DRC INTEGRATED HIV/AIDS PROJECT

YEAR 4 WORK PLAN
October 2012 to September 2013

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Acronyms

AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ART	antiretroviral therapy
ARV	antiretroviral
C&S	care and support
C2C	Child-to-Child
C-Change	Communication for Change
DNSP	DRC's national strategic plan
DRC	Democratic Republic of Congo
FY	Fiscal year
GBV	gender-based violence
GDA	Global Development Alliance
GDRC	Government of DRC
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCT	HIV counseling and testing
HIV	human immunodeficiency virus
IR	Intermediate result
M&E	monitoring and evaluation
MARP	most-at-risk population
MINAS	*Ministère des Affaires Sociales*
NGO	nongovernmental organization
OVC	orphans and vulnerable children
PATH	Program for Appropriate Technology in Health
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLWHA	people living with HIV/AIDS
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*
PNSR	National Reproductive Health Program
PRONANUT	*Programme National Intégré d'Alimentation et de Nutrition*
PROSANI	*Projet Intégré de Santé*
ProVIC	*Projet Intégré de VIH/SIDA au Congo* (Integrated HIV/AIDS Project)
RDQA	routine data quality assessment
SCMS	Supply Chain Management System
SGBV	sexual and gender-based violence
SHG	self-help group
STI	sexually transmitted infection
TB	tuberculosis
URC	University Research Co., LLC
USAID	United States Agency for International Development
USG	United States government

Executive summary

PATH and its partners are pleased to submit their Year 4 work plan for the DRC Integrated HIV/AIDS Project, *Projet Integré de VIH/SIDA au Congo* (ProVIC). With its activities firmly and deeply rooted in five provinces, ProVIC is now yielding the fruits and the promise of innovative, integrated, and community-driven action in response to the HIV/AIDS epidemic in the Democratic Republic of the Congo (DRC).

At the community level, ProVIC's original cohort of 40 Champion Communities (CC) now represent 40 diverse communities who, having identified their own leaders and resource institutions, are driving their own response to the epidemic by identifying priority issues and actions, sharing HIV prevention messages, and linking the population to high-quality comprehensive health care services. To the interest of many national and local government leaders, the CC model is demonstrating that community mobilization can awaken, transform and release the potential energy of communities. Importantly, CCs have also been replicated spontaneously as adjacent communities become aware of their successes and seek to bring CC benefits to their own communities. As CCs develop and expand, its leaders are also looking to additional areas of intervention to share at the community level, including stopping gender-based violence as well as linkages to water sanitation (WASH) issues and promotion of family planning.

While ProVIC acts as a catalyst for greater community involvement in the response to HIV/AIDS, ProVIC's supportive technical services also are expanding to meet a growing demand. ProVIC now supports 43 hospitals and health centers linked to the 49CCs (including four new CCs in Kisangani that began in June 2012) as 25 new prevention of mother-to-child transmission of HIV (PMTCT) and HIV counseling and testing (HCT) sites will be supported as part of the US President's Emergency Plan for AIDS Relief (PEPFAR's) PMTCT Acceleration program. Of these, eight sites in Kinshasa and Kisangani will integrate gender-based violence (GBV) services including anti-GBV messages at the community level and post-rape services at the health facility level. Each of these 43 hospitals and health centers will continue to receive required training, medications, equipment, supplies, and rigorous technical assistance to ensure high-quality clinical services are available to those referred by the growing demand at the community level. These hospitals plan to counsel and test 50,000 pregnant women for HIV, while enrolling all HIV-positive mothers into a series of PMTCT services to protect the health of mother and the child. ProVIC's HCT services will test over 155,000 individuals in FY13, including key populations of men who have sex with men, sex workers, truck drivers, and miners through mobile HCT services. These targeted mobile services, which were presented as an innovation at the XIX International AIDS Conference in July 2012, will be better coordinated and better targeted via use of the UNAIDS mapping and often led by staff from the health facilities.

ProVIC's care and support services will continue to serve people living with HIV/AIDS (PLWA) and orphans and vulnerable children across the five provinces of Kinshasa, Bas-Congo, Orientale, Katanga, and Sud Kivu. Some 8,675 PLWA will receive essential services through ProVIC, including nearly 5,000 through ProVIC's 196+ self-help groups. Layers of supportive activities will be intensified such as tuberculosis screening and follow-up, improved nutrition

counseling in self-help groups, as well as links to newly established savings and loan groups. The quality of home visits will be improved through the use of new tools and national guidelines for palliative care. ProVIC will continue to provide education, health, and psychosocial services to over 12,000 orphans and vulnerable children, including though innovative approaches such as the Child-to-Child (C2C) groups.

Supporting and reinforcing the entire network of services, improved linkages and referrals between community and health facilities will be a key focus of Year 4, including the roll-out of a detailed set of networking and linking activities to ensure that ProVIC's community-based services and existing health structures are synchronized and mutually supportive. Linkages to Global Fund sites will support long-term antiretroviral therapy (ART) for eligible patients, and ProVIC will continue to seek options for patients in health zones that are not supported by Global Fund.

