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USAID
ASSIST PROJECT
*Applying Science to Strengthen
and Improve Systems*

USAID ASSIST Project

Democratic Republic of Congo Country Report FY15

Cooperative Agreement Number:

AID-OAA-A-12-00101

Performance Period:

October 1, 2014 – September 30, 2015

DECEMBER 2015

This annual country report was prepared by University Research Co., LLC for review by the United States Agency for International Development (USAID). The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project is made possible by the generous support of the American people through USAID.

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DISCLAIMER

This country report was authored by University Research Co., LLC (URC). The views expressed do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Acknowledgements

This country report was prepared by University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, which is funded by the American people through USAID's Bureau for Global Health, Office of Health Systems. The project is managed by URC under the terms of Cooperative Agreement Number AID-OAA-A-12-00101. URC's global partners for USAID ASSIST include: EnCompass LLC; FHI 360; Harvard University School of Public Health; HEALTHQUAL International; Initiatives Inc.; Institute for Healthcare Improvement; Johns Hopkins Center for Communication Programs; and WI-HER LLC.

For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended citation

USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project. 2015. Democratic Republic of Congo Country Report FY15. Published by the USAID ASSIST Project. Bethesda, MD: University Research Co., LLC (URC).

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Abbreviations

ART	Antiretroviral therapy
ARV	Antiretroviral
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
DRC	Democratic Republic of the Congo
FANTA	Food and Nutrition Technical Assistance Project
FY	Fiscal year
HIV	Human immunodeficiency virus
IP	Implementing partner
KM	Knowledge management
LIFT	Livelihoods and Food Security Technical Assistance Project
MOH	Ministry of Health
NACS	Nutrition assessment, counselling, and support
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PLHIV	Persons living with HIV
PMTCT	Prevention of mother-to-child transmission of HIV
PNLS	National AIDS Control Program
PROSANI	<i>Projet des Soins Intégrés</i> (Integrated Health Program)
ProVIC	Integrated HIV/AIDS Project
QI	Quality improvement
URC	University Research Co., LLC
USAID	United States Agency for International Development

1 Introduction

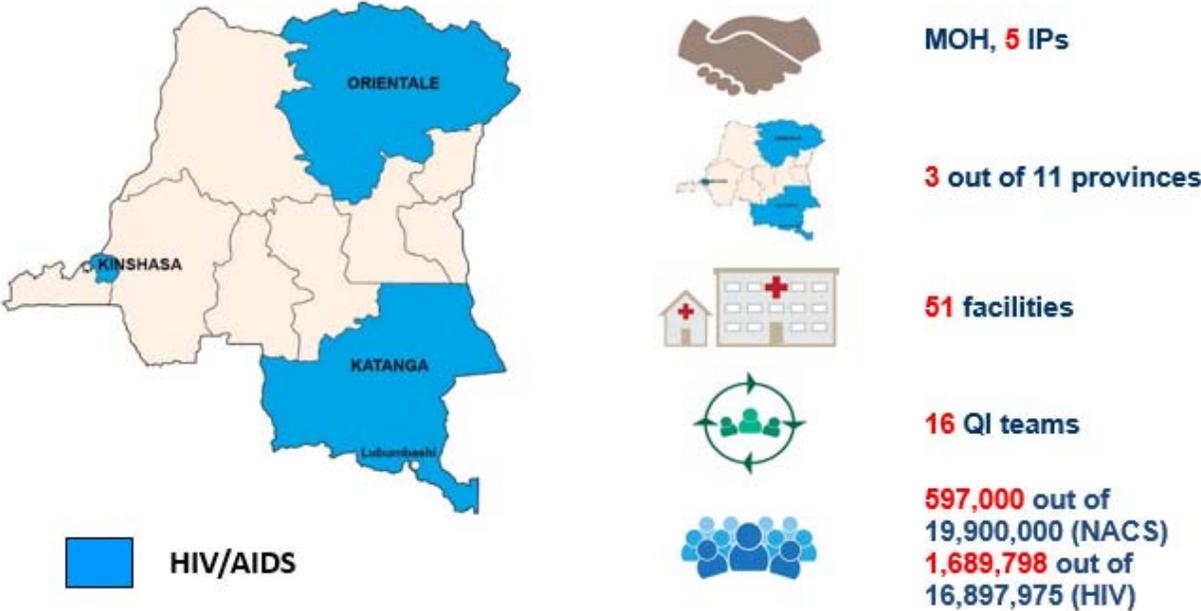
Since fiscal year (FY) 2014, the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project has been supporting the Ministry of Health (MOH) in the Democratic Republic of Congo (DRC) to improve nutrition services for HIV clients through the integration of nutritional assessment, counselling, and support (NACS) into HIV care and treatment, in coordination with other implementing partners (IPs). This intervention, led by ASSIST, follows a successful partnership from 2012-2013 with PATH's Integrated HIV/AIDS Project in the DRC (ProVIC) on improving the quality of prevention of mother-to-child transmission of HIV (PMTCT) services in four health facilities in the province of Kinshasa.

