

# DRC INTEGRATED HIV/AIDS PROJECT

## YEAR 6 WORK PLAN

October 1, 2014 through June 15, 2015

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# Contents

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<b>Acronyms</b> .....	<b>iii</b>
<b>Executive summary</b> .....	<b>iv</b>
<b>Project overview</b> .....	<b>1</b>
Project results framework .....	1
Project management and organizational structure .....	2
<b>Activities by intermediate result</b> .....	<b>5</b>
Intermediate result 1: Continued access to comprehensive PMTCT and HIV prevention interventions for key populations .....	<b>Error! Bookmark not defined.</b>
Intermediate result 2: Improved access to adult and pediatric treatment .....	17
Intermediate result 3: Health systems strengthening supported .....	26
<b>Grants and agreements</b> .....	<b>31</b>
Fixed obligation grants .....	31
Agreements with public facilities (collaborative accords) .....	31
Agreements with health zones (collaborative accords) .....	31
<b>Procurement</b> .....	<b>Error! Bookmark not defined.</b>
<b>Annexes</b> .....	<b>35</b>
<b>Annex A. Organizational chart</b> .....	<b>36</b>
<b>Annex B. Summary of fixed obligation grants</b> .....	<b>38</b>
<b>Annex C. Summary of collaborative accords (health facilities)</b> ..	<b>Error! Bookmark not defined.</b>
<b>Annex D. Summary of collaborative accords (health zones)</b> .....	<b>Error! Bookmark not defined.</b>
<b>Annex E. Procurement plan for goods</b> .....	<b>Error! Bookmark not defined.</b>
<b>Annex F. Work plan budget</b> .....	<b>45</b>
<b>Annex G. International travel table</b> .....	<b>46</b>
<b>Annex H. Activity Gantt chart</b> .....	<b>47</b>
<b>Annex I. Year 6 performance monitoring and evaluation plan (PMEP)</b> .....	<b>48</b>
<b>Annex J. Bas Congo Close Out and Transition Plan</b> . . . . .	<b>43</b>

## Acronyms

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3TC	lamivudine, epivir
AIDS	acquired immunodeficiency syndrome
AIDSTAR	AIDS Support and Technical Assistance Resources
ANC	antenatal care
ART	antiretroviral therapy
ARV	antiretroviral medication
AZT	Zidovudine
CDC	US Centers for Disease Control and Prevention
CSDT	Centre de Santé de Dépistage et Traitement
CTX	Cotrimoxazole
DRC	Democratic Republic of Congo
EFV	Efavirenz
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EID	early infant diagnosis
FOG	fixed obligation grant
FY	fiscal year
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HTC	HIV testing and counseling
HIV	human immunodeficiency virus
IR	intermediate result
M&E	monitoring and evaluation
MNCH	maternal, newborn, and child health
MOH	Ministry of Health
NACS	nutrition assessment, counseling, and support
NVP	Nevirapine
OVC	orphans and vulnerable children
PCR	polymerase chain reaction
PEP	post-exposure prophylaxis
PEPFAR	US President's Emergency Plan for AIDS Relief
PITC	provider-initiated HIV testing and counseling
PLWHA	people living with HIV/AIDS
PMEP	Performance Monitoring and Evaluation Plan
PMTCT	prevention of mother-to-child transmission of HIV
PNLS	Programme National de Lutte contre le SIDA
PNMLS	Programme National Multisectoriel de Lutte contre le SIDA
ProVIC	Projet Intégré de VIH/SIDA au Congo (DRC Integrated HIV/AIDS Project)
QA/QI	Quality assurance/quality improvement
RDQA	Routine data quality assessment
SANRU	Soins de Santé Primaire En Milieu Rural
SCMS	Supply Chain Management System
SGBV	sexual and gender-based violence
STI	sexually transmitted infection
TB	tuberculosis
TDF	Tenofovir
Tier.Net	Three Interlinked Electronic Registers (Electronic HIV Register)
URC	University Research Co., LLC
USAID	United States Agency for International Development

## Executive summary

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PATH is pleased to share the fiscal year (FY) 2015 work plan for *Projet Intégré de VIH/SIDA au Congo* (DRC Integrated HIV/AIDS Project or ProVIC) for the period October 1, 2014, to June 15, 2015. In FY 2015, ProVIC anticipates transitioning its source of funding from the current AIDS Support and Technical Assistance Resources (AIDSTAR) project mechanism to Evidence to Action (E2A) at a date to be determined. This work plan details the activities to be implemented under the AIDSTAR contract through March and the contractual closeout of this mechanism and transition toward the new funding mechanism.

As a result of the US Agency for International Development's (USAID) PMTCT Acceleration in 2012 and *strategic pivot* in March 2013, ProVIC shifted its technical approach to focus away from community-level prevention and mitigation interventions to facilities-based treatment and prevention of mother-to-child transmission of HIV (PMTCT), scaling up to 112 health facilities in 28 health zones in 4 provinces in the Democratic Republic of Congo (DRC) by 2014. By scaling up health facilities that offer PMTCT and treatment, ProVIC has contributed to the US President's Emergency Plan for AIDS Relief (PEPFAR) goal of an AIDS-free generation and the DRC MTCT elimination plan 2014-2017 through the provision of quality clinical services, linked to the community through innovative outreach approaches. In FY 2015, ProVIC will further contribute to this goal of an AIDS-free generation by scaling up the successful pilot of Option B+ in Katanga to all ProVIC sites.

In FY 2014, PATH changed the structure of the ProVIC consortium to streamline financial, administrative, and technical management of the project. Now, ProVIC consists of PATH partnered with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). The partnership between PATH and EGPAF will be a technically and administratively agile project able to respond quickly to USAID. This is described in greater detail in the management plan. ProVIC's approach is comprehensive and fully supports USAID's health zone strategy. As the flagship USAID HIV/AIDS project in DRC, ProVIC will maintain its support of health zone planning, coordination, and supervision.

Through this extension period, ProVIC will sustain treatment, PMTCT, and care and support activities within 104 project-supported facilities and 26 health zones and continue quality improvements through the continued scale-up and steady expansion of the Improvement Collaboratives quality assurance/quality improvement (QA/QI) approach, which ProVIC introduced in the DRC in 2012–2013. In line with USAID guidance, ProVIC will progressively withdraw its support to health facilities in Bas-Congo, closely coordinating the transfer of responsibilities and beneficiaries to Santé Rurale (SANRU), the principal recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria in Bas-Congo. Pending the outcome of decisions by USAID, ProVIC may add sites in other priority areas, including health zones around Bunia and Kisangani where ProVIC maintains offices.

During the extension period, ProVIC will reach 40,170 pregnant women who will know their HIV status—either knowing status upon entry or via HIV testing and receiving their results.

Among these women, it is expected that 924 pregnant women (2.3 percent) will test positive. Among them, 887 women (96 percent of HIV-positive pregnant women) will receive antiretroviral therapy (ART) to reduce mother-to-child transmission of HIV. ProVIC will provide virological HIV tests to 60 percent of infants born to HIV-positive women. ProVIC will also aim to enroll 1,146 new patients on ART; among them 129 children and adolescent detailed here:

<1	1-4	5-9	10-14	15-19	total
52	8	7	39	23	129

ProVIC will continue to provide ART to 1,409 currently enrolled adults and children. In addition, ProVIC will target specific subgroups of key populations to reach **1,291** people with HIV-preventive interventions and messaging.

To reach these targets, ProVIC will maintain its focus on three priorities (intermediate results) as identified by PEPFAR:

**1. Provide comprehensive PMTCT and HIV prevention interventions in all ProVIC-supported hub/spoke clusters**

*Increase access to comprehensive PMTCT services according to national norms in ProVIC sites.* ProVIC will target pregnant women for high-quality services as part of the spectrum of PMTCT activities. ProVIC will work with providers to ensure that during routine antenatal care sessions, women are counseled and tested; receive comprehensive services; feel welcomed at health facilities; and are provided with comprehensive messaging on HIV, maternal and child health, sexual and gender-based violence, and family planning. During this extension year, ProVIC will extend or maintain innovative approaches to improve the quality of services, including the Mentor Mother approach and the QA/QI collaborative approach. ProVIC will also continue to use PMTCT services as an entry point for HIV testing and associated services beyond just pregnant women to include their male partners and children.

*Promote uptake of pediatric counseling and testing, and improve follow-up of mothers and infants.* ProVIC will continue to expand and strengthen pediatric testing by providing early infant testing and diagnosis services, ensuring samples are being accurately collected, and ensuring that results are being efficiently communicated to clinic staff and patients. In a weekly basis, samples will be sent from the ProVIC provinces to the national DNA PCR lab and the Kinshasa ProVIC staff will track results also in a weekly basis. Although during the extension period, when the Katanga DNA PCR lab will be available, samples from Katanga province will be sent to this provincial lab directly. A special focus will be made on the reduction of the turnaround time from testing to receipt of (and action based on) results. In addition, focus will be placed on the clinical follow-up of HIV-exposed children, including provision of the essential care package to the newborn baby: growth monitoring, provision of cotrimoxazole to HIV-exposed infants between 4 and 6 weeks of age, and placing eligible children on ART. In coordination with actors at all levels as well as with other PEPFAR partners, ProVIC will work to strengthen the system of sample collection, transportation, reception and transmission of results, as described in section IR 1.2 and 2.1 of this report.

*Undertake prevention strategies for key populations in target areas.* To reduce HIV transmission among key populations (i.e., sex workers, men who have sex with men) and other priority populations (i.e., truck drivers, fishermen), ProVIC will support interventions that include HIV testing and counseling, social and behavior change communication, access to condoms and lubricants, treatment of sexually transmitted diseases, and access and support to reproductive health services. These interventions will be coordinated with the health zone (health care providers, community workers, and community-based organizations) to assure a strong linked referral system and empowerment of the health zone management team. In all cases, individuals in care and treatment will be tracked using Tier.net and regularly followed up by phone and home visits to improve retention and adherence. 58 ProVIC sites will additionally benefit from QA/QI interventions to improve adherence/retention, including a specific focus on KP.

## **2. Improve access to adult and pediatric HIV treatment**

Increasing access to high-quality treatment and services is the major focus of PEPFAR DRC's strategic pivot and remains a key pillar of ProVIC's work in FY 2015. Technical areas of focus include:

*Maximizing access to ART.* ProVIC-supported health facility sites will assume care of HIV-positive patients who are eligible for treatment. Through the PMTCT cascade, as well as focused HIV testing services through provider-initiated HIV testing and counseling, tailored mobile testing, CD4 testing, etc., eligible patients will be identified, enrolled, and maintained on ART. ProVIC will continue to improve linkages and tracking of patients through the continuum of care. ProVIC will scale up Pediatric ART in line with targets established through the Accelerated Child Treatment (ACT) program which will be extended into all health facilities. ProVIC will organize a refresher training for providers taking in account nurses, physicians and lab staff in each facility on Pediatric HIV management and how to collect data; Job aids on pediatric dosing will be displayed as well. The training will highlight the importance of starting ARV in the same site where the infant is diagnosed HIV+ to avoid lost to follow up by transferring patients. HIV virological testing will continue to be used to diagnose HIV infection in infants and children under 18 months of age; infants with an initial positive virological test result will start ART without delay, and, at the same time, a second specimen will be collected to confirm the initial test result. Infants and children or adolescents with signs and symptoms suggestive of HIV infection to undergo screening with HIV serological testing will also start HAART. In general, closely related to access, ProVIC will continue to reinforce retention of people living with HIV/AIDS (PLWHA) including infants on ART, through support via peer educator follow-up, better monitoring (use of tools such as Tier.Net), and linkages with self-help groups.

As part of maximizing access to ART for adults and children, ProVIC will support laboratory services for HIV/AIDS through the provision of diagnostics and supplies for HIV testing as well as CD4 and early infant diagnosis. Biological monitoring will be implemented in line with the US Centers for Disease Control and Prevention (CDC)/Supply Chain Management System (SCMS) procurement of biochemistry and hematology equipment. ProVIC will also support laboratory training for viral load and other laboratory capacity strengthening as per USAID planning and in coordination with the *Programme National de Lutte contre le SIDA* (PNLS), CDC, and SCMS interventions. Viral load diagnostics will be offered progressively across ProVIC sites with a particular focus on Kinshasa, where polymerase chain reaction (PCR) equipment is presently available, and Katanga, as PNLS anticipates PCR equipment being installed and functional by December 2014. In sites that are also receiving support from the Global Fund, ProVIC will continue to explore synergistic activities to improve treatment outcomes, particularly related to pre-ART laboratory analysis and biological follow-up for PLWHA. All ProVIC sites will participate in PNLS laboratory quality control processes.

