

**FY 2012 Annual Program Results (APR) Technical Area Level
Indicators Results for the Integrated Health Project of the DRC
(DRC-IHP)
PEPFAR Report October 2011 – September 2012**

DRC-IHP field staff

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DRC, HIV and AIDS, PEPFAR, HIV indicators

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FY 2012 APR Technical Area Level Indicators Results = Oct.2011 - Sept.2012

Use this tab to provide your technical area summary results for those Essential/Reported indicators that are **applicable** to your program. Non-applicable indicators may be left blank. FY 2012 targets have been provided as a reference. **Results must be reported against all essential/reported disaggregations in the APR. Please do not delete indicators or modify the template.**

Indicator No.	Indicator label	COP 2012 Targets	FY 2012 SAPR Results	FY 2012 APR Results	FY 2012 APR Achievement
C1.1.D	Number of eligible adults and children provided with a minimum of one care service	1,512	105	16,197	1071%
	By Age/Sex: <18 Female				
	By Age/Sex: <18 Male				
	By Age: <18	695	21	74	11%
	By Age/Sex: 18+ Female				
	By Age: 18+	817	84	16,123	1973%
	By Age/Sex: 18+ Male				
	By Sex: Female	1,028	77	13,740	1337%
	By Sex: Male	484	28	2,457	508%
Narrative:	When we set the target for the FY12 COP, we focused only on PLWHIV; eventually, we realized that it must include people affected by HIV/AIDS and OVC as well, as they had received one care service such as psychosocial support and counseling. Thus, the target for COP FY12 of this indicator was underestimated. Since the data collection tools were revised this year and will be implemented in the first quarter of 2013, disaggregating data by age remains a major challenge for the project in 2012. A data audit should be planned in 2013 after implementing the revised data collection tools.				
C2.1.D	Number of HIV-positive adults and children receiving a minimum of one clinical service	1,432	105	1,410	98%
	By Age/Sex: <15 Female				
	By Age/Sex: <15 Male				
	By Age: <15	50	11	397	794%

	By Age/Sex: 15+ Female					
	By Age: 15+		1,382	94	1,013	73%
	By Age/Sex: 15+ Male					
	By Sex: Female		1,234	77	775	63%
	By Sex: Male		198	28	635	321%
Narrative:	As of 2012, the data collection tools have been revised to disaggregate by age; as noted above, the new tools will be implemented only in the first quarter of 2013. It is important to note that when we set the target for COP FY12, we considered just 137 PMTCT sites to be operational; as of this report, we have 217 sites that include newly-revitalized and functional sites. As noted above, IHP will plan a data audit to improve data quality when the new data collection tools are in place and used correctly.					
	Percent of HIV-positive persons receiving Cotrimoxazole (CTX) prophylaxis		100%		50%	50%
C2.2.D	Numerator: Number of HIV-positive persons receiving Cotrimoxazole (CTX) prophylaxis		1,432		702	49%
	Denominator: Number of HIV-positive individuals receiving a minimum of one clinical service		1,432		1,410	98%
Narrative:	Only 50% of HIV + people have access to cotrimoxazole prophylaxis at this time due to a stock out; in addition, most providers still need to be trained to provide appropriate cotrimoxazole prophylaxis in the health facilities. The project will continue to reinforce provider capacity in the HIV package throughout 2013.					
C2.3.D	Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food		80		0	0%
Narrative:	No PLWHIV has received supplementary food because the project has not yet identified donors as previously planned. IHP has contacted UNICEF regarding provision of therapeutic food and WFP for supplementary food, but to date we have not reached an agreement. To attain the targets for this indicator, the project will need to come to an agreement on provision of therapeutic and supplementary food since the project does not have the means to purchase them.					
C2.4.D	TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting		100%		76%	76%