For FY15, USAID and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in the DRC asked the USAID ASSIST Project to:

- Improve nutrition services for HIV clients through strengthening gains in NACS and scaling up best practices to new sites in partnership with the Food and Nutrition Technical Assistance Project (FANTA) and the Livelihoods and Food Security Technical Assistance Project (LIFT) in Kinshasa and Katanga provinces
- Improve PMTCT services and retention in care and assure good adherence to antiretroviral therapy (ART) for persons living with HIV (PLHIV), including children and key populations in target facilities in Orientale and Katanga provinces, in collaboration with the Integrated HIV/AIDS Project (ProVIC) implemented by PATH and the Management Sciences for Health-led *Projet des Soins Intégrés* (PROSANI, Integrated Health Project)

ASSIST's support for improving PMTCT and ART began in the second half of FY15. The specific type of service to focus on will be determined at the district level, in accordance with each IP's technical focus. ASSIST will be fully responsible for all improvement activities in targeted facilities and in above-site management structures. ASSIST will focus on high-impact interventions in order to maximize epidemic control through quality management of prevention and care, targeting groups with high burden of disease, and supporting strengthening of health systems.

Scale of USAID ASSIST's Work in Democratic Republic of Congo



2 Program Overview

What are we trying to accomplish?	At what scale?
1. Quality improvement technical assistance for integrating NACS into HIV care and treatment services	
Improve management and nutritional status of malnourished HIV clients by: <ul style="list-style-type: none"> Integrating NACS into facility-based ART, PMTCT and maternal and child health services 	Provinces: 2 out of 11 (Kinshasa and Katanga) Districts: 6 out of 13 in 2 provinces Facilities in selected districts: 16 out of 494 (3%) Catchment population: 597,000 out of 19,900,000
2. Quality improvement (QI) technical assistance to HIV care and treatment activities	
<ul style="list-style-type: none"> Improve retention in care for PLHIV in target facilities in Kinshasa, Orientale, and Katanga provinces in close partnership with key IPs Improve adherence to therapy for PLHIV in target facilities in Orientale and Katanga provinces in close partnership with key IPs 	Provinces: 3 out of 11 (Kinshasa, Orientale and Katanga) Districts: 5 out of 17 in 3 provinces Facilities in selected districts: 35 out of 335 (10%) Catchment population: 1,689,798 out of 16,897,975
3. Building capacities at all levels in QI and related health system strengthening	
<ul style="list-style-type: none"> Strengthen the capacities of national, provincial, and district health managers and care providers to apply improvement skills 	National HIV Program (PNLS), provincial, and district levels

3 Key Activities, Accomplishments, and Results

Activity 1. Quality improvement technical assistance for integrating NACS into HIV care and treatment services