*Maximizing the quality of ART and care services.* ProVIC will provide a high-quality package of services that ensures standards of care that are consistent with the DRC government national guidelines on ART. These include integration of prevention into care and treatment programs, promotion of adherence through the Mentor Mother approach, and provision of comprehensive clinical care, including HIV treatment, management of opportunistic infections, tuberculosis screening and treatment, access to appropriate laboratory services, and comprehensive HIV

support services. In addition to targeted training using DRC-trained and DRC-recognized facilitators, ProVIC will support the health zone management team to conduct formative supervision on a regular basis for facility staff to build their capacity in high-quality service provision according to national guidelines as well as use of appropriate tools to ensure close patient monitoring. For children up to 12 years, care providers will start the disclosure process. For those between 15 to 19 year old, an accent will be made on positive living including safe behavior, responsible sex, and systematic use of condom.

### **3. Support health system strengthening**

ProVIC will continue to assist the health system at national, provincial, and health zone levels to ensure better quality and delivery of services as well as partner coordination. ProVIC's focus on the health zone level is especially critical as this is a core strategy in the National Health Development Plan. ProVIC supports this national objective by providing material and technical support to assist health zones in better data collection through monthly data validation meetings, better coordination and communication through the procurement of computers and ongoing support for Internet access, as well as the participation of health zone team members in ProVIC's mentoring and supportive supervision.

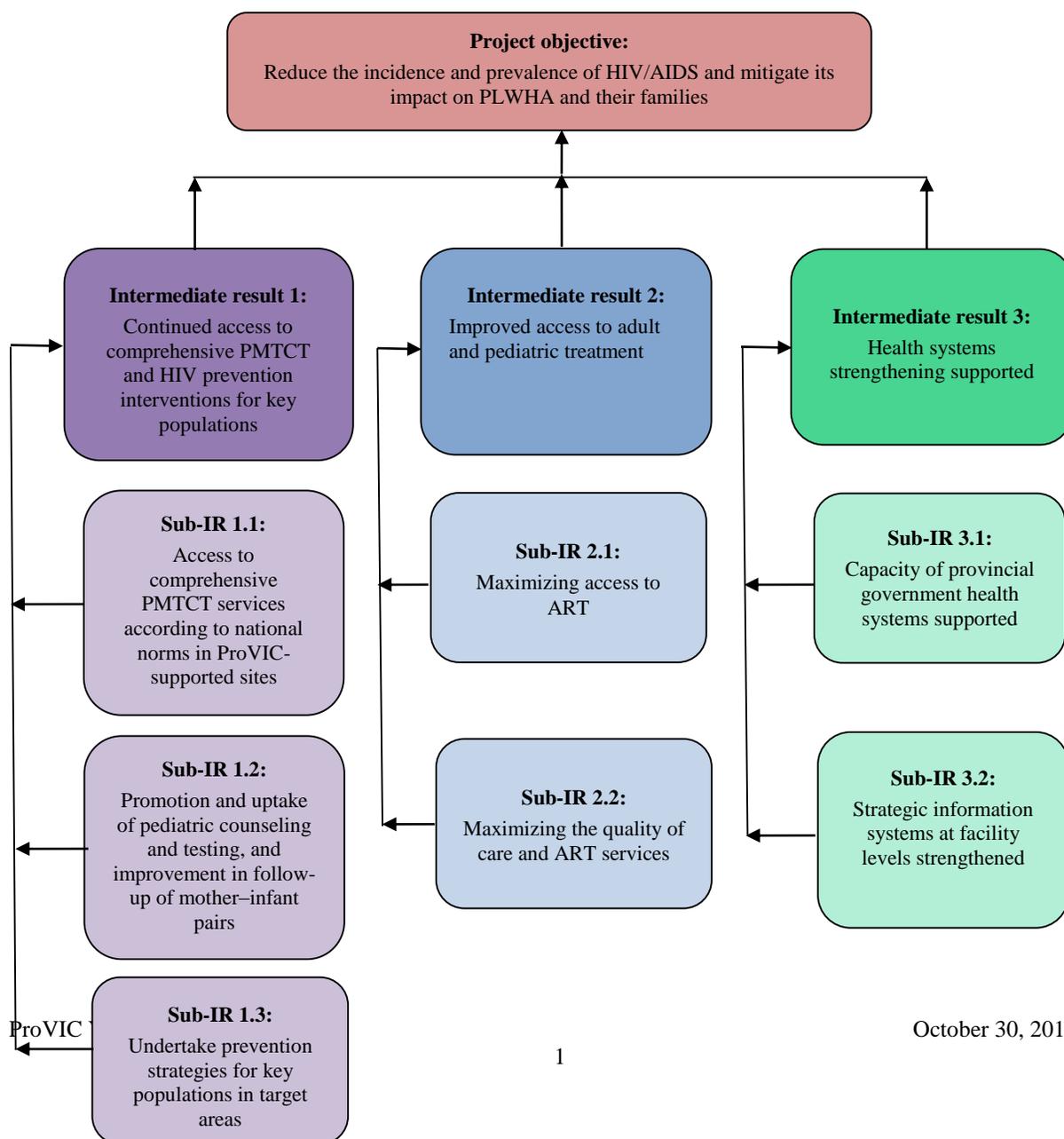
In supporting community and facility-based services up to April of FY 2015, ProVIC will continue to add depth and ensure sustainability of the HIV/AIDS response in communities; improve the health of people infected and affected by HIV; support promising practices in the DRC HIV/AIDS community; and improve the capacity of the DRC government at the national, provincial, and health zone levels while promoting sustainable and coordinated action across sectors to improve HIV/AIDS-related prevention, care, and treatment outcomes.

# Project overview

## Project results framework

Three intermediate project results contribute to the achievement of the overall project objective for the Democratic Republic of Congo (DRC) Integrated HIV/AIDS Project (ProVIC). The project objective in turn supports the US government’s overall strategic goal of improved basic health conditions for the Congolese people. The results framework depicts the project’s development hypothesis and the causal relationship between the sub-intermediate results (Sub-IR), the intermediate results (IRs), and the project objective. ProVIC integrates care and treatment activities throughout intermediate results 1 and 2.

### Results framework



## Project management and organizational structure

At the end of FY 2014, PATH completed a fluid transition of all operations responsibilities from Chemonics International to PATH, viewing this as an opportunity to increase capacity across the staff team in operations policies and procedures in compliance with the US Agency for International Development (USAID). In FY 2015, PATH will maintain management of ProVIC day-to-day administrative and finance operations, which were previously the responsibility of Chemonics.

### Staffing

The project is structured to implement activities and achieve results in the targeted provinces with the office in Kinshasa providing overall supervision and management. The project team is organized to be a streamlined single operating unit that will benefit from the expertise of both consortium members while functioning as one integrated project. ProVIC's reduction in international partners and corresponding PATH decentralization of many administrative and financial functions to the field has improved cost-effectiveness of ProVIC's interventions. However, the administrative burden and surge capacity required for short-term extensions and forthcoming transitions of funding mechanisms increases administrative and staffing needs as PATH turns over its more than 120 contractual agreements with local implementing health facilities and health zones, beyond the day-to-day management of this high volume of contracts. Our organizational structure comprises a program team at the central level in Kinshasa and in the regions (Kinshasa Province, Lubumbashi, and Kisangani), home-office support, and a mix of short-term international and Congolese specialists to achieve the full range of program activities. In addition to the main Kinshasa office, the project has two regional offices in Lubumbashi and Kisangani (with a sub-office in Bunia). ProVIC anticipates supporting a focal point in Kamina to ensure the health facilities in this area are adequately served, as supporting these sites from Lubumbashi is not effective due to the long distance and extremely poor state of the road, particularly in the rainy season. Each office has a regional coordinator, technical staff, a grant manager, and a monitoring and evaluation (M&E) manager for on-site supervision, technical oversight, monitoring, and coaching of partners. Regional offices maintain administrative and accounting staff in line with international accounting standards designed to meet USAID rules and regulations for compliance.

Our staffing plan ensures critical technical functions are covered while focusing on building capacity of our staff, local implementing partners, and government.

- **Chief of party (PATH)** will provide technical direction and management oversight for program activities, supervise technical and administrative staff, and liaise with USAID and the DRC government.
- **Finance and administration specialist (PATH)**, reporting to the chief of party, will supervise the grants, finance, and administrative staff to ensure compliance, oversight, and smooth implementation.

- **PMTCT-ART manager (EGPAF)** is a key personnel position, approved by USAID in October 2013, and is primarily responsible for strategic direction of the ProVIC treatment and prevention of mother-to-child transmission of HIV (PMTCT) services and co-management of the technical team with the coordinator for technical implementation.
- **Coordinator for technical implementation (PATH)** serves as co-coordinator of the technical team with a specific focus on daily technical operations (not key personnel).
- **M&E specialist (PATH)** will be responsible for oversight of the M&E system and database, including collecting and analyzing project data and assisting in reporting and communicating project results. She will also provide technical assistance and support to regional M&E specialists. She will play a technical role by contributing to the strengthening of data collection at the community, facility, and provincial government levels.

All staff listed above, with the exception of the coordinator for technical implementation, are key personnel positions. In addition to the ProVIC team in DRC, the project will also be supported by experienced PATH headquarters staff, including management, technical, and M&E staff dedicated primarily to ProVIC. PATH's international operations and support team, as well as staff from other shared services groups (e.g., donor reporting, international finance, and human resources) will continue to provide targeted support to ProVIC.

It should be noted that there have been reductions in staffing as a result of the downsizing of the consortium using 2013 as a baseline. The following positions have been eliminated in the process leading up to the downsizing of the consortium or as part of the cost extension.

1. Deputy Chief of party (Chemonics): Expatriate position ended in FY 2014.
2. Community care and support specialist (International HIV/AIDS Alliance): Ended in FY 2014.
3. Orphans and vulnerable children (OVC) technical officer (Kinshasa): Eliminated as part of ending of community care activities in 2014.
4. OVC technical officer (Katanga): Eliminated as part of ending of community care activities. Not budgeted in cost-extension proposal.
5. Finance officer (Chemonics): Ended June 30, 2014. Not budgeted in cost extension.
6. Health systems strengthening specialist: Not budgeted in cost extension.
7. Bas-Congo office: In total, 11 positions were eliminated as part of this office closure. Bas-Congo's 18 health facilities will be supported from Kinshasa through December 2014.
8. To streamline and strengthen ProVIC finance and administrative systems, the position of program quality coordinator held by Scott Pflueger in the Washington, DC, office will be transitioned to a Kinshasa-based position of finance and administrative officer with regional support and oversight and associated cost reductions.

An organizational chart for the project can be found in Annex A.

### **ProVIC transition strategy**

As the AIDSTAR mechanism closes and ProVIC transitions to the E2A mechanism, ProVIC will ensure continuity of treatment and minimum services according to US President's Emergency Plan for AIDS Relief (PEPFAR) and DRC Ministry of Health (MOH) ethical standards.

In Bas-Congo, ProVIC will close out all operations in quarters 1 and 2 of FY 2015 as described in detail in the Bas Congo close-out plan Annex J. The Bas-Congo exit strategy and beneficiary transfer process was developed by ProVIC staff and Bas-Congo provincial authorities using the roadmap developed under previous beneficiary/responsibility plans used for the withdrawal from Sud-Kivu and Fungurume.

## Activities by intermediate result

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Intermediate result 1: Continued access to comprehensive PMTCT and HIV prevention interventions for key populations

**Sub-IR 1.1: Access to comprehensive PMTCT services according to national norms in ProVIC-supported sites.**

### *Overview and strategy*

The PMTCT programmatic aspects implemented by ProVIC since 2010 to date have increased significantly in terms of geographical coverage, the package of interventions provided to pregnant women and their families, and strategies for high-quality services provision. Regarding the geographical coverage, ProVIC has aligned to the health zone approach, recommended by the DRC government, and thereby improved its intra-zone coverage from 16 health facilities located in 13 health zones in 2010 to 112 health facilities located in 28 health zones in 2014 through Q1 of FY15. In FY15, ProVIC will support 124 sites in total when Bas Congo sites are counted, but with the closure of 18 sites Bas Congo, only 106 will be supported by ProVIC when ProVIC transitions from AIDSTAR to E2A after Q2 of FY15.

These sites are currently distributed in four provinces: Kinshasa, Katanga, Orientale, and Bas-Congo, although a withdrawal from Bas-Congo is now under way and an extension in Orientale is now under discussion. Within the health zone, the sites operate under the system of the peer-to-peer site model (a central site with high technical aspects including CD4 count, biological monitoring and management of side effects associated with antiretroviral medication [ARVs], serving as a hub/referral site for smaller, less-equipped sites called satellites or spokes).

Table 1. Health facility coverage from 2010 to 2015.

