Sub-IR 2.2: Access to treatment strengthened**

### *Activities and achievements*

Through PEPFAR, which is now becoming a treatment program in the DRC, the project has now begun to provide ART as part of a comprehensive HIV/AIDS service package. Fungurume health zone sites will also be integrated into PEPFAR's network of ART sites for long-term ART provision, although this may transition to Global Fund sites (through financial support from PEPFAR) down the line.

Antiretrovirals are now available at Dipeta Health Referral Center, a "hub" health facility that is now a formally recognized antiretroviral (ARV) treatment site. Of the 13 individuals reported as receiving ART by the end of March 2013 (per indicator T1.2D), seven of these individuals (one male aged 15+ years old, five non-pregnant women, and one HIV-positive pregnant woman referred from Neema Health Center) were newly initiated on ART at Dipeta Health Referral Center during the reporting period, as reported under indicator T1.1D in Annex 1 below. All seven of these newly-enrolled individuals were determined eligible for treatment following CD4 count testing; one woman, with a CD4 count of 9cells/mm<sup>3</sup>, has since deceased.

The remaining six cases reported on ART by the end of the reporting period were as follows: two former TFM staff, who had discontinued their ART through TFM after the end of their employment contract, and who were then referred to Dipeta to resume ART after about a year without ART; two individuals who had been referred to Dipeta from the University of Lubumbashi clinic following a work-related move to the area; one individual who had been receiving ART about 80 kilometers away, at Kanshya General Referral Hospital in the Lubudi health zone, but who was then referred to Dipeta due to the shorter travel distance; and one individual who had been originally clinically diagnosed at Dipeta, referred to a hospital in Lubumbashi (200 kilometers away), and finally recently referred back to Dipeta for treatment. All six of these individuals received CD4 count monitoring during the reporting period.

Upon completing integrated health trainings next quarter, treatment will be rolled out systematically to this and other project-supported PMTCT sites, in line with the principal of "test and treat:" all project-supported beneficiaries (excepting truck drivers) who test positive will be monitored and placed on ART if eligible. ProSIFU will receive ARVs through the Supply Chain Management System (SCMS) through the end of the project.

## Challenges and proposed solutions

While PMTCT services were already being provided at the Dipeta, Neema, and Saint Francois Xavier health facilities in the Fungurume health zone, ProSIFU's initial assessments highlighted important, continuum of care-related gaps. This was especially apparent among HIV-positive women for whom on-site CD4 count testing was not available in Tenke, and who therefore needed to be referred in Fungurume for CD4 count testing—resulting in service delays and clients lost to follow-up. At Tenke (Saint Francois Xavier) Health Center, for example, HIV-positive pregnant women were being referred to Dipeta 30 kilometers away for CD4 testing and ARV prophylaxis. This loss to follow-up of newly identified HIV-positive pregnant women is reflected in data for indicators C2.1D and C2.2D (i.e., the number of eligible HIV-positive individuals who received a minimum of one clinical service and cotrimoxazole prophylaxis, respectively).

On ProSIFU's recommendation, however, the project provided Tenke with its own Pima™ CD4 count machine so that Tenke could offer on-site CD4 testing to all clients who tested HIV-positive. Tenke has also implemented ProSIFU's recommendation to send blood samples from nearby Neema to Dipeta for CD4 testing, rather than referring their clients away for CD4 testing at a health facility further away. Since receiving both this Pima™ machine and ARVs, Tenke has since recovered most of these HIV-positive pregnant women who had been lost to follow-up.

During the next quarter, the project team will also strategize on how to improve access to pediatric treatment, which is not currently available in Fungurume, and on building local capacity for integrating TB screening, diagnosis, and treatment and HIV/AIDS services. And as comprehensive PMTCT and continuum of care services are more systematically introduced into ProSIFU-supported health facilities beginning in the next quarter, treatment-eligible HIV-positive pregnant women, their family members, and other key populations will be initiated on ART as needed.

## Activities planned for next quarter

Sub-IR 2.1 <i>Access to and quality of care &amp; support services strengthened</i>	Sub-IR 2.2 <i>Access to treatment strengthened</i>
Monitor TB drug adherence for PLHIV on TB treatment	Conduct integrated HIV/AIDS training with five new health facilities in Fungurume
Establish mechanisms to strengthen referral and counter-referral mechanisms, in coordination with local partners (including within the health system), to increase access to comprehensive services and extend the continuum of care	Establish systems for pediatric treatment as needed
Organize self-help groups, in collaboration with NGO, health facility, and health zone partners	Refer non-TFM employees to Dipeta Health Referral Center as needed
Organize targeted positive living with prevention (PwP) sessions within health facilities	
Complete OVC needs assessments to identify service needs	
Conduct trainings on Pima™ CD4 counting equipment as part of integrated PMTCT trainings	

Sub-IR 2.1 <i>Access to and quality of care &amp; support services strengthened</i>	Sub-IR 2.2 <i>Access to treatment strengthened</i>
Link nutritional counseling in clinical- and home-based settings	
Support ongoing capacity building of health providers (e.g., through supportive supervision visits and on-site supervision)	