BACKGROUND

The NACS) approach aims to improve the nutritional status of targeted populations by integrating nutrition and economic strengthening activities into policies, programs, and health service delivery. FANTA, LIFT, and ASSIST are working collaboratively in the DRC to support and scale up a multi-sectoral approach to strengthen the continuum of care for HIV-affected populations. ASSIST has supported the MOH to improve nutrition service delivery using quality improvement (QI) methods in 16 health facilities in Kinshasa Province and Lubumbashi. The project has conducted periodic coaching visits to support Health Zones and facility teams and conducted learning sessions for the teams to share and learn from each other.

KEY ACCOMPLISHMENTS AND RESULTS

- District and Health Zones trainers conducted coaching visits** (Oct – Dec 2014). After ASSIST built the capacity of the trainers (through the senior improvement advisor from the ASSIST regional office in Niamey), the trainers conducted coaching visits in Kinshasa and Lubumbashi.
- Jointly with FANTA and LIFT, ASSIST conducted supervisory coaching in some sites in Kinshasa and Lubumbashi** (Dec 2014). A joint coaching visit by ASSIST, FANTA, and LIFT was conducted in 16 NACS sites in Kinshasa and Lubumbashi. The coaching visit involved preparing quality improvement teams for their first learning session.
- ASSIST organized the first trainers' meeting in Kinshasa and Lubumbashi** (Dec 2014). Discussions during the meeting centered on the trainers' coaching experiences, functionality of QI teams, ideas tested, changes implemented, and challenges and constraints faced by QI teams. The opportunity was used to strengthen trainers' capacity in QI, data validity, performance analysis, and documentation of changes.

- **ASSIST organized the first learning session in Kinshasa and Lubumbashi** (Dec 2014). Representatives from sites shared their work including changes implemented, level of their performance, and challenges encountered in trying to improve their performance and satisfy clients. Change ideas and lessons learned included: more effective integration of NACS into the PLHIV management and care processes; ensuring that equipment for anthropometric measures are in place; having nutritional monitoring sheets in place to document NACS items; deploying job aids for NACS; and having QI teams draw process diagrams to better visualize and understand their processes.