Fiscal year	Number of provinces	Number of health zones	Number of health facilities
2010	4	13	16
2011	4	13	16
2012	5	25	44
2013	5	28	103
2014	4	28	112
2015 Q1	4	25	124**
2015 Q2	3*	25	106***

\* Close out at Bas-Congo    \*\* includes 25 sites for Bunia    \*\*\* Close out at Bas-Congo (minus 18 sites)

The package of interventions supported by ProVIC is now aligned to the monitoring, evaluation, and reporting objectives and adapted in accordance with PEPFAR's guidance on PMTCT in *Technical Considerations Provided by PEPFAR Technical Working Groups for FY 2014 COPs and ROPs*, which reflect a major shift in PMTCT programming and recommend the provision of ART to all HIV-positive pregnant and breastfeeding women regardless of CD4 count (Option B+). ProVIC has been a lead participant in the Option B+ pilot in Katanga (Lubumbashi and Sakania Health Zone), as coordinated by the Programme National de Lutte contre le SIDA (PNLS) and will scale up Option B+ to all sites in FY 2015.

ProVIC will maintain its interventions to take into account the four pillars of comprehensive PMTCT: (1) primary HIV prevention; (2) family planning integration; (3) treatment; and (4) ongoing monitoring, treatment, care, and support for HIV-positive women and their families.

Concerning the strategies, ProVIC will work closely with the DRC government's appropriate structures—Programme National Multisectoriel de Lutte contre le SIDA (PNMLS); PNLS; and Department of Maternal, Newborn, and Child Health—at national, provincial, and health zone levels by:

- Providing technical and financial support for the validation of the normative documents of mother-child pairs and capacity-building for providers, supporting site supervision visits and data monitoring meetings, and providing commodities and tools for M&E.
- Advancing innovative approaches, in particular:
  1. Implement and extend the Mentor Mother approach to 56 additional sites to improve the retention of HIV-positive women (this approach was modeled after EGPAF's Mentor Mothers Program in Kenya). ProVIC, with the collaboration of the MOH, developed the national guidelines and curriculum for the implementation of the Mentor Mother approach in DRC.

Expand the QA/QI collaborative approach:

ProVIC will extend the collaborative QA/QI approach to improve quality of services at 58 ProVIC-supported sites (32 in Katanga, 12 in Orientale, and 14 in Kinshasa) with focus on PMTCT services.

In collaboration with the URC project ASSIST, ProVIC will support an enhanced collaborative QA/QI approach to improve quality of services at 30 ProVIC-supported sites (included in the 58 targeted sites) with focus on Care and Treatment including expand domains of intervention to:

- Retention/Adherence
- ART Case Management
- Early Infant Diagnosis (EID)
- Referrals and Counter Referrals

The other 28 sites will use the QA/QI approach focused on PMTCT. Over time, these sites will be exposed to the enhanced QA/QI which includes Retention/ART case management/EID/Referrals, but this will occur after Q2 FY15 and therefore outside of the scope of this Workplan.

2. Continue the PMTCT-focused performance-based financing model at Kinshasa's Kikimi Health Center per the DRC MOH guidelines. As per USAID guidance, the budget for the pilot will be reduced.

For the remaining contract performance period, the ProVIC PMTCT team, in collaboration with the DRC government, will focus PMTCT activities under two major objectives: (1) improve access to comprehensive PMTCT services, including treatment in ProVIC-supported sites; and (2) promote the uptake of HIV pediatric counseling, testing and treatment and, improve the follow-up of mother–baby pairs.

***Activity 1: Access to comprehensive PMTCT services (including Option B+) according to national norms in ProVIC sites.***

ProVIC will target pregnant women for high-quality PMTCT services, including prevention, care and support, and treatment for the pregnant woman herself as well as members of her family and household, with the objective of reducing vertical transmission of HIV. ProVIC will ensure the availability of a complete package of services within the health care system, taking into account all four pillars of comprehensive PMTCT.

During the extension period, ProVIC will reach 40,170 pregnant women who will know their HIV status—either knowing status upon entry or via HIV testing and receiving their results. Among these women, it is expected that 924 pregnant women (2.3 percent) will test positive. Among them, 887 women (96 percent of HIV-positive pregnant women) will receive ART to reduce mother-to-child transmission of HIV.

The principal interventions are defined below for each prong.

***Prong 1: HIV testing and counseling and primary prevention within the PMTCT platform***

At the community level, ProVIC will provide educational messages by community health agents or peer educators to generate demand for antenatal care (ANC) services by pregnant women and their male partners using materials developed by ProVIC and the Communication for Change project in coordination with PNLs. Pregnant women will be encouraged to access maternal, newborn, and child health (MNCH) services during the first trimester of their pregnancy and to attend all four ANC visits recommended by the National Reproductive Health Program to ensure good follow-up during the pregnancy.

At the site level, medical staff at health facilities will benefit from coaching on how to improve the messages they share with pregnant women during routine ANC educational sessions, using the materials described above, to include messages specific to HIV, PMTCT, family planning, sexual and gender-based violence (SGBV), and the importance of good nutrition and the prevention of malaria.

Once sensitized, pregnant women will be offered provider-initiated HIV testing and counseling (PITC) during ANC services. ProVIC will collaborate with PMTCT providers to increase male

partner participation in prenatal care and will also encourage the testing of couples. In addition, letters of invitation written in local languages will be given to pregnant women to invite their male partners to the ANC site. ProVIC will continue to encourage sites to adjust their service hours to facilitate male attendance at the site (e.g., lengthening after-work and weekend hours) and offer testing to men who accompany their partners for delivery.

The ProVIC team will improve the use of a simple set of questions (based on existing screening tools) that health care providers can use to encourage women using PMTCT (and other) services to discuss any concerns they might have about intimate partner violence or any other form of SGBV that they may be experiencing or have experienced in the past. Those who screen SGBV positive within 72 hours of a sexual violence encounter will be placed on ARV post-exposure prophylaxis (PEP Kit) and initiated into the health facilities program for HIV testing and other specific care and services as needed. ProVIC will work with health care providers to ensure that all SGBV screening tools are on file, including those for both SGBV-positive and SGBV-negative women. To date, all SGBV-positive screening forms have been kept on file, whereas SGBV-negative reports have not been systematically maintained in project files.

ProVIC will ensure that both HIV-negative and HIV-positive individuals benefit from the prevention package in PMTCT (education on consistent and correct condom use and condom negotiation skills, ensuring an adequate supply of condoms and lubricant, and incorporating prevention with positives interventions). The prevention package contributes to preventing HIV infection of women during pregnancy or breastfeeding, which would lead to a high risk of HIV transmission to their infants. This package also supports their HIV-negative male partners. After clinical services, all persons tested are linked to community organizations according to their status.

### *Prong 2: PMTCT and family planning integration*

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ProVIC will ensure that providers use the regular repeat visits for ANC and HIV care and treatment services as opportunities to provide women and their male partners with family planning counseling and services according to the principle of choice and respect for the reproductive health rights of all individuals. These services will include counseling on (1) exclusive breastfeeding over the first six months and the lactational amenorrhea method, and (2) modern contraceptives or providing safe pregnancy counseling for women living with HIV who wish to have children. In each site, the care providers will promote the use of condom (male or female) combined with another modern methods of contraception such as pills, implants, IDU, Depo Provera and cycle beads - to all HIV+ postpartum clients in as well as other women who are seeking family planning in ProVIC supported health facilities. ProVIC provides technical support to ensure that sites maintain compliance vis a vis USAID Family Planning Regulations.

### *Prong 3: ART for pregnant, postpartum, and breastfeeding women and infant prophylaxis*

ProVIC will work closely with PNLs and health zone teams to ensure that pregnant women who test positive for HIV will receive ARVs to reduce the mother-to-child risk of transmission according to the national protocol. As ProVIC expands the Option B+ protocol for all supported sites, pregnant or breastfeeding women who test positive will be put on ART for life.

All HIV-positive pregnant women will be placed on cotrimoxazole (CTX) prophylaxis. They will be encouraged to participate in the PMTCT facility-based self-help groups, which improve the retention of patients and help providers track the adherence of HIV-positive women.

HIV-positive pregnant women will be encouraged to return to give birth at the facility. Mentor mothers will use phone calls or home visits to ensure that women attend all their health appointments. Pregnant women who arrive at a facility during labor for the first time will also receive PITC. During their stay in the maternity ward, HIV-positive women will receive postnatal care and counseling, as well as postpartum family planning services, if desired. Women will be counseled on the importance of family planning for preventing unintended or closely spaced pregnancies and on available contraceptive methods that can be used at different points of the 12-month postpartum period. Health facilities will also initiate the selected contraceptive method and continue contraceptive use for the desired period. Contraceptive methods provided by facilities will follow the World Health Organization's 2009 medical eligibility criteria guidelines for postpartum family planning services, which include the lactational amenorrhea method, intrauterine devices, condoms, and sterilization. Male partners and other family members who test positive will be on the national protocol for treatment depending on the sites where they are tested.

Providers will strengthen best practices such as (1) preconditioning of the kit containing ARVs, CTX, and condoms that providers deliver to each woman when she tests positive for HIV; (2) emphasizing of adherence counseling with the contribution of mentor mothers, social workers, or psychologists; (3) integration of ART services within maternal and child health clinical sites with arrangements for ongoing HIV care and treatment in a delivery model that provides high-quality HIV services; (4) encouragement for decentralization of ART delivery to peripheral health facilities and task-sharing to allow nurses to initiate and maintain ART within the national regulatory framework.

*Prong 4: Essential care for women and children identified in PMTCT programs*

In addition to the HIV prevention and family planning interventions described previously, the PMTCT team will reinforce the integration of the provision of essential care elements including (a) clinical staging/measurement of CD4 count; b) CTX preventive therapy; c) tuberculosis (TB) detection and treatment; and d) prevention interventions through mentors mothers support groups or other peer-support activities. In addition, the ProVIC team will ensure, during the ongoing formative supervisions, that providers conduct nutritional assessments and counseling for HIV-positive pregnant women. ProVIC will work with health facilities to improve documentation of all services for HIV-positive women.

***Activity 2: Extend/maintain innovative approaches to improve the quality of PMTCT services to pregnant women and their families.***

To improve the quality of services offered and to take into account PEPFAR's recommendations to maintain 90 percent of HIV-positive pregnant women in the program, ProVIC will reinforce or extend the strategies named below:

- Extend the Mentor Mother approach: ProVIC will work with PNMLS, PNLs, and health zones to extend this approach to 58 health facilities and will ensure the coaching and rollout

of activities and also will focus on ensuring the quality of the interventions and the continuum of care for HIV-positive women and their families. For reasons of budget limitations during the close-out of ProVIC under the AIDSTAR contract, ProVIC will not extend MM to new Bunia sites until Q3, thus MM extension will be part of the E2A supported workplan which will cover Q3-Q4.

- Expand the QA/QI collaborative approach:
- ProVIC will extend the collaborative QA/QI approach to improve quality of services at 58 ProVIC-supported sites (32 in Katanga, 12 in Orientale, and 14 in Kinshasa) with focus on PMTCT services.
- The methodology used is based on URC's approach for improving care, which is considered by PEPFAR to be a best practice.
- In collaboration with ASSIST, ProVIC will support the collaborative QA/QI approach to improve quality of services at 30 ProVIC-supported sites (included in the 58 targeted sites) . with focus on Care and Treatment including expand domains of intervention to:
  - Retention/Adherence
  - ART Case Management
  - Early Infant Diagnosis (EID)
  - Referrals and Counter Referrals
- Use performance-based financing: ProVIC will continue, in collaboration with the MOH, to use performance-based financing services to coach and monitor activities at Kikimi Hospital. As the original performance-based financing model was designed only to account for PMTCT activities (before ProVIC became a treatment project), the model will be adapted to take into account treatment and retention indicators.
- Strengthen an integrated clinic-community model: The model was developed in Year 4 at Binza and Kenya health zones to reinforce the linkages between providers and community actors (i.e., mentor mothers and peer counselors) to maintain HIV-positive, pregnant, and breastfeeding women in a continuum of care for PMTCT, care, and treatment. PMTCT is further integrated into maternal and child health services by expanding PMTCT training to the entire health facility clinical staff (rather than a limited number of specialists, such as one or two nurses and doctors), thus improving the quality of services as a greater number are trained and invested in its success. This model further facilitates integration with the community by adding a community outreach component through the Mentor Mother program.

***Activity 3: Ensure coaching and mentorship for integrated PMTCT care, support, and treatment services offered through the health zones.***

Continuum of care for PMTCT care, support, and treatment services includes a complex set of interventions that takes place at multiple levels of the health care system. It is therefore important to put in place a structure to coordinate all of the activities and services.

To allow proper monitoring of these activities, ProVIC staff and government teams will meet together once a quarter for an in-depth analysis of the functionality of continuum of care mechanisms and timely decision-making to address any problems. This meeting consists of organizing, managing, and coordinating continuum of care activities at the different levels of the system with the objective of attaining a generation free from HIV.

