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ASSIST PROJECT
*Applying Science to Strengthen
and Improve Systems*

USAID ASSIST Project

Democratic Republic of Congo Country Report FY14

Cooperative Agreement Number:

AID-OAA-A-12-00101

Performance Period:

October 1, 2013 – September 30, 2014

DECEMBER 2014

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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.

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

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Abbreviations

ART	Antiretroviral therapy
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
MNCH	Maternal, newborn, and child health
NACS	Nutrition assessment, counseling, 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
Q	Quarter
QI	Quality improvement
QIT	Quality improvement team
TA	Technical assistance
URC	University Research Co., LLC
USAID	United States Agency for International Development

1 Introduction

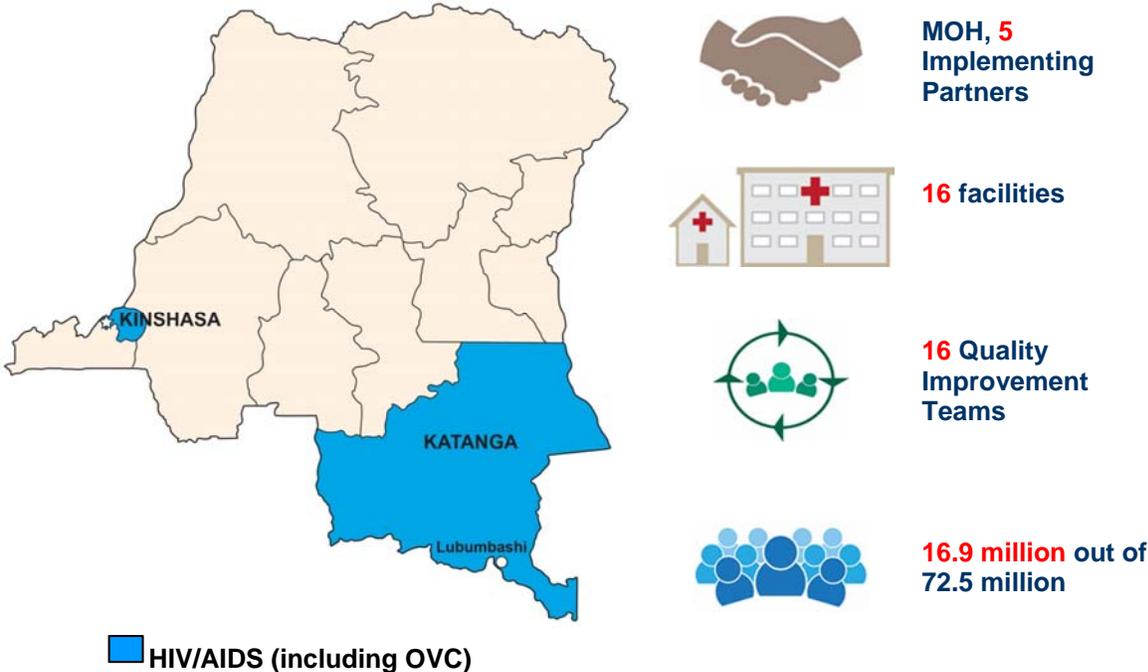
HIV compromises nutritional status, and malnutrition can worsen the effects of HIV. Nutrition interventions can help break this cycle by helping persons living with HIV (PLHIV) manage symptoms, reduce susceptibility to opportunistic infections, improve nutritional status, improve response to medical treatment, and improve overall quality of life. HIV also compromises the food security of affected households and communities, reducing the availability of productive labor, diverting income, depleting savings and productive assets, overwhelming social networks and safety nets, and impeding intergenerational knowledge transfers.

FHI 360's Food and Nutrition Technical Assistance Project (FANTA) and Livelihoods and Food Security Technical Assistance project (LIFT) have been working in the Democratic Republic of Congo (DRC) since 2011. The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project managed by University Research Co. (URC) was invited by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in Quarter 1 of fiscal year (FY) 2014, to work collaboratively with LIFT and FANTA in support of the Ministry of Health in improving nutritional interventions for PLHIV.

LIFT and FANTA conducted an initial assessment of food security/ economic strengthening and nutrition and HIV activities in July 2011, identifying a number of important issues that limit effective integration of nutrition services into HIV care and treatment. Based on the team's recommendations for strengthening facility-based nutrition services, improving the quality of services, and linking nutrition assessment, counseling, and support (NACS) clients to economic strengthening/livelihood/food security support, USAID ASSIST developed a joint work plan with LIFT and FANTA under the aegis of the NACS Acceleration Partnership approach.