	Numerator: Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	1,432		1,075	75%
	Denominator: Number of HIV-positive individuals receiving a minimum of one clinical service	1,432		1,410	98%
Narrative:	Not all IHP-supported PMTCT sites are health centers for diagnosis and treatment (CSDT) or health centers for treatment (CST); therefore, some PLWHIV have not yet benefited from TB screening. However, in IHP's goals for implementation of TB support, more than 80 % of project-supported PMTCT sites will progressively become CST by the end of 2015. This will increase the number of HIV + persons who will be screened for TB.				
	TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	10%	8%	3%	35%
C2.5.D	Numerator: Number of HIV-positive patients in HIV care who started TB treatment	143	8	49	34%
	Denominator: Number of HIV-positive individuals receiving a minimum of one clinical service	1,432	105	1,410	98%
Narrative:	It is possible that data for this indicator are underestimated since information related to the number of HIV+ persons who are treated for TB is not routinely transferred to the PMTCT sites; rather, this data still remains only at the CSDT or CST level. Moreover, this indicator is not collected in the SNIS nor reported in the project's PMTCT data. Thus, it is very difficult to track and collect clear and precise information. IHP's objective is that by the end of the project, 80% of the IHP-supported PMTCT sites will become CSDT or CST; therefore, all data for people treated for TB will be available in the sites where there are PMTCT and TB activities.				
	Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	2%		5%	220%
	Numerator: Number of infants who received an HIV test within 12 months of birth during the reporting period	50		8	16%
C4.1.D	Denominator: Number of HIV- positive pregnant women identified in the reporting period (include known HIV- positive at entry)	2,202		160	7%
	By timing and type of test: either virologically between 2 and 12 months or serology between 9 and 12 months	50		8	16%
	By timing and type of test: virological testing in the first 2 months	0		0	

Narrative:	Only the Kole health zone has reported on this indicator (child born to HIV+ person benefitting from early diagnosis between 2 to 12 months). It is important that all health facilities investigate and report all cases. However, providing results on HIV tests within 12 months of birth has posed a major challenge to the project because providers have not been trained and are not capable of determining this diagnosis. The project is implementing efforts to ensure that in FY 13 all cases will be diagnosed early. We have trained teams in four health zones--Kamina, Luiza, Mwene Ditu and Tshumbe--and made supplies routinely available in these health zones. The project will continue to train teams in other health zones in 2013.					
C5.1.D	Number of eligible clients who received food and/or other nutrition services		200		0	0%
	By Age: <18		100		0	0%
	By Age: 18+		100		0	0%
	By: Pregnant Women or Lactating Women		100		0	0%
Narrative:	No PLWHIV has received supplementary food because the project did not identify a donor as previously planned. As noted above under indicator C2.3.D, the project will continue discussions with UNICEF and PAM to come to an agreement on the provision of therapeutic and supplementary food.					
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests					
Narrative:						
H1.2.D	Percent of testing facilities (laboratories) that are accredited according to national or international standards					
	Numerator: Number of testing facilities (laboratories) that are accredited according to national or international standards					
	Denominator: Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests (#H1.1.D)					
Narrative:						

	Number of new health care workers who graduated from a pre-service training institution within the reporting period					
H2.1.D	By Cadre: Doctors					
	By Cadre: Midwives					
	By Cadre: Nurses					
Narrative:						
	Number of health care workers who successfully completed an in-service training program within the reporting period		1,000		400	40%
H2.3.D	By Type of Training: Male Circumcision					
	By Type of Training: Pediatric Treatment		0			
Narrative:	IHP has trained 261 medical doctors, nurses, and pharmacists, and 101 peer educators in the HIV package, as well as 38 laboratory technicians in the use of PIMA. Other trainings on the HIV package continue in other health zones using the training module that was validated by the MOH in July 2012. This training will continue in 2013 and will increase the number of health care providers completing in-service training programs.					
	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)		110,103	28,148	68,815	63%
P1.1.D						
Narrative:	Through IHP support, 68,815 pregnant women were counseled and tested and know their HIV status, which represents 63% of the target for 2012. Performance on this indicator will improve in 2013 with an increased number of tests available to avoid stock outs. The project also plans to reinforce the involvement of local leaders and community health workers in the sensitization of pregnant women and their partners to come to the sites to be tested and to obtain the results of those tests to know their HIV status.					