ProVIC will ensure compliance with high-quality standards and will track a list of indicators represented in the Performance Monitoring and Evaluation Plan that highlights aspects of integrated, comprehensive PMTCT services including HIV tested pregnant women, HIV+ pregnant receiving HAART, HIV+ delivery in the same site, HEI newborn starting ARV prophylaxis, HEI tested for DNA PCR during the 2 months of age, HEI final status at 18 months of age and male partners tested for HIV. The monitoring of these indicators will highlight strengths and weaknesses in the provision of comprehensive integrated services, and will lead to improved decision-making to strengthen identified weaknesses (through capacity-building activities that include coaching, mentoring, and site supervision).

***Activity 4: Reinforce the capacity of the DRC government at multiple levels to provide comprehensive PMTCT services and treatment.***

ProVIC will continue to participate in quarterly meetings of the national PMTCT working group as well as the MNCH task force and the revision of the DRC national HIV/AIDS strategic plan. The PMTCT team will reinforce the technical capacity of the government in facilitating and conducting these meetings and provide solutions to technical challenges experienced in the PMTCT and pediatric care and treatment domain. The ProVIC team will also contribute to the dissemination of national standards and guidelines in MNCH at ProVIC-supported PMTCT sites.

**Sub-IR 1.2: Promotion and uptake of pediatric counseling and testing, and improvement in follow-up of mother-baby pairs**

In alignment with the Accelerated Children's Treatment (ACT) ProVIC will expand early infant diagnosis, pediatric testing and improve the follow-up and referral for diagnosis of HIV-exposed infants and young children at the facility and community levels through the network model.

***Activity 1: Reinforce the system of early infant testing and services.***

According to the revised WHO 2013 guidelines on the diagnostic of HIV infection in infants and children, key elements will include:

- HIV virological testing to be used to diagnose HIV infection in infants and children 18 months of age

- All HIV exposed infants to have HIV virological testing at 6 weeks of age or at the earliest opportunity
- Infants with an initial positive virological test result to start ART without delay, and, at the same time, a second specimen will be collected to confirm the initial test result.
- Infants and children or adolescents with signs and symptoms suggestive of HIV infection to undergo screening with HIV serological testing

In line with revised ACT targets as noted in the PMEP, ProVIC will increase the uptake of pediatric counseling and testing by early infant diagnosis (EID) for exposed infants, such as improving counseling for mothers to come back at six weeks for EID, and focusing on multiple entry points to identify and/or test HIV-exposed infants in order to link them with care and treatment. This includes the use of mobile technology (phone calls and SMS) and home visits by mentor mothers to remind mothers to bring infants for EID and CTX.

Children born to HIV-positive mothers will be tested for DNA PCR at 6 weeks of age. Children who do not present clinical symptoms but are still being breastfed by their mothers will be screened with a rapid test for a second time at 9 months of age, then again at 18 months of age, or 3 months after complete cessation of breastfeeding. To improve the turn-around time of results for EID, ProVIC will work with health facilities, health zones, the national laboratory and Katanga Provincial laboratory and provincial PNLS to strengthen the network of EID collection, transport, reception and transmission of results. As the challenge of transporting samples from remote health facilities to only laboratories in DRC where the PCR is available (Katanga will come on line in December 2014), ProVIC will work with all-PEPFAR partners to establish this common system.

In addition, to achieve ACT targets, ProVIC will reinforce the identification of other at-risk infants by offering PITC during immunization services for women who were not tested during the pregnancy or the delivery periods. Children with mothers who test HIV positive will benefit from EID between 2 and 12 months of age. ProVIC will also reinforce the integration of PITC in pediatric services and malnutrition units to increase early infant testing. Family index cases and OVC will be used to identify infected children and adolescent. In all cases, ProVIC will ensure that infants who test HIV positive are linked to pediatric care and treatment services. Critical linkages between health structures and the community will continue to be strengthened to allow for better follow-up of mother-child pairs and to reduce loss to follow-up. ProVIC will use phone calls, SMS reminders, and home visits as needed to track infected infants to prevent loss to follow-up.

To ensure improved quality of pediatric services offered by providers, ProVIC will focus on three actions:

1. Providing mentoring sessions on site in collecting dried blood spot samples to improve sample quality.
2. Working with PNLS to have a strong dried blood spot network and ensure that collected samples are accurately transported to Kinshasa for the PCR DNA analysis. A Katanga-specific network will be established when the PCR is operational at the PNLS provincial laboratory in Lubumbashi. A focus will be on the reduction of the turnaround time from testing to receipt of results.

3. Supporting PNLs to update the national pediatric guidelines.

***Activity 2: Improve the clinical follow-up of HIV-exposed children, including provision of the essential care package to the newborn baby.***

ProVIC will focus on the clinical follow-up of HIV-exposed children, including provision of the essential care package to the newborn baby: growth monitoring and provision of CTX to HIV-exposed infants between 4 and 6 weeks of age as well as nevirapine and placing eligible children on ART.

ProVIC will ensure that educational messages at ANC and postnatal visits include nutrition counseling focused on exclusive breastfeeding up to 6 months of age and complete weaning at 12 months of age, as recommended by the PMTCT national protocol, as well as the lactation amenorrhea method to establish the linkage between exclusive breastfeeding and modern contraceptive methods.

During follow-up of activities, ProVIC will monitor the immunization schedule for HIV-exposed children and their participation in program activities. HIV-exposed infants will benefit from routine vaccination, nutrition counseling on feeding methods, routine growth monitoring, EID, and initiation on CTX at 6 weeks of age, according to national guidelines. Infected infants will be placed on treatment at the central-level facilities (hub sites):

- ProVIC will promote safe water interventions for the prevention of diarrhea and other infections, and the provision of nutrition counseling linked to clinical- and home-based care for all HIV-infected persons, especially in areas where malnutrition is endemic. This support will allow health facilities to improve the health outcomes of HIV-infected children and HIV-exposed infants and adolescents through the provision of comprehensive medical care, including early identification of HIV infection, complementary ART, and psychosocial support to HIV-infected children and their nuclear family members.
- ProVIC will also improve patient-flow algorithms, appointment systems, national treatment protocols, adherence support, and family testing chart, and will develop patient-tracking systems to support linkages and retention to minimize loss to follow-up. ProVIC will reinforce the identification of OVC across the three priority provinces and link them to appropriate services.
- PMTCT services will also establish linkages to support the inclusion of children born to HIV-positive mothers. Referral and counter-referral slips will be used, and community agents and trained educators, including the mentor mothers, will be used to support retention throughout the PMTCT period.
- ProVIC will work with the National Adolescent Program to reinforce involvement of infected adolescents in the youth centers for specific support dedicated to adolescents.

### **Sub-IR 1.3: Undertake prevention strategies for key populations in target areas**

#### ***Overview and strategy***

The project will focus on reducing high-risk sexual behavior through activities specifically designed for the epidemic in DRC, affecting most at-risk adults.

#### ***Activity 1: Reinforce and expand access to prevention services for key populations and other vulnerable groups.***

ProVIC will work closely with national partners such as PNLS, PNMLS, and the Joint United Nations Programme on HIV/AIDS to strengthen prevention strategies specific to key populations. ProVIC will facilitate the application of established protocols and approaches within specific health zones so they can provide a comprehensive package of prevention services for key populations and other vulnerable populations. These interventions will be carried out by ProVIC's nongovernmental partners Progrès Santé Sans Prix (Kinshasa) and World Production (Lubumbashi) in coordination with the health zone (health care providers, community workers, and community-based organizations) to assure a strong linked referral system and empower the health zone management team. In Kinshasa, PSSP works closely with the "MSM Friendly" health facility St. Hilaire which will be the referral point for MSM tested HIV positive. At St. Hilaire, MSM will receive reception, care, treatment and psycho-social support in a non-discriminatory non-stigmatizing environment to improve retention and adherence to care. In Katanga, World Production will refer to specific "focal points" at HGR Kenya and HGR Kampemba, which have been coached to ensure a non-stigmatized environment. In all cases, referred key populations in care and treatment will be monitored using Tier.net and regularly followed up by phone and home visits to improve retention and adherence. These sites will additionally benefit from QA/QI interventions to improve adherence/retention, including a specific focus on KP.

According to new PEPFAR definitions, groups identified as key populations include sex workers (10 percent HIV positive in Kinshasa and Katanga as per ProVIC data from 2011–2013), men who have sex with men (11.8 percent in Kinshasa and 10.5 percent in Bas-Congo), and people who inject drugs. They will also be referred and benefit from the comprehensive package of care and treatment services.

HIV prevention services for this target group (key populations and priority populations) include:

- HIV testing and counseling: ProVIC has identified and developed innovative ways to increase the rate of testing among key populations so they can use the knowledge of their HIV status to better manage their risk behaviors. To increase the rate of HIV testing among key populations, testing hours and days of week will need to be adjusted and delivery sites will vary according to activity sites—mobile community outreach (crossroads, restaurants, hair salons, bars, clubs, and brothels) and health facilities. During this period, ProVIC will give special consideration to different testing models including PITC and couples and partner testing. At a minimum, rapid tests kits, nonvenous blood draw (finger prick) same-day results, and immediate posttest counseling and referral to care will be standard.
- Peer education and outreach focused on direct engagement with key populations in their communities, albeit at a reduced intensity from previous periods due to ProVIC emphasis on

facility-based services. This will involve working through different types of outreach workers (e.g., peers and health care providers) in a variety of settings (e.g., streets, mobile HIV testing and counseling, clinics, and support groups), utilizing different communication methods (e.g., one-on-one, group discussion), and reaching audiences of different ages. Counseling on risk reduction will be an effective intervention for key populations, whether delivered through peer outreach or in clinic settings.

- Promotion and distribution of condoms (male and female) and lubricants (for men who have sex with men). Male and female condoms—as well as condom-compatible lubricants—continue to play a vital role in HIV prevention; consequently, ProVIC will ensure that a sufficient and consistent supply of high-quality condom and condom-compatible lubricants is readily available to key populations. Given that key populations often have limited interaction with health facilities and HIV prevention programs, the support of peer educators will be used as an effective way to promote and distribute condoms and condom-compatible lubricants among key populations.
- Sexually transmitted infection (STI) screening and treatment will be an integral part of the package of HIV-related services available to key populations. ProVIC is working now with the Supply Chain Management System (SCMS) project to determine if and when SCMS can make STI drugs available. The package of services will include confidential and anonymous screening for symptomatic and asymptomatic STIs, well-defined treatment options (syndromic approach), information, and counseling on risk reduction and condom distribution.
- Referral for care and treatment: ProVIC will strengthen referrals. ProVIC’s partners adhere to practical protocols that clients actually get from one service provider to another while also respecting a client’s desire for confidentiality. A referral form connects clients at one service provider with the services available at another provider (service providers in a referral network will use a common referral card to help simplify the process for clients). ProVIC’s partners adhere to operational protocols to ensure that clients are successfully referred from one service provider to another while also respecting a client’s desire for confidentiality. A referral form/card connects clients at one service provider with the services available at another provider. The referral data collected by each partner using referral cards and monitoring forms is at the core of the monitoring system. In all cases, individuals in care and treatment will be monitored using Tier.net and regularly followed up by phone and home visits to improve retention and adherence.

***Activity 2: Mobilize communities around ProVIC-supported health facilities with high prevalence rates to increase demand for and use of services, as well as involvement of male partners.***

One of the key priorities for PEPFAR in DRC is to increase demand for HIV prevention, care, and treatment services among men and women. ProVIC will use specific messages targeting men to reduce stigma and discrimination related to HIV, promote family stability, highlight the importance of continuity of care, and welcome male partners to PMTCT services.

A combination of strategies will allow us to achieve the best results for both health centers and communities:

- ProVIC will work with health zones (health care providers, community workers, and community-based organizations) to promote dissemination of key HIV messages, including access to and utilization of PMTCT and family planning services in ProVIC-supported health facilities. Activities will include whole family-centered outreach and educational talks, which will be carried out through the network of community workers and peer educators (on average, three per health facility).
- Development of communication approaches targeted at male partners of pregnant women. Because men often cite lack of information as a reason for not participating in PMTCT activities, the communication initiatives will encourage men to accompany their partners to ANC check-ups, participate in couples HIV counseling and testing, identify local HIV testing and treatment sites, and engage opinion and religious leaders to support PMTCT.
- Mobilization of targeted health zone teams and PMTCT providers to improve client knowledge of key behaviors related to PMTCT, family planning, and SGBV. Key messages will be given either orally or in the form of counseling cards and flyers to every woman and her partner during the prenatal period, childhood immunizations, preschool consultations, and other consultations.

***Activity 3: Reinforce and expand access to HIV prevention services for other clients: TB patients, STI clients, malnourished, and bedridden patients.***

Of the 104 health facilities that ProVIC will support in the cost extension period, 32 are TB diagnostic centers (Centre de Santé de Dépistage et Traitement or CSDT). PATH will ensure that TB screening and referrals are systematic at all encounters with people living with HIV/AIDS (PLWHA). PATH will work closely with health facilities and the health zone to track patients who screen positive for TB to provide bidirectional referrals, including TB treatment at CSDT.