### Intermediate Result 3: Health systems strengthening supported

#### *Activities and achievements*

In March 2013, needs and capacity assessments were conducted at seven PMTCT sites—five of which will be integrated into ProSIFU as direct partners (Dipeta Health Referral Center, Neema (“Dipeta II”) Health Center, Saint Francois Xavier (“Tenke”) Health Center, Shaloom Health Center, and El Shadai Health Center), and two of which will receive indirect support from ProSIFU through a “*strategie avancee*” (Kakanda Safina Health Center and Piscine Siloe Health Center). “Indirect support” to Kakanda Safina, for example, will take the form of staff outreach from another, *directly* supported ProSIFU PMTCT site. Kakanda Safina, in turn, will serve as a referral site for a larger health center in the Fungurume health zone.

Building on additional assessment recommendations, the ProSIFU team will work closely with local health system counterparts to promote strong follow-up of mother-infant pairs at each point in the PMTCT cascade for improved maternal and child care, including by promoting strong linkages between the facility and community levels.

#### Activities planned for next quarter

Intermediate Result 3: Health systems strengthening supported
Organize and conduct integrated trainings (to coincide with the finalization of ProVIC’s (and ProSIFU’s) updated M&E datacards). Materials for these integrated PMTCT trainings have been developed by and adapted from ProVIC’s national technical and M&E specialists.
Ensure that ProSIFU’s program officer and ProVIC’s Katanga regional coordinator convene weekly technical meetings to promote coordination and synergies where appropriate, and to share experiences and best practices.
Convene weekly meetings with local NGO and CBO partners BAK-Congo and Lamuka, respectively, to ensure close project monitoring and ongoing capacity building support to these organizations.
Strengthen health service providers' capacity for commodities management.
Strengthen health service providers' capacity for data collection and management.
Strengthen health service providers' capacity for biomedical waste management.
Support joint supervision visits with government stakeholders.
Ensure technical monitoring of all sites.

### Project management

#### *Staffing*

As specified in ProVIC’s workplan, TFM has now recruited a ProSIFU field supervisor. This new recruit will split his time between ProSIFU activity supervision and TFM Community Health Programs monitoring and evaluation (M&E), with onboarding and capacity-building support from ProVIC’s Deputy National M&E specialist. Upon completing a mandatory,

one-week safety training in mid-April, he will then officially join the project team. ProSIFU also plans to recruit a PMTCT specialist, who will divide his/her time between the ProSIFU and ProVIC teams in Katanga to help both PATH-led projects effectively respond to USAID's new, strategic pivot-driven focus on the PMTCT service platform. The project is also in the process of recruiting a driver.

### ***Grants management***

As committed in ProSIFU's originally submitted workplan, both of the project's NGO partners, BAK-Congo and SEFAM, are now fully operational on the ground along the Lubumbashi-Fungurume and Lubumbashi-Kasumbalesa highways and surrounding regions. In response to recent USAID feedback tied to their strategic pivot, these grantee's scopes are in the process of being significantly revised. However in the case of BAK-Congo, for example, the number of champion communities to be launched has been increased from one to five—four in Fungurume and one in Kasumbalesa, as mentioned above.

Six medical facilities have been added to the existing Dipeta Health Referral Center to respond to ProSIFU's new PMTCT focus, a key outcome of the strategic pivot. ProSIFU selected this number of health facilities based on their size and accessibility within their corresponding health zones. With needs assessments for the seven above-mentioned sites now complete, integrated PMTCT trainings have now been set for June 2013.

### ***Office administration and procurement***

During the second quarter, TFM's Community Department at last allocated office space to ProSIFU within its compound, where PATH's program officer now sits. Renovations initiated by TFM are underway and are expected to be completed by mid-April 2013. TFM will also provide office equipment, such as chairs, tables, and an air conditioner, for this project space.

ProSIFU is also in the process of procuring a 4x4 vehicle. Procurement approval from USAID is anticipated during the third quarter.

## Annex 1: Year 1 Q1-Q2 results against PEPFAR indicators and targets

PEPFAR NGI	Indicator	Year 1 target (Nov. 2012 to Sept. 2013)	Year 1 (Q1-Q2) Achievement
<b>Intermediate Result 1: HCT and prevention services expanded and improved in Fungurume and Kasumbalesa</b>			
<b><i>Sub-Intermediate Result 1.1: Communities' ability to develop and implement prevention strategies strengthened</i></b>			
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	15,000	500
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)	4,000	0
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	13,333	344
	By MARP type:		
	* <i>Commercial sex workers (CSWs)</i>	3,333	45
	* <i>Injection drug users (IDUs)</i>	0	0
	* <i>Men who have sex with men (MSM)</i>	0	0
	* <i>Truckers</i>	10,000	299
P10.2.D	Estimated number of people reached through workplace programs	TBD	0
Project/ non-PEPFAR	Number of communities participating in the Champion Community approach	1	2