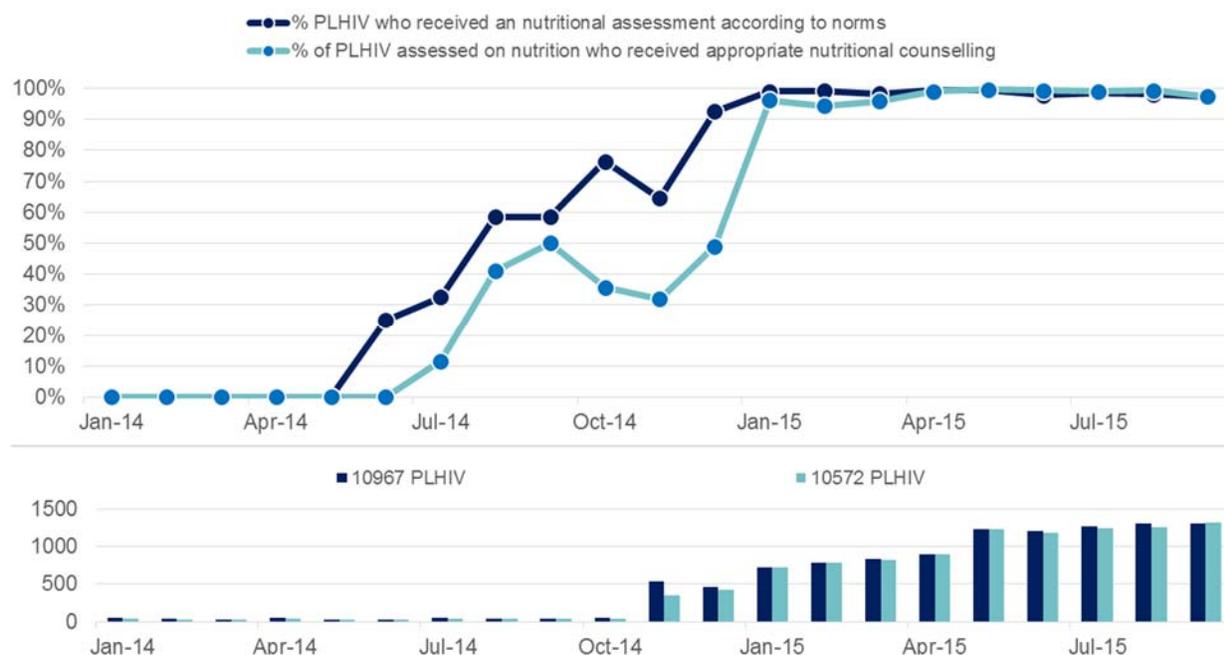


The best QI team from Kenya General Referral Hospital in Lubumbashi, December 2014. *Photo by Zakari Saley, URC.*

- **ASSIST helped reformulate the aims of the project** to be specific, measurable, achievable, realistic and timely in conjunction with the MOH and the two main PEPFAR partners, FANTA and LIFT (Dec 2014).
- **ASSIST conducted two coaching visits in Kinshasa and Lubumbashi along with the National AIDS Control Program (PNLS) and the National Nutrition Program** to help develop a sound QI plan and to guide QI teams to identify and test changes (July and Sept 2015).
- **ASSIST, FANTA, LIFT, and ProVIC conducted two coaching visits in Kinshasa and Lubumbashi to review compliance with NACS norms and the existing environment to support quality NACS services** (July and Sept 2015). ASSIST organized two meetings with FANTA and ProVIC in Kinshasa and Lubumbashi to discuss data quality and draw up lessons learned that should be shared with sites and coaches (June and July 2015). **Figure 1** shows that changes tested yielded significant improvement in assessing nutritional status of PLHIV. Key changes that were tested included the following:
 - Nutritional assessment and organization of PLHIV according to norms
 - The expansion of the nutrition assessment to maternal and child care and reception
 - Patient record cards were updated to ensure that anthropometric measurements are routinely taken for all patients
 - All PLHIV must have anthropometric measurements documented on the back of their

- antiretroviral (ARV) drug prescription prior to pick-up at the pharmacy
- Reform of the PLHIV reception process: HIV-positive patients will immediately proceed to doctor's office for consultation instead of waiting in the reception area to be seen
- Establishment of an HIV-nutrition shop: the package is entirely done by a nurse specialized in HIV activities in order to reduce wait time and fill the coverage gap

Figure 1: Percent of PLHIV who received a nutritional assessment according to norms, nine NACS sites, Kinshasa Province (Jan – Sept 2015)



IMPROVEMENT IN KEY INDICATORS

Activity	Indicators	Baseline	Last value (September 2015)	Change (percentage points)
NACS	Percentage of PLHIV who received a nutritional assessment according to norms in Kinshasa Province	0%	100% (9 sites)	100
	Percentage of PLHIV assessed on nutrition who received appropriate nutritional counselling	0%	100% (9 sites)	100

SPREAD OF IMPROVEMENT

Significant improvement in nutritional assessment and counselling of targeted populations has been attained this year. In addition, ASSIST has been conducting all its work in partnership and collaboration with the MOH and other IPs, strengthening their capacity to coach and support improvement teams at the facility level. At the direction of PEPFAR, in FY16 ASSIST will integrate NACS and ART improvement support at a larger scale in two new provinces.