After screening TB positive, suspected cases are listed in a register. Each patient is provided with a referral note, and the referred patient is contacted by telephone to ensure completion of the referral. If the TB test is positive, the CSDT that received the referral will then counter-refer to the original TB screening site to ensure necessary follow-up. Where ProVIC supports a health facility that is not also a CSDT, the project will refer patients to the closest CSDT and actively track the referred patient with the support of health workers and the health zone.

ProVIC will use PITC across all health facilities; thus, in each facility, PITC will be extended not only to pregnant women and their partners and children, but also to malnourished children, STI clients, and TB clients. In all our sites, several HIV testing activities will be carried out:

- PITC for at-risk groups (clients suspected of TB and STIs, malnourished children, and children of HIV-positive parents).
- STI screening for high-risk populations.
- TB screening for anyone who tests HIV positive.
- CD4 testing for all clients who test HIV positive.

- Scaling up of viral load testing for PLWHA six months after initiation of ART, with regular checks on viral load each six months afterward.
- Additional biological monitoring, complete blood count, biochemical, and serological analyses.
- Quality assurance and internal and external quality controls put in place based on norms and standards.
- Injection safety in line with universal precautions.
- Biomedical waste management.

## Intermediate result 2: Improved access to adult and pediatric treatment

### Overview and strategy

Treatment services will be present in both the general reference hospitals and PMTCT spokes in the provinces of Kinshasa, Katanga, Orientale, and Bas-Congo. Bas Congo's close-out and transition plan is presented in Annex J. ProVIC will broaden its interventions to focus on the improvement of ART services, including Option B+ for PMTCT.

ProVIC will intensify and improve ARV treatment, with pregnant women and the members of their families as an entry point. Focus will also be given to other treatment opportunities for key populations, STI cases, TB patients, hospital patients, and malnourished children attending ProVIC-supported sites. In this framework, PLWHA who have been recently identified, including pregnant women, will receive ART according to national guidelines.

To ensure effective follow-up of treatment, ProVIC will reinforce the linkages between various supporting services of HIV-positive patients in facilities according to the continuum of prevention, care, and treatment. The program will provide a high-quality package of services that ensures standards of care that are consistent with the DRC government national guidelines on ART. These include integration of prevention (including pregnant women) into care and treatment programs, and provision of comprehensive clinical care throughout the continuum of illness, including CTX prophylaxis, adherence, screening and management of STIs, screening and referral for TB diagnosis and treatment, management of opportunistic infections, access to appropriate laboratory services for biological follow-up, and comprehensive HIV support services and management of side effects.

All medical facilities supported by ProVIC will serve as sites for care and support to PLWHA. Complicated cases identified in peripheral/spoke sites and requiring more focused treatment will be referred to the central sites. An efficient system will link sites to certain equipped laboratories to complete a biological follow-up of patients on ART every six months.

ProVIC will provide clinical mentorship sessions to build the capacity of site providers in patient management and monitoring systems to ensure that health facilities have the capacity to monitor outcomes for patients on pre-ART and ART.

## **Sub-IR 2.1. Maximizing access to ART**

### ***Activity 1: Improve the links to ART services for HIV-positive clients at the ProVIC-supported sites.***

The objective of this activity is to improve the early identification of HIV-positive clients tested among pregnant women coming for ANC or delivery and their male partners, as well as at other entry points: STI cases, TB patients, hospital patients, and malnourished children attending ProVIC-supported sites. Key populations and at-risk youth are also targets for early identification of HIV. ProVIC will ensure that providers offer PITC activities within the health areas to these clients.

In line with the ACT initiative, ProVIC will expand testing of at-risk children attending pediatric services and adolescents will be used as a strategy to boost pediatric care and treatment. ProVIC activities will:

1. Strengthen EID for children born to HIV-positive mothers.
2. Strengthen screening of other children of HIV-positive pregnant and breastfeeding mothers.
3. Test the children of mothers who did not test during pregnancy and labor but who are detected as HIV positive during the under 5 clinic.
4. Track and test all children and adolescents attending TB clinic.
5. Track and test all children attending the malnutrition center and adolescents.
6. Test children and adolescents from families of PLWHA.

Those who test negative will receive the package of prevention and link with community organizations. For those who test positive, the ProVIC team will ensure that providers place all eligible clients on ART.

ProVIC will reinforce linkages between community- and clinic-based facilities, which will better enable early testing and reduce the time lag between diagnosis and access to care, support, and treatment. As an integrated project, ProVIC will ensure the early identification of newly diagnosed clients and access to seamless care and support services immediately; any delays could have detrimental outcomes for PLWHA. Self-help groups facilitated by mentor mothers will be established in the health facility sites alongside the existing community self-help groups. The health facility self-help groups will become a key instrument in supporting referral and counter-referral between services and will support community members to access information and clinical services via the PMTCT platform.

### ***Activity 2: Complete pre-ART laboratory analysis and biological follow-up for PLWHA in ProVIC-supported sites.***

During this year, ProVIC will continue to strengthen the quality of services offered by the 104 laboratories in ProVIC-supported health facilities, of which 33 feature point-of-care PIMA CD4 equipment. All health facility partners will continue to be supported in capacity-building in convenience for the screening and diagnosis, injection safety, and management of biomedical waste in accordance with the standards of the country. All sites offering HIV testing will be entered in the PNLS quality assurance system. Thus, they participate in quality control (dried

blood spot and dried tube specimen) organized by different levels. All ProVIC-supported laboratory hub sites will initiate steps to certification with the support of PNLS with support from the US Centers for Disease Control and Prevention.

Specifically, for CD4 count:

- Initial CD4 testing will be completed for all HIV-positive individuals. Patient blood will be drawn at their local facility and the samples transported to a central site with Pima™ equipment for testing to initiate ARTs in accordance with national recommendations.
- HIV-positive children less than 5 years of age and other HIV-positive pregnant women, lactating women, and discordant couples tested in sites implementing Option B+ will not undergo CD4 testing but will be directly initiated on ART.

#### *Viral load*

- PLWHA will receive viral load diagnostics after six months on treatment, and again each six months. To achieve this, ProVIC will train care provider and laboratory technicians in ProVIC sites. This capacity will be rolled out progressively with a focus on Kinshasa, where PCR equipment is already functional and then to Katanga where a PCR machine will be functional by early 2015.

#### *Other recommended testing*

- All eligible patients will receive blood, liver function, and creatine tests. PLWHA are at greater risk of developing TB; therefore, ProVIC will improve the referral and counter-referral system for pulmonary X-ray or abdominal echography and Ziehl-Neelsen for suspected active cases.
- Clinical and biological follow-up of PLWHA on ART.

Additionally, patients on ART will receive clinical and biological follow-up according to Table 2.

Table 2. Follow-up services for patients.

	Day 0	Day 8	Day 14	Month 1	Month 3	Month 6	Month 12	
<b>Clinical</b>	X	X	X	X	X	X	X	Every 6 months
<b>CD4</b>	X					X	X	Every 6 months
<b>Hemoglobin</b>	X		X		X	X	X	Every 6 months
<b>Transaminasis/ ALAT</b>	As needed							
<b>/Creatine</b>	As needed							
<b>Viral load</b>						X	X	Every 6 months  In coordination with PNLS, ProVIC will establish a transport system

					for blood or dry spot samples for viral load.
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Clinical follow-up of scheduled appointments (normally two weeks, one month, three months, six months, and one year after the initiation of ART) will include anthropometric measurements, in particular the weight, height, and cranial measuring of children; management of side effects, screening and management of opportunistic infections; and helping to ensure adherence to the treatment.

***Activity 3: Reinforce the retention of PLWHA enrolled in highly active antiretroviral therapy***

Improving retention rates will be a key focus for ProVIC in FY 2015 with multiple strategies to achieve this end, including rolling out the Tier.Net patient monitoring tool, strengthening the self-help groups, and enhancing community-facility linkages via mentor mothers and peer educators.

ProVIC is working to improve patient monitoring primarily through the introduction of the Tier.Net application in all ProVIC sites. By collecting individual patient data at each site and aggregating and analyzing Tier.Net reports, the ProVIC team will perform cohort analysis of patients by site in order to closely monitor the linking of patients to care and treatment and to identify sites that are having issues maintaining patients in care. This is described in greater detail under Sub-IR 3.2.

To improve retention, ProVIC will strengthen psychosocial support through self-help groups, which will operate at both the health facility, primarily for pregnant women, and self-help groups at the community level for other patients on ART. The focus on positive health, dignity, and prevention in self-help groups and health facilities aims to promote behavior change to enable PLWHA to live healthy, dignified lives. Linkages will be made to mentor mother groups in mentor mother sites for pregnant and breastfeeding women.

ProVIC will also support peer educators to improve retention via phone calls, SMS, home visits, and the QA/QI approach in all ProVIC sites to reduce loss to follow-up. This includes an agenda calendar tool for tracking appointments and missed appointments. Health workers will also deliver messages on the benefit of retention in care in the community.

**Sub-IR 2.2. Maximizing the quality of care and ART services**

***Activity 1: Provide a high-quality package of standards of care services for PLWHA in ProVIC-supported sites.***

Through a series of coordinated activities and in line with new ACT guidance and targets, ProVIC will continue to promote positive health and dignity to reduce morbidity and mortality among PLWHA. A particular focus will be to continue provision of CTX prophylaxis and to strengthen TB, STI, and opportunistic infection screening, diagnosis, and treatment in line with PEPFAR guidance.

Provision of CTX: According to PNLIS guidelines, PLWHA enrolled in care will receive CTX to decrease the occurrence of opportunistic infections and episodes of illness. The CTX will be procured through SCMS and kept under the responsibility of the health zone and/or health facilities. Potential side effects of CTX treatment will be discussed during self-help group meetings, home visits, and routine medical appointments. PLWHA will be advised to attend the closest health facility as soon as possible if they experience any of the potential side effects associated with CTX.

TB screening, diagnosis, and referral for treatment: A particular emphasis will be put on screening for and diagnosis of TB in line with PEPFAR guidance, and will happen both at the health facility level and the self-help group level. This will be done in close coordination with the provincial and health zone levels. By improving the understanding of self-help groups around TB, those with chronic cough and other symptoms suggestive of TB infection will be more quickly recognized and referred, and close monitoring of PLWHA for TB treatment adherence will be improved. All entry points in the health system will be used: ANC, postnatal care, preschool consultation, HIV testing and counseling, and TB diagnostic centers to screen for TB. These activities will conform to national norms and PEPFAR guidance.

TB screening will be integrated into the counseling component of PITC and offered to those who test positive for HIV. Home visits by mentor mothers will support TB screening and encourage and support referral for treatment. Referrals will be done under the coordination of the central offices of the health zones. Treatment protocols will also address multidrug-resistant TB and ProVIC will work with the national TB program to equip health facilities with the necessary medicines. ProVIC will intensify its efforts to increase the awareness of mentor mothers or social agents regarding the importance of TB screening and management of TB among PLWHA.

Nutrition counseling through health system services: ProVIC will promote education and nutritional advice through medical consultations, self-help and child-to-child group meetings and interactions, and home visits. Tracking of key bio-measurements will help flag PLWHA at risk of malnutrition for referral to nutritional units for better support.

At present ProVIC is implementing nutrition assessment, counseling, and support activities (NACS) in three sites in Kinshasa (CH Kikimi, CH Kingasani, Binza Maternity) and three in Katanga (HGR Kenya, CS Faveur de Dieu, CS Mary Elmer).

To facilitate the integration of the NACS approach in sites not yet covered in Kinshasa and Katanga, NACS will be integrated into training for new ProVIC partners in Bunia while other ProVIC sites which have not yet integrated NACS, will integrate NACS through on-site technical assistance during routine monitoring and supervision visits.

Vaccination of children of HIV-positive mothers: ProVIC will strengthen the monitoring of compliance with the immunization schedule for newborns of HIV-positive mothers to reduce mortality due to various diseases. This will be done in collaboration with service providers, including preschool consultation, ANC, and delivery in order to identify newborns requiring vaccination. The list of children born to HIV-positive mothers will be shared with service providers for better monitoring of the various appointments; confidentiality will be ensured.

***Activity 2: Ensure ART for PLWHA—both adults and children.***

ART eligibility criteria:

- All pregnant and breastfeeding women and their families attending B+ site.
- All HIV+ patients presenting with World Health Organization clinical Stage III or IV symptoms.
- All HIV+ patients 5 years of age and older with a CD4 count of 500 cells per mm<sup>3</sup> or less.
- Children less than 5 years old who tested HIV positive.
- Individuals with HIV/TB co-infection.
- Serodiscordant couples.

The majority of PLWHA will be put on ART according to the protocol in force in DRC:  
first-line treatment with TDF+3TC+EFV or AZT+3TC+NVP

(Note: 3TC: Lamivudine, Epivir; AZT: Zidovudine; EFV: Efavirenz; NVP: Nevirapine; TDF: Tenofovir.)