PEPFAR NGI	Indicator	Year 1 target (Nov. 2012 to Sept. 2013)	Year 1 (Q1-Q2) Achievement
<b>Intermediate Result 1: HCT and prevention services expanded and improved in Fungurume and Kasumbalesa</b>			
P11.1.D	Number of individuals who received HCT services and received their test results	17,860	1,028
	By age/sex:		
	* Female	8,652	647
	* Male	9,208	381
	* <15	147	10
	* <15 Female	66	6
	* <15 Male	81	4
	* 15+	17,713	1,018
	* 15+ Female	8,586	641
* 15+ Male	9,127	377	
<b>Sub-Intermediate Result 1.3: Prevention of mother-to-child transmission (PMTCT) services improved and expanded</b>			
P1.1D	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	5,000	552
C4.1D	Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	30%	0%
	<i>Numerator: Number of infants who received an HIV test within 12 months of birth during the reporting period</i>	24	0
	<i>Denominator: Number of HIV- positive pregnant women identified in the reporting period (includes known HIV-positives at entry)</i>	80	17

PEPFAR NGI	Indicator	Year 1 target (Nov. 2012 to Sept. 2013)	Year 1 (Q1-Q2) Achievement
<b>Intermediate Result 2: Care, support, and treatment for PLHIV and OVC improved in target areas</b>			
<b><i>Sub-Intermediate Result 2.1: Access to and quality of care and support services strengthened</i></b>			
C1.1.D	Number of eligible adults and children provided with a minimum of one care service	624	19
	By age/sex:		
	* Female	386	17
	* Male	188	2
	* <18	84	0
	* <18 Female	78	0
	* <18 Male	56	0
	* 18+	490	19
	* 18+ Female	308	17
	* 18+ Male	182	2
C2.1.D	Number of HIV-positive adults and children receiving a minimum of one clinical service	572	19
	By age/sex:		
	* Female	328	17
	* Male	244	2
	* <15	3	0
	* <15 Female	1	0
	* <15 Male	2	0
	* 15+	569	19
	* 15+ Female	327	17
	* 15+ Male	242	2

PEPFAR NGI	Indicator	Year 1 target (Nov. 2012 to Sept. 2013)	Year 1 (Q1-Q2) Achievement
C2.2.D	Percentage of HIV-positive persons receiving cotrimoxazole (CTX) prophylaxis	100%	100%
	<i>Numerator: Number of HIV-positive persons receiving CTX prophylaxis</i>	572	19
	<i>Denominator: Number of HIV-positive individuals receiving a minimum of one clinical service (C2.1D)</i>	572	19
C2.3D	Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	92	N/A
C2.4D	Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	4%	5.26%
	<i>Numerator: Number of HIV-positive patients who were screened for TB in HIV care or treatment settings</i>	25	1
	<i>Denominator: Number of HIV-positive adults and children receiving a minimum of one clinical service (C2.1D)</i>	572	19
C2.5D	Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	16%	5.26%
	<i>Numerator: Number of HIV-positive patients in HIV care who started TB treatment</i>	92	1
	<i>Denominator: Number of HIV-positive adults and children receiving a minimum of one clinical service (C2.1D)</i>	572	19
C5.1D	Number of eligible clients who received food and/or other nutrition services	115	0
	By age/sub-population:		
	* <18	58	0
	* 18+	57	0
	* Pregnant or lactating women	12	0
P7.1.D	Number of people living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV' interventions	450	0

PEPFAR NGI	Indicator	Year 1 target (Nov. 2012 to Sept. 2013)	Year 1 (Q1-Q2) Achievement
<b>Sub-Intermediate Result 2.2: Access to antiretroviral treatment strengthened</b>			
P1.2D	Percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	96%	52%
	<i>Numerator: Number of HIV-positive pregnant women who received ARVs to reduce the risk of mother-to-child-transmission</i>	77	9
	By type of regimen:		
	* Life-long ART (including Option B+)	31	1
	* Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	0	0
	* Maternal AZT (prophylaxis component of WHO Option A during pregnancy and delivery)	46	8
	* Single-dose nevirapine (with or without tail)	0	0
	<i>Denominator: Number of HIV- positive pregnant women identified in the reporting period (including known HIV- positive at entry)</i>	80	17
T1.1D	Number of adults and children with advanced HIV infection <u>newly</u> enrolled on ART	317	7
	By age/sex/sub-population:		
	* <1	1	0
	* <15 Female	14	0
	* <15 Male	6	0
	* 15+ Female	195	6
	* 15+ Male	102	1
	* Pregnant women	31	1

PEPFAR NGI	Indicator	Year 1 target (Nov. 2012 to Sept. 2013)	Year 1 (Q1-Q2) Achievement
T1.2D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	N/A	13
	By age/sex:		
	* <1	N/A	0
	* <15 Female	N/A	0
	* <15 Male	N/A	0
	* 15+ Female	N/A	9
	* 15+ Male	N/A	4
<b>Intermediate Result 3: Health systems strengthening supported</b>			
H2.3.D	Number of health care workers who successfully completed an in-service training program	25	12