Activity 2. Quality improvement technical assistance to HIV care and treatment activities

BACKGROUND

In FY15, ASSIST just started a HIV care and treatment intervention in DRC. Between May and August 2015, ASSIST developed a protocol and seven assessment tools, in conjunction with the University Research Co., LLC (URC) research and evaluation department. A training of trainers and data assessors

was conducted, and data was collected in all 38 sites throughout the three target provinces of Kinshasa, Orientale, and Katanga. Before starting activities to improve retention in care and adherence to treatment, a baseline assessment was conducted in order to evaluate the quality of care provided to PLHIV at the facility level and to determine the strengths and weaknesses of support services.

ACCOMPLISHMENTS AND RESULTS

- **Built provisional consensus with USAID/PEPFAR in DRC, key IPs, and the MOH on ASSIST targeted content areas for improvement, provinces, and sites** (Dec 2014). Based on the major constraints of PEPFAR implementing partners and USAID recommendations, improvement objectives have been defined based on four areas: 1) Improve and reinforce NACS activities, 2) quality case management, 3) adherence of People living with HIV/AIDS to HIV treatment, and 4) retention in HIV care and treatment for PLHIV. Per consensus, it was determined that the work would focus on three target provinces and 38 sites: 10 sites in Kinshasa Province, 14 sites in Katanga Province, and 14 sites in Orientale Province.
- **ASSIST developed assessment tools and conducted an assessment to evaluate quality of care provided to PLHIV** (June-July 2015).
- **ASSIST organized a training of trainers for baseline assessment data collection for HIV care and treatment** (July 2015). Participants came from national, provincial, and operational levels of the targeted provinces. Seven participants from the Ministry of Health and five ASSIST technical advisors were trained as trainers on seven data collection tools. Once in the field, they trained 46 individuals as surveyors. A pre-test was organized, and supervisors oversaw data collection in 38 sites in Kinshasa, Katanga, and Orientale provinces.
 - Thirty-eight sites were evaluated in three provinces (Kinshasa, Orientale, and Katanga), including 10 general hospitals, three provincial hospitals, 18 peripheral health facilities, five referral health facilities, and two hospital centers. Among these sites, 16 were urban, seven rural, and 15 urban-rural; 4,560 patient charts were reviewed (July 2015).
 - The main focus areas of the baseline assessment were: enrollment in treatment; adherence to initial assessment norms; adherence to clinical, treatment, and follow-up norms; adherence to ART for PLHIV; adherence to appointments; retention in care; drug procurement; and enabling environment for quality.
 - Seven assessment tools were used: general information, interview with the PMTCT in-charge, adherence to initial evaluation norms for HIV-positive patients, adherence to norms for follow-up of adult patients on ART, six-months trends for some indicators, chart reviews for a cohort of patients on ART, and chart reviews for a cohort of patient on pre-ART. The data from the baseline assessment are currently being analyzed.

SPREAD OF IMPROVEMENT

The baseline assessment results will be presented to the USAID Mission in DRC, PNLs, PEPFAR IPs who are working in collaboration with ASSIST (PROSANI and ProVIC), provincial health management teams, other stakeholders, health zones, and health facilities assessed.

Activity 3. Building capacities at all levels in QI and related health system strengthening

BACKGROUND

During FY15, ASSIST actively continued to engage national policy makers and provincial and district health managers in all phases of the improvement work. Building their capacity will have many effects:

- They will own the improvement work and will be leading interventions to improve their own care systems.
- They live within the system so they can more clearly understand the barriers for the improvement work.
- They should assume sustainability for planning, mobilizing resources, and creating partnerships.

Once ASSIST is fully established in the DRC, local managers, and coaches, with support from ASSIST, will be responsible for implementing plans for improving quality of all of the target services. ASSIST plans to provide each quality improvement team with sufficient support so that they will be able to conduct improvement activities independently of ASSIST staff members to address ongoing technical and system

level gaps. By applying the lesson learned and institutionalizing practices, the health system at all levels will be strengthened. This will provide information and evidence to inform strategic planning at the district, provincial, and central levels.

