

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

YEAR 1 QUARTERLY REPORT, QUARTER 1

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TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS	iv
EXECUTIVE SUMMARY	v
QUARTER 1 PROGRESS BY TECHNICAL COMPONENT	1
Intermediate Result 1: HCT and prevention services expanded and improved in Fungurume and Kasumbalesa	1
Sub-IR 1.1: Communities' ability to develop and implement prevention strategies strengthened.....	1
Sub IR 1.2: Community- and facility-based HCT services increased and enhanced.....	2
Activities planned for the next quarter for Intermediate Result 1	2
Intermediate Result 2: Care, support, and treatment for PLWHA and OVC improved in target areas	2
Sub-IR 2.1: Access to and quality of care and support services strengthened....	2
Sub-IR 2.2: Access to treatment strengthened	3
Activities planned for the next quarter for Intermediate Result 2	4
Intermediate Result 3: Health systems strengthening supported	4
Activities planned for the next quarter for Intermediate Result 3	5
Quarter 1 Program Management Update	5

ACRONYMS AND ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ARV	antiretroviral medication
C2C	child-to-child
CCC	Champion Community Committee
C-Change	Communication for Change
DBS	dried blood spot
DRC	Democratic Republic of Congo
ECZS	Equipe Cadre de Zone de Santé (Health Zone Framework Team)
FAO	Food and Agriculture Organization of the United Nations
FFP	Fondation Femme Plus
FY	Fiscal Year
GBV	gender-based violence
HCT	HIV counseling and testing
HIV	human immunodeficiency virus
IHAA	International HIV/AIDS Alliance
IPC	Initiative Privée et Communautaire de lutte contre le VIH
IR	Intermediate Result
LCD	local capacity development
LGBTI	lesbian, gay, bisexual, transgender, intersex
M&E	monitoring and evaluation
MARP	most-at-risk population
MINAS	Ministère des Affaires Sociales (Ministry of Social Affairs)
MOH	Ministry of Health
MOU	memorandum of understanding
MSH	Management Sciences for Health
MSM	men who have sex with men
NGO	nongovernmental organization
OVC	orphans and vulnerable children
PATH	Program for Appropriate Technology in Health
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHDP	positive health, dignity, and prevention
PITC	provider-initiated counseling and testing
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission of HIV
PNLS	Programme National de Lutte contre le SIDA (National HIV/AIDS Program)
PNMLS	Programme Nationale Multi-Sectorielle de Lutte contre le SIDA
PNSR	Programme National de Santé de la Reproduction (National Program for Reproductive Health)
PROSANI	Projet Intégré de Sante (Integrated Health Project)
ProVIC	Projet Intégré de VIH/SIDA au Congo (Integrated HIV/AIDS Project)
PSI	Population Services International
PSSP	Progrès Santé Sans Prix (Progress and Health Without a Price)
RDQA	routine data quality assurance
SCMS	Supply Chain Management System
SGBV	sexual and gender-based violence
SPS	Strengthening Pharmaceutical Systems (Management Sciences for Health)
TAPAP	Technical Assistance Priority Action Plan
TOP	training of providers
TOT	training of trainers
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

PATH and Tenke Fungurume Mining (TFM) are pleased to submit this Q1 report under the US Agency for International Development Global Development Alliance (GDA) mechanism to reduce HIV risk and mitigate its impact on communities in Fungurume Health Zone (FHZ) and the town of Kasumbalesa in Katanga Province of the Democratic Republic of Congo (DRC).

The project's objectives center around the establishment of a Champion Community in Fungurume through which prevention and mobilization activities will occur, including the provision of HIV testing, and increasing both demand for and access to HIV/AIDS care and support services. The project will also seek to mitigate the impact of HIV/AIDS in communities along the trucking route of Fungurume to Kasumbalesa by providing targeted prevention, testing, and referral services to truck drivers, sex workers, and other 'key' populations, including persons with disabilities, as well as to the general population within these communities.