In the case of major side effects or intolerance, the alternatives authorized in the national protocol will be used. ART requires a multidisciplinary team of physicians, nurses, laboratory and pharmacy staff, social workers, and volunteers and the necessary equipment to ensure observance and adherence to ART for PLWHA eligible for treatment. So, ProVIC will ensure the availability of essential elements in all hubs as follows:

- The availability of Pima Analysers for periodic CD4 testing. FACSCount flow cytometers are not available in all sites, but samples will be referred to FACSCount sites when needed.
- Implementation of appropriate examinations before applying ART: these include hemoglobin test and CD4 count, liver function and kidney tests if needed. Diagnosis of active TB by Ziehl-Neelsen stains examination and chest radiography.
- Monitoring of side effects for those taking ARVs and covering costs of transport for those who require hospitalization because of serious side effects.

To ensure adherence to treatment and retention of clients, psychosocial support will be offered to members of self-help groups and during home visits by mentor mothers, providers, and care and social workers. This contact and support will help sensitize PLWHA on the benefits of regular intake of ARVs and the detection of serious side effects related to taking them, helping support treatment retention.

PATH's database and data collection tools are being revised to account for recent changes in the PEPFAR Monitoring and Evaluation Reporting (MER) system. These changes will include an increased focus on patient monitoring to more closely tracking details around patient visits to health facilities for follow-up care and treatment, and may include data on CD4 test results and treatment regimens.

***Activity 3: Ensure initial clinical mentoring and follow-up of clients on ART.***

The success of the treatment program requires the coordination of several factors and several services. ART is new in most ProVIC-supported sites; therefore, coaching providers on the mentoring and follow-up of ART clients remains very important. ProVIC will reinforce the capacity of its staff and site supervisors who will thereafter coach site providers. Moreover, ProVIC will set up QA/QI teams, expanding the approach to mentor mothers to participate in the planning for QI and improved linkages with the community, with the objectives of reducing loss to follow-up and improving treatment adherence.

Supervision by external coaches of quality improvement teams will be very intense immediately following ART initiation: every two weeks at first, then once per month after providers have mastered all the processes (in respect to the criteria of eligibility, and good follow-up of adherence, tracking of loss to follow-up, reporting, etc.).

## Intermediate result 3: Health systems strengthening supported

### Overview and strategy

ProVIC's health systems strengthening component reflects PEPFAR guidance, which advocates assisting government institutions to strengthen their own systems that follow best practices at all levels—national, regional, and district and zone. In this light, ProVIC will work with government institutions at all levels to ensure better-quality service delivery coordination, referrals, and oversight with an specific effort on improving clinical outcomes as ProVIC's HSS support to local government institutions will be focused on the scale-up of Option B+, the roll-out of Tier.net, strengthening referrals and counter referrals and the routine oversight and supervision provided by provincial and HZ authorities over ProVIC activities.

A focus of this capacity-building work will be on the health zone strategy and health zone level, with a particular focus on supervision, coordination, and leadership in HIV-related activities, and coaching on HIV-related topics, including commodity management and PMTCT.

ProVIC no longer has a full-time staff member who supports HSS as this position was removed to improve cost-efficiencies and align with a reduced budget. However, this work is now supported by ProVIC technical officers as part of the integrated technical support they provide to health facilities and government partners

### Sub-IR 3.1: Capacity of provincial government health systems supported

#### *Activity 1: Strengthen referral and counter-referral systems.*

In order for PLWHA and their families to access the spectrum of services they need, both at the community and facility levels, ProVIC will continue to work to strengthen the referral and counter-referral systems and follow-up mechanisms, specifically ensuring that health facilities and community-based services in the continuum of care are fully integrated as part of the formal referral system.

Continuing to strengthen the referral and counter-referral systems in the health zones is a key strategy to ensuring the continuity of services for clients, and ProVIC will conduct regular monitoring visits at the health zone level to track utilization of the referral network. These monitoring visits will also provide opportunities to ensure a smooth transition and integration of the referral system within the health zone's responsibility so that the health zone leadership structure is able to ensure an efficient, reliable, and documented referral system from peripheral health centers to referral hospitals.

As referrals of men who have sex with men and sex workers are the most complex referrals, this will remain a point of emphasis and the rate of successful referrals will be tracked closely. In all cases, referred key populations in care and treatment will be monitored using Tier.net and regularly followed up by phone and home visits to improve retention and adherence. These sites

will additionally benefit from QA/QI interventions to improve adherence/retention, including a specific focus on KP.

Individuals will continue to be tracked until they have accessed services at ProVIC sites or non-ProVIC sites.

***Activity 2: Support the government's supervisory role at all levels.***

ProVIC will continue to provide financial and technical support of joint supervision visits by government counterparts at three levels. These visits ensure that health services deliver effective, safe, and high-quality interventions. In line with PEPFAR guidance, the supervision will be of both ProVIC and non-ProVIC government health centers in close proximity of ProVIC sites, thus broadening ProVIC's impact and ensuring a nationally owned system that promotes best practices. ProVIC will support joint supervision from the provincial level to the health zones.

***Activity 3: Support functioning mechanisms in health zones.***

ProVIC is taking a comprehensive approach to adapting to USAID's health zone strategy. As the flagship USAID HIV/AIDS project in DRC, ProVIC continues to work extensively with the health zone level in the local planning, coordination, supervision, and in many cases, implementation of activities. This means ensuring that ProVIC participates actively in the development of the health zone *plan d'action operational* with health zones.

***Activity 4: Support leadership-building activities within project interventions.***

ProVIC recognizes that strengthening government leadership is essential to improving services, and the project can be most supportive at the health zone and provincial levels. One strategy involves supporting the provincial government to fully implement its role as coordinator of all partners intervening in HIV programs; this coordination role prevents duplication of services and ensures better integration and coverage of services. ProVIC supports this through two specific activities:

1. Annual provincial coordination meetings whereby provincial authorities present annual goals and expectations of health zones within the province.
2. Financing for supportive supervision whereby provincial PNLs staff join ProVIC staff on supervision visits to ensure that provincial authorities are able to monitor activities and share guidance.

ProVIC will provide financial support to organize semiannual meetings for the provincial PNLs and annual review meeting for the PNMLS. As the district level is being rolled out, ProVIC will explore possibilities to engage with a limited number of districts with their coordination and review responsibilities.

**Sub-IR 3.2: Strategic information systems at facility levels strengthened**

***Activity 1: Provide technical M&E assistance to PNMLS and PNLs at the national and provincial levels.***

At the national level, as the largest USAID-funded HIV/AIDS project in DRC, ProVIC has played an important role in providing technical inputs in the development and refinement of national strategic frameworks, work plans, and tools of PNLs and PNMLS. ProVIC will continue to provide technical inputs such as ProVIC provincial or health zone data into national planning and multisectorial strategy development as well as ongoing support with production and dissemination of revised M&E frameworks and plans with the PNMLS. ProVIC's M&E specialists will participate in national and provincial M&E task forces to provide ongoing support as needed with revisions to M&E frameworks and plans and the implementation of other government-led M&E activities.

ProVIC will work closely with district and regional actors to ensure the adequate flow of strategic information within and across the district, regional, and national levels.

***Activity 2: Provide ongoing datacard technical support to local partners to improve M&E reporting.***

The recent changes in the PEPFAR reporting system will create substantial additional demands on ProVIC's M&E system—which will, in turn, reinforce the need to ensure a strong, common understanding of the project's evolving data collection and reporting requirements among local partners. Although it is the expressed preference of the government to align fully and uniquely with the MOH's reporting formats, ProVIC continues to negotiate with government to retain the additional indicators required by PEPFAR through a complementary reporting system.

To improve the quality of data reporting and analysis from health facilities, training will be held during the no-cost extension period on the use of datacards. During the extension period, M&E staff will work closely with ProVIC partners at all sites to ensure complete reporting of activities.

***Activity 3: Reinforce partners' M&E capacity through regular monitoring, routine data quality assessment, and internal audits.***

At this stage of the project, the most effective way to reinforce technical support to partners is through regular monitoring and data quality assurance efforts. ProVIC is already doing this via regular monitoring and routine data quality assessment (RDQA). RDQA requires each M&E specialist to spend a substantial amount of time reviewing specific indicators from each program component to verify reported achievements with data collection records and to come up with an action plan to resolve issues observed. ProVIC will continue to reinforce implementing partners' M&E capacity through monitoring, RDQA, and internal audits. ProVIC maintains a system to assess data collection and reporting of implementing partners with the goal of improving overall data quality and reporting.

*Closer monitoring of cohorts with Tier.Net*

During the extension, ProVIC will improve tracking of cohorts and retention of patients using Tier.Net. Developed and refined in South Africa, this tool has been adopted by PNLs for monitoring patients on ART. Tier.Net is a tool that will improve ProVIC's management of patient information and tracking cohorts with greatly improved quality of tracking due to standardized individual patient data which is more easily manipulated, aggregated, and analyzed at site, health zone, provincial, and national levels through Tier.Net's reporting formats (described below) and data analysis functions. The main features of Tier.Net include:

- A consolidated HIV record with pre-ART and ART centric views.
- Isoniazid, CTX, and TB symptoms and treatment elements.
- Monthly and quarterly cohort reports.
- Data Exchange Standard exports.
- Encrypted dispatch files for transfer of patient level data to higher levels of health.
- Multiple user profiles for confidentiality and security.
- Easily installed and updated software.

The Tier.Net software has been built to easily and effectively capture the minimum data elements and resulting indicators required to monitor the HIV and ART services. Monthly and

quarterly reports are generated as encrypted backups and dispatches for transferring of data to higher levels of management such as health zones, subdistricts, districts, and provinces.

*List of reports generated by Tier.Net:*

- Quarterly ART Report
- Monthly ART Report
- Multi-facility Club Report
- WHO Cohort Report
- WHO Cross Sectional Monthly Report
- Missed Appointment – Early Report
- Missed Appointment – Late Report
- Defaulter Report
- Two Consecutive Viral Load Report
- HIV Testing and Counseling Report
- Transferred out Report
- Patient Appointment List Report
- Waiting List for ART report
- ART Enrollment Graph
- Patient Total Graph

ProVIC will train health facility staff and health zone staff in all ProVIC sites on the use of Tier.Net. The tool will start being used to collect patient data in October 2014.

## Grants and agreements

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ProVIC is planning to extend or issue two types of agreements to local partners across four operating provinces during the extension period: fixed obligation grants (FOGs) to private health facilities and organizations, and collaborative accords to public health facilities and health zones.

In FY2015, following discussions with USAID, ProVIC will support 124 facility partners (private and public), as listed in the annexes below. This list includes 18 health facilities in Bas-Congo which will only be supported through December 2014, and also includes 25 new health facilities in Bunia which will be supported from January–March 2015, when support for all grants will be transitioned to E2A. This list may change, particularly in Bunia where needs assessments are presently underway, but this would be done in coordination with USAID and the partners that ProVIC identifies to assume support of these health facilities. Separate USAID approval will be sought for all FOGs.

### Fixed obligation grants

ProVIC will issue FOGs to 51 private health facility partners, and will also issue a FOG to nongovernmental organization, World Production, to provide mobile HIV testing and counseling services to key populations in Katanga. At the time of writing this workplan, ProVIC has not yet completed needs assessments in Bunia to determine the legal status of the 25 health facilities the project will support in FY2015. For reasons of programmatic efficiency, ProVIC will support all new Bunia sites through collaborative accords from January–March 2015, the remainder of the AIDSTAR contract.

Annex B provides a list of all FOGs to private institutions.

### Agreements with public facilities (collaborative accords)

ProVIC will expand its portfolio of collaborative accords with health facilities in FY2015, adding 25 new sites in Bunia which will be supported through collaborative accords from January–March 2015. These health facilities will be supported directly by ProVIC, who will continue to procure and deliver needed commodities and supplies to these partner facilities.

A list of collaborative accords with public health facilities is included in Annex C.

### Agreements with health zones (collaborative accords)

ProVIC will provide support to 30 health zones to strengthen coordination and communication capacities, including 5 in Bas-Congo (who ProVIC will support until December 2014) and 4 new health zones in Bunia. These collaborative accords will support coordinating efforts, including communication, validation, and coordination meetings; monitoring, referral and counter-referral system supervision; and commodities tracking. Monitoring and coordination costs, such as Internet access, telecommunication, fuel for supervision, and office supplies will also be

supported. ProVIC is also in discussion with ASSIST to integrate QA/QI directly with health zones to expand the role of Health zone teams in the implementation of quality assurance and quality improvement work.

Annex D provides a list of collaborative accords with health zones for the extension period.