To date, the partners have worked together to prepare and deliver trainings, develop tools, and monitor the integration of the NACS approach at 16 targeted health facilities in the DRC. ASSIST jointly with these partners has been supporting the Ministry of Health (MOH) in the Democratic Republic of Congo to improve quality of nutrition services for HIV clients through the integration of NACS into HIV care and treatment.

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



2 Program Overview

Activities	What are we trying to accomplish?	At what scale?	Improvement Activity	Activity
1. Quality improvement (QI) 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 MNCH services Strengthening the capacities of district health managers and care providers to apply improvement skills 	16 QI teams in 16 facilities in 2 districts (Kinshasa Centre and Lubumbashi) in 2 provinces (Kinshasa and Katanga) The 2 provinces cover 16,936,867 out of 72,505,278 inhabitants in DRC	x	

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 in collaboration in the DRC to support and scale up a multi-sectoral approach to strengthen the continuum of care for HIV-affected populations. Nutrition-specific services are strengthened at the clinic level, while nutrition-sensitive interventions are supported at the community level, with referrals of NACS clients to health, agriculture, food security, social protection, education, economic strengthening, and livelihood support. The NACS approach also aims to strengthen the broader health system by building technical capacity, improving cross-referral and client flow between health and economic strengthening services, and improving the collection and management of health data.

ACCOMPLISHMENTS

- **Conducted joint trip to DRC with partner organizations to determine NACS opportunities (Q2).** At the request of USAID, FANTA, LIFT, and ASSIST made a joint trip to the DRC in order to assess opportunities to integrate NACS into HIV care and treatment services in the country, including referrals of NACS clients between health care facilities and economic strengthening, livelihoods, and food security support and quality improvement of NACS services.
- **A joint work plan was developed from which ASSIST was tasked with developing these key activities:**
 - Implement a collaborative improvement approach in Kinshasa and Katanga provinces for rapid improvement of



Partners discussed the nutritional value of local food for people living with HIV during a training for trainers and supervisors at the 16 target sites.

- NACS activities in 16 sites.
- Build capacities of health system managers for QI institutionalization in the health system, with an initial focus on services for PLHIV.
 - Conduct supportive supervision and coaching sessions to improve quality of services.
 - Implement a NACS monitoring and evaluation plan to be integrated into the national monitoring and evaluation system.
 - Develop an extension plan based on lessons learned from initial NACS sites.
 - **Agreed upon target sites and provinces for the intervention (Q2).** Sixteen facilities were selected for the initial NACS intervention in the two provinces of Kinshasa and Katanga (city of Lubumbashi).
 - **Jointly conducted a training and site visits to introduce NACS integrated curriculum to target sites (Q3).** ASSIST together with FANTA and LIFT introduced an innovative NACS integrated curriculum, including processes, economic strengthening, and quality improvement components. ASSIST along with partners trained 64 local trainers and supervisors from the 16 sites. In addition, the ASSIST team helped establish internal and external coaching teams for each site and defined their roles and responsibilities, as well as outlined next steps of the joint initiative.
 - **Conducted a coaches training and completed a joint visit to all target sites (Q4).** ASSIST-trained coaches from the MOH and implementing partners conducted a visit to all the 16 target sites in both Katanga and Kinshasa provinces.
 - **Provided technical assistance to newly-trained site representatives (Q4).** The newly trained representatives from these sites implemented a variety of changes in order to create a positive environment for NACS activities (Table 1).

Table 1: Changes implemented at NACS target sites (July-Sept 2014)

NACS Improvement Objectives	Changes implemented
1. Improve nutritional assessment of people living with HIV	<ul style="list-style-type: none"> ● Reorganization of work to comply with NACS processes ● Assuring availability of essential inputs for anthropometric measures (scales, height rods, mid-upper arm circumference measurement tape) for adults and children at the point of contact with NACS target groups ● Job aids on anthropometric measurements and nutritional classification ● Modifying registers to add columns to record weight and other anthropometric measures to encourage providers to systematically consider these items ● Gradual integration of nutritional assessment in NACS target services ● Integration of arm circumference in the anthropometric parameters
2. Improve quality of nutritional counseling during NACS activities	<ul style="list-style-type: none"> ● Provision of nutritional counseling job aids (counseling map) by GATHER ● Counseling according to the nutritional status of PLHIV after the nutritional classification
3. Improve support activities	<ul style="list-style-type: none"> ● Setting a special register for nutritional surveillance of PLHIV ● Providing an additional register for PLHIV that contains information on the nutritional status of the patient ● Monthly report sent to the central office
4. Integrate NACS into PMTCT services	<ul style="list-style-type: none"> ● Review of PMTCT process in order to integrate NACS activities ● Systematic assessment of the nutritional status of HIV-positive pregnant women at each visit ● Pregnant women with clear signs of malnutrition are evaluated and classified accordingly