As this GDA was signed on November 14, 2012, this first report documents the first six weeks of project implementation from November 14–December 31. As such, this Q1 report is focused on start-up activities such as initial contact with local partners including the Fungurume Health Zone, workplan development, hiring, office set-up, and the initial training of health staff in integrated HIV/AIDS management. This will allow Dipeta Hospital to become an antiretroviral (ARV) treatment site.

QUARTER 1 PROGRESS BY TECHNICAL COMPONENT

Intermediate Result 1: 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/summary

The project will use Projet Intégré de VIH/SIDA au Congo's (ProVIC) Champion Community (CC) approach to introduce innovative and sustainable strategies to increase community ownership of HIV counseling and testing (HCT) and prevention activities within the communities surrounding the TFM mine, particularly in Fungurume and possibly in Tenke. As approved in the proposal, this project will develop Champion Communities here, building on the successes of the PATH-led ProVIC project. We should note that the Projet Intégré de Santé (ProSANI) is also developing a CC in this area, again building on the ProVIC success/lessons, and it will be important to coordinate where possible. Champion communities, established under ProVIC, already exist in the Kasumbalesa area, so this project will not initiate others in Kasumbalesa.

Activities and achievements

1. In coordination with TFM and Fungurume Health Zone (FHZ), 13 out of 18 "aires de santé" are being considered as potential CC sites. The remaining are outside TFM site. These "aires de santé" are in the following table:

N°	Name of Aire de Santé	Name of Health center in the Aire de Santé	Distance from the referral Health Center	Population of the Aire de Santé
01	BUYOBYA	La Sagesse	65km	3517
02	DIPETA1	CSR DIPETA	0m	19616
03	DIPETA2	CS NEHEMA	1Km	24197
04	KASOLONDO	CS UZIMA	2Km	23134
05	KILUSONSA	Non couverte	11Km	3250
06	KUVUMBI	Non couverte	18Km	2429
07	LUKOTOLA	LUKOTOLA	20Km	8564
08	MPALA	SHALOM	3Km	24432
09	MULUMBU	MULUMBU	24Km	3847
10	MWENDA MUKOSE	MWENDA MUKOSE	45Km	6167
11	NGUBA	NGUBA	15Km	4217
12	TENKE	St F XAVIER	30Km	23057
13	TSHILONGO	LA GRACE	45Km	7138

2. A community-based organization named LAMUKA with substantial potential to conduct HIV/AIDS activism, care and support, community mobilization, and livelihood improvement activities has been selected as partner in the Fungurume Health Zone (FHZ). Based on prior experience, LAMUKA has been identified by TFM as a potential long-term community partner with regards to addressing HIV/AIDS.

A meeting was held with LAMUKA to begin the development of a project. While there is potential to become a good partner on the project, there are also significant capacity gaps.

Thus, to help build LAMUKA’s capacity to reach its potential, it has been decided that LAMUKA will work as a sub-partner to another NGO – BAK Congo that has experience with ProVIC in establishing Champion Communities.

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

Overview/summary

Dipeta Health Referral Center, centrally located in Fungurume, has the highest volume of patients in need for care. Tenke Centre de Sante (CS) is a smaller site located in the town of Tenke. The team will work with Dipeta Health Referral Center for HCT, care, and treatment services and CS Tenke for HCT services.

Activities and achievements from Quarter 1

1. A needs assessment was started with the FHZ and will be completed in Q2.
2. Reporting tools and HCT supplies have been distributed to Dipeta Health Referral Center.

Activities planned for Quarter 2 for Intermediate Result 1

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>
Develop a CC in Fungurume	Improve access to community-based & mobile HCT services
Increase CC access to information & knowledge on behavior change	Promote HIV prevention through the promotion of condom use
Provide targeted prevention messages for truck drivers in Kasumbalesa	

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

Overview/summary

Care, support, and treatment services for people living with HIV/AIDS (PLWHA), orphans and vulnerable children (OVC), and their families are virtually nonexistent in the communities around the TFM mine and Kasumbalesa border crossing, other than those presently being offered through ProVIC champion communities. Through the creation of a new CC in Fungurume, and referrals to the existing champion communities in Kasumbalesa, we will work with local government and community stakeholders to catalyze the establishment of these services.