ACCOMPLISHMENTS AND RESULTS

- **ASSIST developed capacity of district supervisors as coaches for NACS activities** (June 2015).
- **ASSIST oriented IP supervisors in coaching and NACS data management** (May 2015).

As part of the sustainability and institutionalization of the project, supervisors from Health Zones and IPs were trained in coaching techniques. The training consisted of analyzing a coaching visit step by step and reviewing points discussed during the last visit.

4 Sustainability and Institutionalization

ASSIST works with the Ministry of Health, implementing partners, and key stakeholders to conduct improvement at all levels of the health care system:

- At the policy and strategic levels, improvement work centers on conceptualizing improvement strategies. These include: 1) defining clear quality improvement policy guidance and basic principles; 2) analyzing systems and processes to identify quality gaps; and 3) developing roles and responsibilities for QI implementing partners and stakeholders at each level, from the national to the point of service delivery, to communities and consumers. This will be done on the basis of evidence-based packages or standards that are aligned with the national objectives. This exercise, among others, will help the central MOH to evaluate if it is up-to-date on norms, if quality gaps exist, and if gaps exist, to target them for an improvement process. In DRC, ASSIST works closely with the central MOH, the AIDS control program, as well as general health decentralized structures.
- At decentralized levels, ASSIST supports providers to adapt change ideas to their own settings to overcome barriers to quality care.

ASSIST will work closely with national and decentralized MOH representatives to ensure that improvement work reflects and is well integrated into routine MOH functions, including processes related to routine care and health management, reporting, in-service education, and supervision. All coaches will be national, regional, and district supervisors or trainers.

5 Knowledge Management Products and Activities

ASSIST DRC staff received knowledge management training (May 2015). Ms. Kate Fatta, Improvement Advisor for Knowledge Management from ASSIST headquarters, worked with Dr. Bede Matituye from ASSIST Burundi to orient new staff in the DRC on knowledge management (KM). During this brief orientation, staff were introduced to the three steps of KM: collection, synthesis, and dissemination. Upon conclusion, staff practiced a few KM techniques. Dr. Matituye shared with the DRC staff the PMTCT/HIV care change package developed in Burundi with how-to guidance based on the work done by improvement teams in the demonstration phase. He shared copies with the team, and Ms. Fatta followed up by interviewing him about the change package, discussing how he gathered the information, how he synthesized and validated it with the teams, and how he plans to disseminate it. A group conversation followed, allowing DRC staff to ask him questions about it and about quality improvement more generally.

6 Gender Integration

For the NACS work, the ASSIST engaged sites in collecting sex-disaggregated data and identified that women are more likely to be seen at the clinic monthly than are men, but the percentage of females whose nutrition status was accurately calculated was lower than the percentage for males. Further analysis will be done to identify additional issues, underlying causes, and changes to test to achieve possible solutions.

7 Directions for FY16

Improve retention in care and adherence to antiretroviral therapy for PLHIV in target provinces in DRC

- Based on the HIV care and treatment baseline assessment findings and results, ASSIST will finalize the design of improvement strategies (including improvement aims and indicators) and the list of intervention facilities by Health Zone, and develop an annual operational plan. As discussed with USAID/PEPFAR in DRC, in accordance with the new PEPFAR strategy, ASSIST will focus its activities in FY16 in Kinshasa, Haut Katanga, and Lualaba provinces. Key activities will include:
 - Finalize the DRC QI plan
 - Orient all key stakeholders on QI
 - Start the improvement process

Strengthen the capacities of national, provincial and Health Zone managers, and care providers to apply improvement skills

- ASSIST will continue to actively engage national policy makers and provincial and Health Zone managers in all phases of the improvement work. Key activities will include:
 - Set up improvement support structures at the managerial levels
 - Orient national, provincial, and Health Zone managers and care providers on quality improvement action planning.

**USAID APPLYING SCIENCE TO STRENGTHEN
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