SPREAD OF IMPROVEMENT

This first year of improvement implementation into the 16 sites will better prepare the scale-up to more sites in FY15 as expected by USAID. ASSIST DRC plans to harvest best practices during the second quarter of FY15 and develop spread strategies in collaboration with the MOH and implementing partners.

4 Sustainability and Institutionalization

While the main objective of this first year was to demonstrate the added value of quality improvement in the DRC, some activities were undertaken to create foundations for sustainability and institutionalization:

- Initiate, plan, and integrate all of activities with the MOH at different levels (national, provincial, and Health Zones).
- Choose institutional managers and supervisors as trainers and coaches.
- Differentiate roles and responsibilities for internal and external coaches. The external coaches from Health Zones or provinces provide technical assistance (TA) on a periodic basis, separately or integrated into their usual supervision visits. The content may differ from one visit to another, depending on the needs and progress of the QI teams. The internal coaches are those at the site level with a certain profile. This profile may include a technical expertise in NACS, HIV, QI, or health information systems. They provide TA on a daily basis as needed. These coaches may be members or not of the QI team.

For FY15, ASSIST plans to better outline specific activities to sustain and institutionalize improvement activities in the DRC. FY15 work includes joint planning of all activities and defining roles and responsibilities of all parties (the MOH and implementing partners), including joint training, learning sessions, and coaching visits, and cost-sharing with the MOH on QI activities. Discussions on defining QI national policy and strategies will be launched.

5 Knowledge Management Products and Activities

Through the NACS Acceleration Partnership many lessons were learned such as:

- Different implementing partners can closely work together on the same topic, on a single activity, and same target sites if specific expertise is clearly laid out and roles and responsibilities defined
- NACS implementation by seemingly “competing” implementing partners can be synergistic when encouraged and supported by the local Mission and the MOH.
- Integration of NACS processes into prevention of mother-to-child transmission (PMTCT) of HIV has a huge added value for comprehensive care of PLHIV. Not doing so would be a missed opportunity.
- Coaches with a strong technical content background have a better preparedness to accept quality improvement and support quality improvement teams.

FY15 will be the key period to clarify and produce knowledge products from the NACS work. ASSIST DRC will train key stakeholders in knowledge management so that activities are launched so that no opportunities will be missed to capture learning throughout the project.

6 Directions for FY15

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

- Continue to provide technical support for the implementation of NACS at all initial 16 sites in Kinshasa and Lubumbashi
- Organize coaches’ meetings in order to share lessons learned and to reinforce coaches’ competencies
- Organize learning sessions in each of the two provinces to share and learn from each other and to reinforce participants’ knowledge in QI, NACS, and other domains
- Scale-up successful NACS changes to five new facilities in the same provinces
- Conduct coaching visits to target sites in collaboration with the MOH and implementing partners
- Participate in partners’ activities in order to better integrate QI and harmonize approaches

Activity 2: Initiate QI activities for ongoing activities of ProVIC and the Integrated Health Project

At the request of USAID and PEPFAR, ASSIST will expanding the scope of its work in FY15 to add a second activity to strengthen and scale up QI applied to HIV services, jointly with the two initial key implementing partners: ProVIC, managed by PATH, and the Integrated Health Project, managed by Management Sciences for Health. Tasks planned for FY15 include:

- Develop a preliminary diagnostic report based on review of reports and interviews with key staff members
- Develop an action plan together with the in-country staff of each implementing partner
- Set improvement aims and define indicators and technical content of the improvement work
- Train project staff in QI, coaching, knowledge management, and mentoring for quality improvement
- Conduct initial joint coaching visits and then support each project to lead its coaching activities
- Organize learning sessions during which all key stakeholders will come together and share their experiences related to the targeted improvement aims and results
- Support continuous and frequent monitoring of data and documentation of best practices

**USAID APPLYING SCIENCE TO STRENGTHEN
AND IMPROVE SYSTEMS PROJECT**

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