P1.2.D	Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	96%	53%	62%	64%
	Numerator: Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	2,115	149	99	5%
	Denominator: Number of HIV- positive pregnant women identified in the reporting period (including known HIV- positive at entry)	2,202	283	160	7%
	Life-long ART (including Option B+)	106	51	0	0%
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	0	0	0	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and delivery)	846	79	45	5%
	Single-dose nevirapine (with or without tail)	1,163	19	54	5%
Narrative:	Option B + (life-long ART) has not yet been introduced in our PMTCT sites as no case has been reported for option B (prophylaxis component of WHO Option B during pregnancy and delivery) during the reporting period. There have been only 45 cases for option A. Certain sites in IHP-supported health zones in Bukavu, Uvira, Kolwezi, and Kamina continue to prescribe a single dose of nevirapine pending a progressive shift to the new protocol. This new protocol is already being used by the health zones that have been trained, but the project continues to provide training in other health zones to reach maximum coverage with the new protocol. According to the workplan, all sites will use the new protocol by the beginning of calendar year 2013.				
P11.1.D	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results	143,183	30,409	73,321	51%
	By Age/Sex: <15 Female				
	By Age/Sex: <15 Male				
	By Age: <15	50	365	177	354%
	By Age/Sex: 15+ Female				
	By Age: 15+	143,133	30,044	73,144	51%
	By Age/Sex: 15+ Male				
By Sex: Female	123,345	28,148	68,815	56%	

	By Sex: Male		19,838	2,261	4,506	23%
Narrative:	73,321 people have been tested and know their status; of those, 68,815 are women and 4,506 are men and partners. It is still difficult to disaggregate these results by age for the reasons noted above. Frequent stock out of tests during FY12 explains this performance at 51%. The project is now able to purchase tests that conform to the country's technical specifications locally from ASRAMES, which will help avoid long delays in delivery.					
P12.5.D	Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion (GBV pilot indicator)					
	By age: 0-4					
	By age: 10-14					
	By age: 15-17					
	By age: 18-24					
	By age: 25+					
	By age: 5-9					
	By geography: Districts* : Kinshasa					
	By geography: Districts* : Kisangani					
	By sex: Female					
By sex: Male						
Narrative:						
P12.6.D	Number of GBV service-encounters at a health facility (GBV pilot indicator)					
	By age: 0-4					
	By age: 10-14					
	By age: 15-17					
	By age: 18-24					
	By age: 25+					
By age: 5-9						

	By sex: Female					
	By sex: Male					
	By type of service: GBV screening					
	By type of service: Post GBV-care					
	Narrative:					
	Percentage of health facilities with Gender-Based Violence and Coercion (GBV) services available (GBV pilot indicator)					
	Numerator: Number of health facilities reporting that they offer (1) GBV screening and/or (2) assessment and provision or referral to the relevant service components for the management of GBV-related health needs					
	Denominator: Total number of health facilities in the region or country being measured.					
	By type of facility: clinical					
	By type of facility: community					
	By type of service: GBV screening					
	By type of service: Post GBV-care					
	Narrative:					
	Number of persons provided with post-exposure prophylaxis (PEP)					
	By Exposure Type: Occupational	900		0		0%
	By Exposure Type: Other non-occupational	45		0		0%
	By Exposure Type: Rape/sexual assault victims	5		0		0%
		850		0		0%
	Narrative:	Data for this indicator are not available because current data collection tools used by the project sites do not disaggregate by age. Tools are being revised to disaggregate by age category to align with this indicator.				
	P7.1.D					
	Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions					
		846		328		39%

Narrative:	For IHP, the minimum package of prevention is defined as providing condoms to PLWHIV; therefore, during the reporting period, only 328 PLWHIV have received prevention interventions in all supported health zones of the project, which represents 39% of targeted population. The project will improve its efforts to provide condoms to all PMTCT sites and to instruct providers to systematically distribute them to their clients.					
P8.1.D	Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		846		0	0%
Narrative:	To date, information on this indicator has not been collected as it was not initially included in the IHP database. As of Q1 of this FY, the indicator will be added.					
P8.2.D	Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required					
Narrative:						
P8.3.D	Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required					
	By MARP Type: CSW					
	By MARP Type: IDU					
	By MARP Type: MSM					
	Other Vulnerable Populations					
Narrative:						
T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART		212			
	By Age/Sex: <15 Female		55			



SUCCESS STORY

Mobilizing Blood Donors in Dilala

In the DRC, the general population is unaware of the need for blood donations, but local health workers are starting to change that.



A scout gives blood at a mobile voluntary blood collection site in Kapata.