## Procurement through SCMS

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In FY2015, ProVIC will continue to obtain necessary HIV test kits, ARVs, syphilis tests, and other essential commodities for the project from SCMS. Below is an illustrative list of medical commodities and supplies ProVIC will acquire through SCMS:

Item
HIV 1+2, Determine, 100 Tests only
Capillary tube, 100 sticks
Lancet blood, 100 blades
Chase buffer, flacon
HIV1/2, DoubleCheck Gold Kit, 20 Tests
HIV 1+2, Uni-Gold HIV Kit, 20 Tests
Co-trimoxazole 480mg, tablets, 1,000 tablets
Co-trimoxazole 240mg/5ml, oral suspension, bottle of 100ml
Nevirapine 10mg/mL suspension bottle of 240ml
Lamivudine-Zidovudine-Nevirapine 150+300+200mg/tab tablet (PO)
Water for injection, 5mL x 100 ampoules
Syringe, disposable 5mL B/100
Blood Collection Tube, K2-EDTA, 6mL, Plastic, Lavender Top, 100 Pcs
Blood Collection Needle, Multi-Sample, 21G x 1.5in, Thin Wall, Luer-Slip, Green, 100 Pcs
Blood Collection Set, 23G x 0.75in, Winged, w/ Luer adapter, 12 in Tube, Light Blue Retracting needle, 50 Pcs
Safety Lok Blood Collection Set, 23G, 50 Pcs
Lancet, Safety, Med to High Flow, 2.0mm x 1.5 mm, 200 Pcs
Capillary Tubes (Microhematocrit), Heparin, 70ul, 75mm, Red, 200 Pcs
Capillary Tubes (Microvette), combined with Cryotube Pcs
Tube, Cryovial, Self-Standing, 2mL, Internal Thread, 500 Pcs
Vial, Cryogenic, 2.0mL, Round Bottom, External Thread, 100 pcs
Nalgene CryoBox – 25 Pcs
Portable cool box (15 L each) Pcs
Pipet Tips, Yellow, 0-200 µL, Bulk, 1000 Pcs
Pipet Transfer, 2ml Draw, Graduated, Non-Sterile, 500 Pcs
Precision pipet, 5 - 50 µL Pcs
Precision pipet, 10 - 100 µL Pcs
Gloves, Exam, Latex, Powdered, Non-Sterile, Med, 100 Pcs
Gloves, Surgical, Latex, Powdered, Sterile, Size 7.5, 50 Pairs
Prep Pads with Isopropyl Alcohol 70%, Med, 100 Pcs
Cotton Roll, Absorbent, Non-Sterile, 500g Pcs

Item
Tape, Surgical, White, Roll 2.5 cm x 9 m, 12 Pcs
Timer, Laboratory Pcs
Wall Thermometer Pcs
Biohazard Waste Bag, B/200
Biohazard Waste Container, 19L each
Sharps Safety Box, Incineration Container, 5L, 25 Pcs
Pima CD4 Cartridge Kit
Pima Bead Standard Test
BD FACSCoat Control Kit (25 control runs)
BD FACSCoat Sheath Fluid, 20 L
Ferrous Sulphate Folic Acid, 200mg+.4mg B/1000
Mebendazole, non-chewable 500 mg tablets B/500
Sulfadoxine-Pyrimethamine, 500/25mg B/1000
Doxycycline Capsules, 100 mg Capsule
Metronidazole Tablets, 250 mg Tablet
Erythromycin 250 mg Tablet
Benzathine Penicillin, 2.4 MIU, 50 vials
Paracetamol 500mg tablets, 100 tablets, 10x10 blister
Syphilis RPR, Kit, 100 Tests
Syphilis Determine TP, Kit, 100 Tests
Pregnancy Tests
PEP Kits (GBV)
Male condoms B/100
Female condoms B/100
Body lubricant B/1
Jadelle + trocars B/10
NorLevo 1.5 mg B/1
Depo-Provera vial
CycleBeads blister
Microgynon blister
Intrauterine device (IUD) Pce
Graduated height rod Pce
Permanent markers Pce
Printer paper roll

Additionally, ProVIC is also planning to procure other medical commodities and office supplies not available through SCMS and equipment that was deemed as outdated and needing replacement by PATH's regional system administrator during a short-term technical assistance trip in October 2014. Given the project's limited financial resources in the extension period, ProVIC reviewed equipment needs for FY2015 and identified 8 laptops for key technical, grants management, and accounting staff that urgently need replacement and are critical for continuing project operations. ProVIC will also purchase 12 laptops to support the collection of data from the new health facilities the project will be supporting in Bunia. The procurement plan, presented in Annex E, provides a list of items with a unit cost of \$500 and above that the project anticipates purchasing during the cost extension period; separate USAID approval will be sought for all planned nonexpendable property purchases.

ProVIC will take a streamlined approach to procurement during the cost extension period by undertaking bulk purchases of routine medical commodities, supplies, and equipment at the regional level and then distributing items to ProVIC-supported medical facilities within the region. ProVIC has budgeted funds to cover planned commodities, supplies, and equipment purchases during the cost extension period.

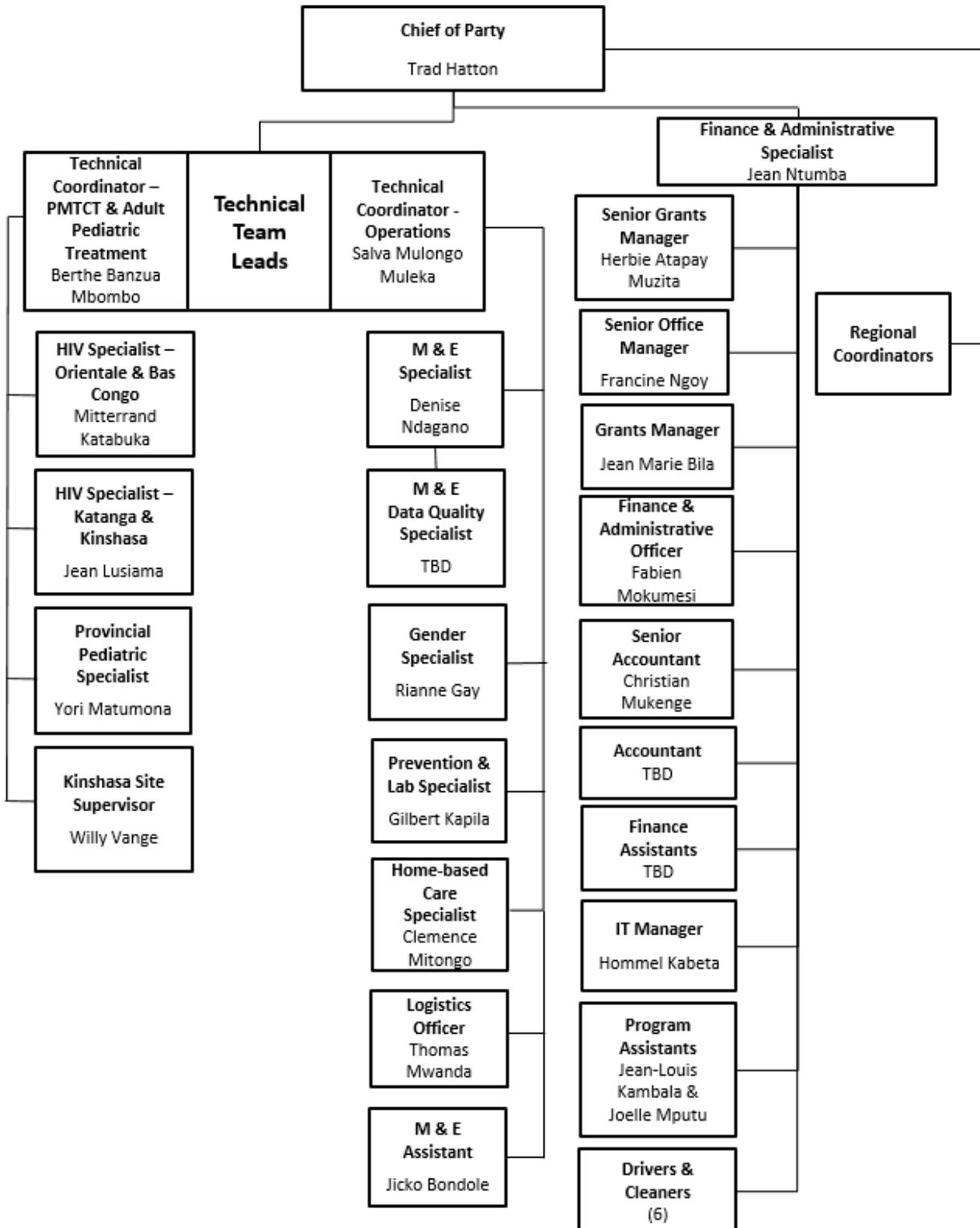
## **Annexes**

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- A. Organizational chart
  - B. Summary of fixed obligation grants
  - C. Summary of collaborative accords (health facilities)
  - D. Summary of collaborative accords (health zones)
  - E. Procurement plan
  - F. Work plan budget (attached)
  - G. International travel table (attached)
  - H. Activity Gantt chart (attached)
  - I. Year 6 performance monitoring and evaluation plan (attached)
  - J. Bas Congo Close-out
-

# Annex A. Organizational chart

## ProVIC Kinshasa office



## ProVIC regional offices

<b>Lubumbashi Regional Office</b>	
Regional Coordinator	<b>Jean-Claude Kiluba</b>
Office Manager	<b>Mamida M. Ngoie</b>
Regional Accountant	<b>Didier Mwanza</b>
PMTCT Officer	<b>Dr. Patrick Mbay</b>
Care and Support Specialist	<b>Dr. Babeth Katumbo Ksimba</b>
Site Supervisor	<b>Dr. Marcel Walo</b>
Field Officer	<b>Dr. Didier Kabwe</b>
M&E Specialist	<b>Venant Zihilirzwa</b>
M&E Assistant	<b>Aline Yumba Nkulu</b>
Grants Manager	<b>Teddy Kalema</b>
Grants Assistant	<b>Paul Mwilambwe</b>
Grants Assistant	<b>Triomphe Saidi</b>
Logistics Specialist/Pharmacist	<b>Wivine Kisimba Kazanzwe</b>
Receptionist	<b>Bobete Tshowa</b>
Driver	<b>Aristote M. Nkutshi</b>
Driver	<b>Eulether Ngoie Kabange</b>
Driver	<b>Edouard Yav</b>
Site Supervisor (Kamina)	<b>Dr. Kabwe Phachochere</b>
Cleaner	<b>Jolie Ngoy</b>

<b>Kisangani Regional Office</b>	
Regional Coordinator	<b>Jimmy Anzolo</b>
Office Manager	<b>Joseph Mukandila</b>
Regional Accountant	<b>Francis Ntumba</b>
Site Supervisor	<b>Osee Lieke Likunda</b>
Field Officer	<b>Chanty Mombo</b>
PMTCT officer	<b>Dr. Evariste Birindwa</b>
M&E Specialist	<b>Silva Mukelenge Kimasi</b>
Grants Manager	<b>Jimmy Kasongo</b>
Driver	<b>Georges It'ondo</b>
Driver	<b>Louzeth Lukongo</b>
Cleaner	<b>Belinda Efulu</b>
Logistics/pharmacist	<b>TBD</b>
<b>Bunia Sub-Regional Office</b>	
Grants Manager	<b>Ange Muhimiri</b>
PMTCT and Treatment Officer	<b>Dr. Vovo Polepole</b>
PMTCT and Treatment Officer	<b>TBD</b>
Care and Support Officer	<b>TBD</b>
Office Manager/Grants Assistant	<b>TBD</b>
Driver	<b>Joseph Tabu</b>
Driver	<b>TBD</b>
<b>Kinshasa Regional Office</b>	
Regional Coordinator	<b>Gilbert Kapila</b>
Grants Manager	<b>Jean-Marie Bila</b>
Site Supervisor	<b>Willy Vange</b>
M&E Assistant	<b>Jicko Bondole</b>
Field Officer	<b>Yori Matumona</b>