We will adopt the DRC and US governments’ strategy of integrating care and support services into health facilities and into the framework of the family-centered continuum of HIV services that involves PLWHA and OVC in every step of the project.

The CC will set up ‘self-help’ groups (SHGs) of PLWHA which will become the center of the care and support activity. They will receive support as needed, including some medical care (cotrimoxazole through health centers), ARV adherence support, opportunistic infection control, and tuberculosis (TB) screening. Providers at the health facility will be responsible

for the medical care of patients referred by the CC. TFM will cover the costs of drugs for sexually transmitted and opportunistic infections if needed. In order to plan, TFM will coordinate with ProSANI and other programs to identify the needs.

Small business development opportunities for these groups will be explored in coordination with the Economic Development Section of the TFM Social Department. As agreed with PNMLS and PNLs, PATH will train service providers at Dipeta Health Referral Center in Fungurume and transition it to become an official ARV treatment site.

Promotion of positive living strategies among PLWHA in support groups will be central to the strategy. Positive living activities will provide psychosocial support, access to health information, and intermittent CD4 diagnostic testing that will improve quality of life and potential for care and treatment success. TFM will buy the CD4 machine for Dipeta Health Referral Center.

Activities and achievements from Q1

The establishment of these activities follows the establishment of Champion Communities and the integration of care and support services at the Dipeta Health Referral Center.

1. TFM, through its Department of Community Development and SOS, has acquired the CD4 Fascount for the Dipeta Health Referral Center, which supplies services to the Tenke Health center and mobile HCT sites. This equipment will be used from the next quarter following HIV integrated package training held in last December.
2. PNLs has conducted the training for providers (lab assistants) on CD4 Facscounts and PIMA equipment in the TFM/SOS laboratory. Additional detail provided in IR 3.

Sub-IR 2.2: Access to treatment strengthened

Overview/summary

TFM employees will continue to receive treatment from International SOS clinics. The project will refer non-employees who need antiretroviral treatment (ART) to Dipeta Health Referral Center in Fungurume. The DRC government has agreed to provide ARVs to FHZ once existing stocks expire in July 2013. The project will continue to coordinate with PNLs to ensure this transition is smooth.

Activities and achievements from Quarter 1

1. Following the Integrated HIV/AIDS training in December, ARVs have been transferred from the Provincial PNLs to the Fungurume Health Zone to ensure that Dipeta offers ART.
2. TFM, through its Department of Community Development and SOS, has acquired the CD4 Fascounts for the Dipeta Health Referral Center which will permit the Center to initiate ART based on CD4 count, as per the DRC protocol. Three lab assistants (two from Dipeta Referral Health Center and one from Tenke Health Center) were trained during the GDA-supported training of HIV/AIDS held from December 24 to 31, 2012 in Fungurume.

3. TFM has started the renovation/construction works of the “Dipeta” clinic. The facility is located in basecamp and all the work is planned to be completed by the end of April 2013. The construction of Lumbwe Health Center is 68% completed and Kilusonsa Health Center is 72% completed. The work for the three health centers are underway.

Activities planned for the next quarter for Intermediate Result 2

Sub-IR 2.1 <i>Access to and quality of care & support services strengthened</i>	Sub-IR 2.2 <i>Access to treatment strengthened</i>
Increase access to high-quality community and home-based care and support	Supervision of Dipeta and Tenke is reported under IR 3
Develop self-help groups (SHG) for positive living	
Develop Child-to-Child (C2C) groups to support OVCs	
Expand HIV services in facility-based settings to improve the package of care at the facility level	
Improve links between community- and clinic-based care	
Support PLWHAs with nutritional counseling	

Intermediate Result 3: Health systems strengthening supported

Overview/summary

This project will provide integrated HIV/AIDS training for health care providers in Dipeta Health Center and Tenke Health Center, ongoing technical assistance, and supportive supervision.