The team from the Dilala General Referral Hospital has decided to continue their mobile blood collection efforts on a monthly basis.

Photo: International Rescue Committee

Blood donations save lives but in many developing countries, the general population is unaware of the need. In populations at risk for HIV/AIDS, there is also the concern of whether donated blood is safe for use.

In the Democratic Republic of Congo, the General Referral Hospital in Dilala came up with an inspired idea to address both the local blood shortage and their need to build community awareness of the importance of blood donations. In conjunction with the annual gathering of DRC scouts in February 2012, the hospital's blood bank staff and the Dilala health zone office reached out to "Club 25," a group of peer recruiters from Safe Blood for Africa, which works to establish a safe, adequate blood supply in many African countries. Together, they organized a mobile blood collection in the health area of Kapata during the scouting event.

More than 500 scouts of all ages were present and listened to an appeal for donors from Club 25 members. The goal was to not only collect blood donations, but to share key messages with this young audience about the critical role voluntary blood donors play in their communities, by ensuring a steady supply of life-saving transfusions for people who are sick or injured, or for women who are giving birth. The peer educators also discussed the importance of blood safety, underscoring the relation to HIV status and the ability to donate blood.

After a health provider evaluated them against donor eligibility criteria – youth under age 16 are not yet eligible to be donors – 34 scouts donated blood.

The blood collection was supported financially and logistically by the USAID-funded DRC Integrated Health Project (DRC-IHP). Led by Management Sciences for Health with partners the International Rescue Committee and Overseas Strategic Consulting, DRC-IHP is working to improve the basic health conditions of the Congolese people in 80 health zones in four provinces. DRC-IHP provided transportation and fuel to bring the necessary supplies to the event, including syringes, blood tests and blood bags, as well as food for the blood donors.

After evaluating the event, the Dilala health team has decided to continue the mobile collection campaign through monthly activities. This will help maintain a good supply of blood and further community participation.

SUCCESS STORY

Friendly Competition Educates Youth about HIV Prevention

Youth in Kolwezi are generally under-informed about HIV transmission and their risks.



Photo: Management Sciences for Health

Dr. Patrick N'Duwa, chief medical officer of Kolwezi, with students participating in the HIV/AIDS competition.

“This was the first experiment we tried like this in Kolwezi, and it is a new way to promote messages about HIV among youth.”

***Dr. Jacques Kwete,
National AIDS Program***

The city of Kolwezi in the Democratic Republic of Congo's Katanga Province is a mining center, attracting a transient population lured by opportunities to work mining copper, cobalt and other natural resources. Yet transient populations are often associated with higher HIV/AIDS risks, and Kolwezi's large youth population is generally under-informed about HIV transmission methods, thus placing them at risk.

Educating young people about HIV is one goal of the Congolese Government's National Strategic Plan against HIV. To support this goal, the USAID-funded Democratic Republic of Congo-Integrated Health Project (DRC-IHP) recently initiated a contest among middle school and high school youth, designed to share key messages on infection and prevention. Organized as a competition over several rounds, the event reached 2,577 students from six schools in two health zones in Kolwezi.

Students ages 12 to 18 answered questions developed by DRC-IHP such as, *“True or false? Intercourse without a condom carries the risk of HIV transmission between partners whose HIV status is unknown.”* Over four weeks, competing teams were eliminated in successive rounds, until the final challenge between the Manika 2 School and the Twayayi School. Two teams of six students from each school squared off to answer 24 questions per team. The Manika 2 team emerged victorious, with a score of 90%.

In addition to designing the contest and providing the specific health content related to HIV/AIDS, DRC-IHP also provided promotional materials, educational materials and student incentives, such as sports kits, clocks, and t-shirts with slogans such as "Together against HIV to build a strong nation." The project collaborated with the DRC's National AIDS Program, the health district and local authorities in Kolwezi to organize the event.

“This was the first experiment we tried like this in Kolwezi, and it was a new way to promote messages about HIV among youth, the first time we've done this in the DRC,” said Dr. Jacques Kwete of the National AIDS Program. “We are proud. I think for us it is a pilot, and we will build on this to improve it for the future.”

For the youth themselves, the competition was not just a game but an opportunity to develop a real awareness regarding HIV prevention.