## Annex B. Summary of fixed obligation grants

<b>OPERATING PROVINCE</b>	<b>FOG RECIPIENT</b>	<b>ProVIC 6-month NTE Budget (Oct 2014 – March 2015) (USD)</b>
<b>Kinshasa</b>	<b>Kingasani Maternity Hospital Center</b>	<b>\$14,000</b>
	<b>Binza Maternity Hospital</b>	<b>\$15,000</b>
	<b>St. Hilaire Hospital</b>	<b>\$7,000</b>
	<b>Kikimi Hospital Center</b>	<b>\$14,000</b>
	<b>Bolingani Health Center</b>	<b>\$5,400</b>
	<b>Light Health Center</b>	<b>\$5,400</b>
	<b>Trinité Kivuvu Health Center</b>	<b>\$5,400</b>
<b>Katanga</b>	<b>World Production (mobile HTC)</b>	<b>\$10,000</b>
	<b>Panda General Reference Hospital</b>	<b>\$6,500</b>
	<b>Mère Sauveur Health Center</b>	<b>\$4,800</b>
	<b>St. Marcel Health Center</b>	<b>\$5,900</b>
	<b>Marie Elmer Health Center</b>	<b>\$5,900</b>
	<b>André Barber Health Center</b>	<b>\$4,800</b>
	<b>Paul Marie Boeck Health Center</b>	<b>\$4,800</b>
	<b>Mlinzi Health Center</b>	<b>\$5,400</b>
	<b>Our Lady of Mont Carmel Health Center</b>	<b>\$4,800</b>
	<b>St. Dominique Savio Health Center</b>	<b>\$5,400</b>
	<b>Garenganze – Le Papillon Health Center</b>	<b>\$5,400</b>
	<b>St. Charles Polyclinic</b>	<b>\$4,800</b>
	<b>Faveur de Dieu Health and Maternity Center</b>	<b>\$5,400</b>
	<b>Wantanishi Polyclinic</b>	<b>\$4,800</b>
	<b>Moriah Health Center</b>	<b>\$4,800</b>
	<b>Uzima Wetu Health Center - Kikula</b>	<b>\$4,800</b>
	<b>Uzima Wetu Health Center - Dilala</b>	<b>\$4,800</b>
	<b>Kalulwa Health Center</b>	<b>\$4,800</b>
	<b>Yambala Health Center</b>	<b>\$5,400</b>
	<b>La Grâce Health Center</b>	<b>\$5,400</b>
	<b>Kitotwe Health Reference Center</b>	<b>\$5,400</b>
	<b>Mokambo Health Reference Center</b>	<b>\$5,400</b>
	<b>Radem Gambela Health Reference Center</b>	<b>\$4,800</b>
	<b>Sion Health Center</b>	<b>\$5,400</b>
<b>Kongolo Health Reference Center</b>	<b>\$5,400</b>	
<b>Chisambo Health Center</b>	<b>\$4,800</b>	
<b>Bumi Health Center</b>	<b>\$4,800</b>	
<b>Shungu Health Center</b>	<b>\$7,000</b>	

	<b>Méthodiste Health Center</b>	<b>\$4,800</b>
<b>Orientale</b>	<b>Mokili Health Referral Center</b>	<b>\$5,400</b>
	<b>St. Camille Health Center</b>	<b>\$5,400</b>
	<b>Neema Health Center</b>	<b>\$6,500</b>
	<b>Celpa Health Referral Center</b>	<b>\$5,400</b>
	<b>Bondeko Health Center</b>	<b>\$4,800</b>
	<b>Maman Mwilu Health Center</b>	<b>\$4,800</b>
	<b>Muongano Health Center</b>	<b>\$5,400</b>
	<b>Segama Health Center</b>	<b>\$4,800</b>
	<b>Salama Health Center</b>	<b>\$4,800</b>
	<b>Central Health Center</b>	<b>\$5,400</b>
	<b>Zawadi Health Center</b>	<b>\$4,800</b>
	<b>Gloria Health Center</b>	<b>\$4,800</b>
	<b>Bombula Health Center</b>	<b>\$5,400</b>
	<b>Adventiste Health Center</b>	<b>\$5,400</b>
	<b>Nyakasanza Health Center</b>	<b>\$4,800</b>
<b>Kindia Health Center</b>	<b>\$4,800</b>	
<b>Total</b>		<b>\$305,400</b>

## Annex C. Summary of collaborative accords (health facilities)

<b>OPERATING PROVINCE</b>	<b>ACCORD RECIPIENT</b>	<b>ProVIC 6-month NTE Budget (Oct 2014 – March 2015) (USD)*</b>
<b>Kinshasa</b>	<b>Kikimi Health Center</b>	<b>\$6,350</b>
	<b>Ngapani Health Center</b>	<b>\$4,900</b>
<b>Katanga</b>	<b>Sendwe General Reference Hospital</b>	<b>\$10,500</b>
	<b>Kenya General Reference Hospital</b>	<b>\$9,000</b>
	<b>Kasumbalesa Health Reference Center</b>	<b>\$7,500</b>
	<b>Luisha General Reference Hospital</b>	<b>\$5,000</b>
	<b>Kampemba General Reference Hospital</b>	<b>\$7,400</b>
	<b>Kampemba Health Center</b>	<b>\$5,300</b>
	<b>Buafano Health Center</b>	<b>\$5,700</b>
	<b>Belle Vue Health Reference Center</b>	<b>\$5,200</b>
	<b>Katanga Health Center</b>	<b>\$4,900</b>
	<b>Kanina Health Center</b>	<b>\$4,800</b>
	<b>Kamina General Reference Hospital</b>	<b>\$6,700</b>
	<b>Quartier 52 Health Center</b>	<b>\$5,000</b>
	<b>RVA Health Center</b>	<b>\$4,900</b>
	<b>Katuba II Health Center</b>	<b>\$4,800</b>
	<b>Bukama General Reference Hospital</b>	<b>\$5,700</b>
	<b>Makala Health Center</b>	<b>\$4,900</b>
	<b>SNCC Health Center</b>	<b>\$4,800</b>
	<b>Kabamoma Health Center</b>	<b>\$4,900</b>
	<b>Tshisenda Health Center</b>	<b>\$5,000</b>
<b>Kibangu Health Center</b>	<b>\$5,000</b>	
<b>Lupidi I Health Center</b>	<b>\$5,000</b>	
<b>Ndakata Health Center</b>	<b>\$5,000</b>	
<b>Orientale</b>	<b>Ya Biso Health Center</b>	<b>\$4,700</b>
	<b>De la Paix Health Center</b>	<b>\$4,700</b>
	<b>Ngezi Hospital Center</b>	<b>\$4,700</b>
	<b>Lembabo Health Center</b>	<b>\$4,900</b>
	<b>Mokela Health Center</b>	<b>\$5,200</b>
	<b>Simbiliabo Health Center</b>	<b>\$4,600</b>
	<b>Bigo Health Center</b>	<b>\$3,200</b>
	<b>Bunia Cité Health Center</b>	<b>\$1,900</b>
	<b>Bora Uzima Health Center</b>	<b>\$1,900</b>
	<b>CNCA Health Center</b>	<b>\$1,500</b>
	<b>Kunda Health Center</b>	<b>\$1,800</b>
	<b>Mwanga Health Center</b>	<b>\$1,800</b>
<b>Rwampara General Reference Hospital</b>	<b>\$2,700</b>	

	<b>Shari Health Center</b>	<b>\$1,500</b>
	<b>Délé Health Center</b>	<b>\$1,500</b>
	<b>CE39 IGA Barière Health Center</b>	<b>\$3,000</b>
	<b>Lopa Health Center</b>	<b>\$2,200</b>
	<b>Nizi Health Center</b>	<b>\$1,800</b>
	<b>Nizi General Reference Hospital</b>	<b>\$2,700</b>
	<b>Lingo Health Center</b>	<b>\$1,500</b>
	<b>Lalo Health Center</b>	<b>\$1,800</b>
	<b>Kobu Health Center</b>	<b>\$1,500</b>
	<b>Zengo Health Center</b>	<b>\$1,500</b>
	<b>Nyngaray Health Center</b>	<b>\$1,500</b>
	<b>Bambu General Reference Hospital</b>	<b>\$2,700</b>
	<b>NDCM Health Center</b>	<b>\$3,000</b>
	<b>HGR Health Center</b>	<b>\$2,700</b>
	<b>PLUTO Health Center</b>	<b>\$1,750</b>
	<b>CECA 20 Health Center</b>	<b>\$1,500</b>
	<b>Abelkoso Health Center</b>	<b>\$1,500</b>
	<b>Lodjo Health Center</b>	<b>\$1,500</b>
<b>Bas-Congo</b>	<b>Mvuzi Health Reference Center</b>	<b>\$3,900</b>
	<b>Mvuangu Health Center</b>	<b>\$3,200</b>
	<b>Kiveve Health Center</b>	<b>\$3,000</b>
	<b>Sacré Coeur Health Center</b>	<b>\$3,000</b>
	<b>Boboto Health Center</b>	<b>\$3,000</b>
	<b>Mabaku Health Center</b>	<b>\$3,000</b>
	<b>St. La Grace Health Center</b>	<b>\$3,000</b>
	<b>Kinkonzi Health Center</b>	<b>\$3,000</b>
	<b>Kiamvu General Reference Hospital</b>	<b>\$3,800</b>
	<b>Lukula Health Reference Hospital</b>	<b>\$3,000</b>
	<b>Boma General Reference Hospital</b>	<b>\$5,200</b>
	<b>Mbambi Health Reference Center</b>	<b>\$3,600</b>
	<b>Vulumba Health Reference Center</b>	<b>\$3,200</b>
	<b>Moanda A Health Center</b>	<b>\$3,000</b>
	<b>Moanda General Reference Hospital</b>	<b>\$3,000</b>
	<b>Makungulenge Health Center</b>	<b>\$3,000</b>
	<b>Kinkanda General Reference Hospital</b>	<b>\$3,000</b>
<b>Croix Rouge Health Center</b>	<b>\$3,000</b>	
<b>Total</b>		<b>\$272,000</b>

*\*Please note that the additional accord recipients added as a result of ProVIC's expansion in Bunia will only be supported for three months (January – March 2015)*

## Annex D. Summary of collaborative accords (health zones)

OPERATING PROVINCE	ACCORD RECIPIENT	ProVIC 6-month NTE Budget (Oct 2014 – March 2015) (USD)*
Kinshasa	Binza Météo Health Zone	\$2,800
	Kikimi Health Zone	\$2,800
	Kingasani Health Zone	\$2,800
	Masina II Health Zone	\$2,800
Katanga	Kampemba Health Zone	\$2,800
	Kapolowe Health Zone	\$2,800
	Kenya Health Zone	\$2,800
	Kikula Health Zone	\$2,800
	Lubumbashi Health Zone	\$2,800
	Manika Health Zone	\$2,800
	Panda Health Zone	\$2,800
	Sakanika Health Zone	\$2,800
	Ruashi Health Zone	\$2,800
	Bukama Health Zone	\$2,800
	Kamina Health Zone	\$2,800
	Dilala Health Zone	\$2,800
Orientale	Bunia Health Zone	\$2,800
	Mangobo Health Zone	\$2,800
	Rwampara Health Zone	\$1,200
	Nizi Health Zone	\$1,200
	Bambu Health Zone	\$1,200
	Mungualu Health Zone	\$1,200
	PNLS Sub Coordination	\$1,800
	Makiso Kisangani Health Zone	\$2,800
	Kabondo Health Zone	\$2,800
Bas-Congo	Boma Health Zone	\$1,200
	Lukula Health Zone	\$1,200
	Matadi Health Zone	\$1,200
	Moanda Health Zone	\$1,200
	Nzanza Health Zone	\$1,200
<b>Total</b>		<b>\$68,600</b>

*\*Please note that the additional accord recipients added as a result of ProVIC's expansion in Bunia will only be supported for three months (January – March 2015)*



## Annex E. Procurement plan

Item Description	Quantity	Estimated Cost	Anticipated Date of Purchase	Justification
<b>Kinshasa Office</b>				
Laptop	6	\$7,800.00 (unit cost - \$1,300)	12/15/2014	To replace outdated/low functioning laptops for 6 staff members, which were identified as needing urgent replacement by PATH's IT specialist during his STTA trip to the DRC in September 2014. The current laptops were purchased 4-5 years ago at the beginning of the project, and are either subject to constant repairs, or are slow (due to low memory capacity) and present a challenge to work on for accounting, and grants management staff, as well as technical leads.
<b>Lubumbashi Regional Office</b>				
Laptop	1	\$1,300.00	12/15/2014	To replace an outdated/low functioning laptop for a staff member, which was identified as needing urgent replacement by PATH's IT specialist during his STTA trip to the DRC in September 2014. The current laptop was purchased 5 years ago, at the beginning of the project, and is slow (due to low memory capacity) and presents a challenge to work on.
<b>Kisangani Regional Office</b>				
Laptop	1	\$1,300.00	12/15/2014	To replace an outdated/low functioning laptop for the grants manager, which was identified as needing urgent replacement by PATH's IT specialist during his STTA trip to the DRC in September 2014. The current laptop was purchased 5 years ago, at the beginning of the project, and is slow (due to low memory capacity) and presents a challenge to work on.
<b>Bunia Sub-Regional Office</b>				
Laptop	12	\$15,600.00 (unit cost - \$1,300)	12/15/2014	To provide needed laptops to 12 new accord recipients (associated with ProVIC's extension in Bunia) to allow them to better perform their SOWs and support project data collection. New FOGs recipients who currently do not have access to computers will not be able to report their results.

## **Annex F. Work plan budget**

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Please see attached.

## **Annex G. International travel table**

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Please see attached.

## **Annex H. Activity Gantt chart**

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Please see attached.

## **Annex I. Year 6 performance monitoring and evaluation plan**

Please see attached.

## **Annex J. Bas Congo Close-out Plan**

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Please see attached.