Activities and achievements from Quarter 1

- 1) Integrated HIV/AIDS Training for Dipeta and Tenke Health Center Staff. The eight day HIV/AIDS integrated training is a cornerstone of future activities within this project as it ensures essential knowledge and key competencies for healthcare workers for Dipeta and Tenke health centers. It is also a minimum national requirement for a health facility to become an ART treatment site. Dipeta Health Referral Center, as a result of this training, is now a formal HIV/AIDS treatment within the DRC system. This training was held in Fungurume from December 24th to 31st 2012 for the following categories of staff :

- 4 medical doctors
- 6 nurses
- 3 lab assistants
- 2 pharmacists
- 5 of social workers

Category	Structures	Health Zone	Male	Female	Total
Medical doctors	CSR Dipeta	Fungurume	1	1	2
	CS Tenke	Fungurume	1	0	1
	BCZS	Fungurume	1	0	1
Sub/total medical doctors			3	1	4
Nurses	CSR Dipeta	Fungurume	1	1	2

	CS Tenke	Fungurume	2	1	3
	BCZS	Fungurume	1	0	1
Sub/total nurses			4	2	6
Lab assistants	CSR Dipeta	Fungurume	2	0	2
	CS Tenke	Fungurume	1	0	1
Sub/total lab assistant			3	0	3
Pharmacists	CSR Dipeta	Fungurume	0	1	1
	BCZS	Fungurume	0	1	1
Sub/total pharmacists			0	2	2
Social workers	CSR Dipeta	Fungurume	2	1	3
	CS Tenke	Fungurume	0	1	1
	BCZS	Fungurume	1	0	1
Sub-total social workers			3	2	5
Service providers trained			13	7	20

2) Needs assessment for future training. A needs assessment for future health provider training for health providers and community workers has been conducted. The following needs were identified:

- Integrated package of HIV, bio-medical waste, and finger prick technology for health staff in Fungurume and Tenke health centers.
- Steering Committee members, Social workers (Relais Communautaires) training in Champion community approach.
- HIV/AIDS training for peer educators for church, youth, men who have sex with men (MSM) and other key populations.
- M&E including specific data card, and data analysis training for Dipeta, Tenke, and SEFAM.
- Child to child, child safeguarding, child protection for LAMUKA and SEFAM.
- Caregivers and palliative care training.
- Accounting and QuickBooks training for LAMUKA.

Activities planned for the next quarter for Intermediate Result 3

Provide technical assistance for Dipeta and Tenke staff trained in Integrated HIV/AIDS approaches
Provide supportive supervision for staff trained in Integrated HIV/AIDS

Quarter 1 Program Management Update

Workplan

In Q1, PATH submitted the FY13 annual workplan to USAID for review, and met the deadline.

Staffing

In Q1, PATH hired the GDA Project Officer *Mr. Oscar Mutanda Pyng*. Hereceived orientation in Kinshasa and Lubumbashi to ensure a thorough understanding of his role and

responsibility on the project as well as the technical strategy of the GDA. Mr. Mutanda will be PATH's lead on the project, based in Fungurume, with responsibilities across grants management and technical aspects. PATH also began recruitment for a Grants Assistant who will support the partnerships with SEFAM, BAK-Congo, Dipeta Health Referral Center, and Tenke Health Center.

Granting

PATH began developing the grants with BAK-Congo and SEFAM and the Accords de Collaboration with Dipeta and Tenke Health Center during Q1. These will be finalized and operational during the start of Q2.

Contract

PATH began discussions with Chemonics International to finalize a contract for key training and monitoring services for this project. A preauthorization letter was issued to Chemonics to enable quick start-up of project activities such as the provider training described above.

Administrative

PATH and TFM also secured temporary office space for the PATH Project Officer on the TFM compound. TFM is presently identifying long-term office space for the PATH officer.

M&E

Due to illness of the ProVIC monitoring and evaluation (M&E) officer in the region, who is assigned support M&E functions on this GDA, there has not yet been an opportunity to integrate the GDA M&E systems into the ProVIC database. The plan is for data to co-exist in the database (although the data can easily be analyzed separately). This work will begin in Q2 via a consultant hired to support the project.