In addition to the priority technical areas above, ProVIC is poised to focus intensively on capacity-building of government and nongovernmental partners as well as improved coordination with the DRC government at the national, provincial, and particularly the health zone level. This ProVIC FY 2013 national-level work plan, jointly constructed and validated by the *Programme National de Lutte contre le SIDA* (PNLS) and the *Programme National Multisectoriel de Lutte contre le SIDA(PNMLS)*, is the first step in a process of coordinated planning that will next pass through the provincial level before reaching the operational level of the health zone. This increased coordination with the health zone will be supported by Accords de Collaboration with the zones, as well as three new health systems strengthening officers who will support PEPFAR's three priority provinces of Kinshasa, Katanga, and Orientale.

In supporting these community- and facility-based services in FY 2013, ProVIC will continue to add depth and sustainability to the HIV/AIDS response within communities; improve the health of PLWA and those affected; introduce promising practices to 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 in the struggle against HIV/AIDS.

Innovating and strengthening ongoing activities and partners

In FY 2013, ProVIC will consolidate its comprehensive work with existing CCs and activities for orphans and vulnerable children and PLWA through the extension of existing partnerships and the addition of 25 new sites via PEPFAR's PMTCT Acceleration Program. ProVIC will maintain great focus on the support and coordination with the 34 health zones in which ProVIC operates through improved planning via the DRC's *Plan d'action operational* process as well as support to health zone operations, communications, and coordination, including data validation.

At the community level, ProVIC will catalyze a process of expansion of CCs through grantees who will invite a limited number of new communities to participate, in which existing CC committees will mentor new communities, thus establishing a system for growth and expansion of CCs. These communities will represent new geographic areas not previously impacted by ProVIC, but will also support MARP-specific CCs for key populations who do not always find

their specific risks and concerns addressed in more traditional CCs. For example, a Kinshasa CC for men who have sex with men will be established which will serve MSM across Kinshasa.

ProVIC will work with CCs on sustainability and diversification plans as well as link them to resource development initiatives such as savings and loan initiatives and other PEPFAR partners programs that may serve their communities—such as Population Services International's water and hygiene activities via Pur and Aquatabs.

Quality assurance and quality improvement

FY 2013 will continue its focus on improving the quality of the CC model, people living with HIV/AIDS self-help groups, the C2C approach, PMTCT, and mobile counseling and testing. ProVIC will move forward with quality assurance and quality improvement via the "Improvement Collaboratives" designed by the US Agency for International Development's (USAID) Health Care Improvement Project as guidance. Similarly, ProVIC will continue to develop and disseminate standard operating procedures for its technical interventions as a means of ensuring consistent quality of services.

Supporting USAID health zone strategy

ProVIC is taking a comprehensive approach to adapting to USAID's health zone strategy. As the flagship USAID HIV project in the DRC, ProVIC will 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* in all 34 health zones. Additionally, ProVIC intends to work closely with health zones in planning the deployment of HCT mobile services, which would include the zone's active role in determining where to target the mobile unit (ensuring high-risk targets) and using health zone staff and public hospital staff to offer the mobile HCT service.

ProVIC is poised to focus on strengthening the scope, scale, and quality of its interventions throughout the year.

Project overview

Project approach

The objective of the DRC Integrated HIV/AIDS Project, *Projet Integré de VIH/SIDA au Congo* (ProVIC) is to contribute to the reduction of the incidence and prevalence of HIV and mitigate its impact on people living with HIV/AIDS (PLWHA) and their families in the Democratic Republic of Congo (DRC). We will achieve this objective by improving HIV/AIDS prevention, care, and support services in and around 49 Champion Communities(CC); increasing community involvement in health issues and services beyond facility-level services through sustainable community-based approaches; and increasing the capacity of government and local civil-society partners, and thereby empowering new local organizations to plan, manage, and deliver high-quality HIV/AIDS services. We will use these objectives as a strategic guideline for linking project activities to results.

Our approach is based on the following strategies:

- **Integrated and innovative community-based approach.** The approach empowers community members to identify their needs and develop strategies to address them, both through simple actions that can be taken by the communities themselves and through linkages to services such as HIV counseling and testing (HCT), palliative care, prevention of mother-to-child transmission of HIV (PMTCT), and support groups for PLWHA and orphans and vulnerable children (OVC) that are supported by ProVIC or other partners in the area. The project will also support communities to integrate the needs of the most-at-risk populations (MARPs) into its strategies by incorporating them into the community goal-setting process and developing strategies for outreach to those communities.

  FY 2011 was focused on establishing the community leadership structure, community training, and planning, as well as initiating HIV prevention and care and support services. FY 2012 consolidated this work and began to introduce other key health and development issues as identified by the communities. In FY 2013, ProVIC will actively enter the sustainability phase of its first cohort of 40 CCs, while simultaneously catalyzing new CCs organically at the community level as ProVIC grantees and existing CCs identify new communities to expand the approach. In many cases, these new communities have been in contact with existing CCs and have expressed the desire to initiate CCs themselves, thus an organic expansion of the CC model. In addition to that, ProVIC has also identified two health zones in Katanga, HZ Kenya, and HZ Kapalowe, which need additional CCs due to the high HIV prevalence and the burden on those populations.

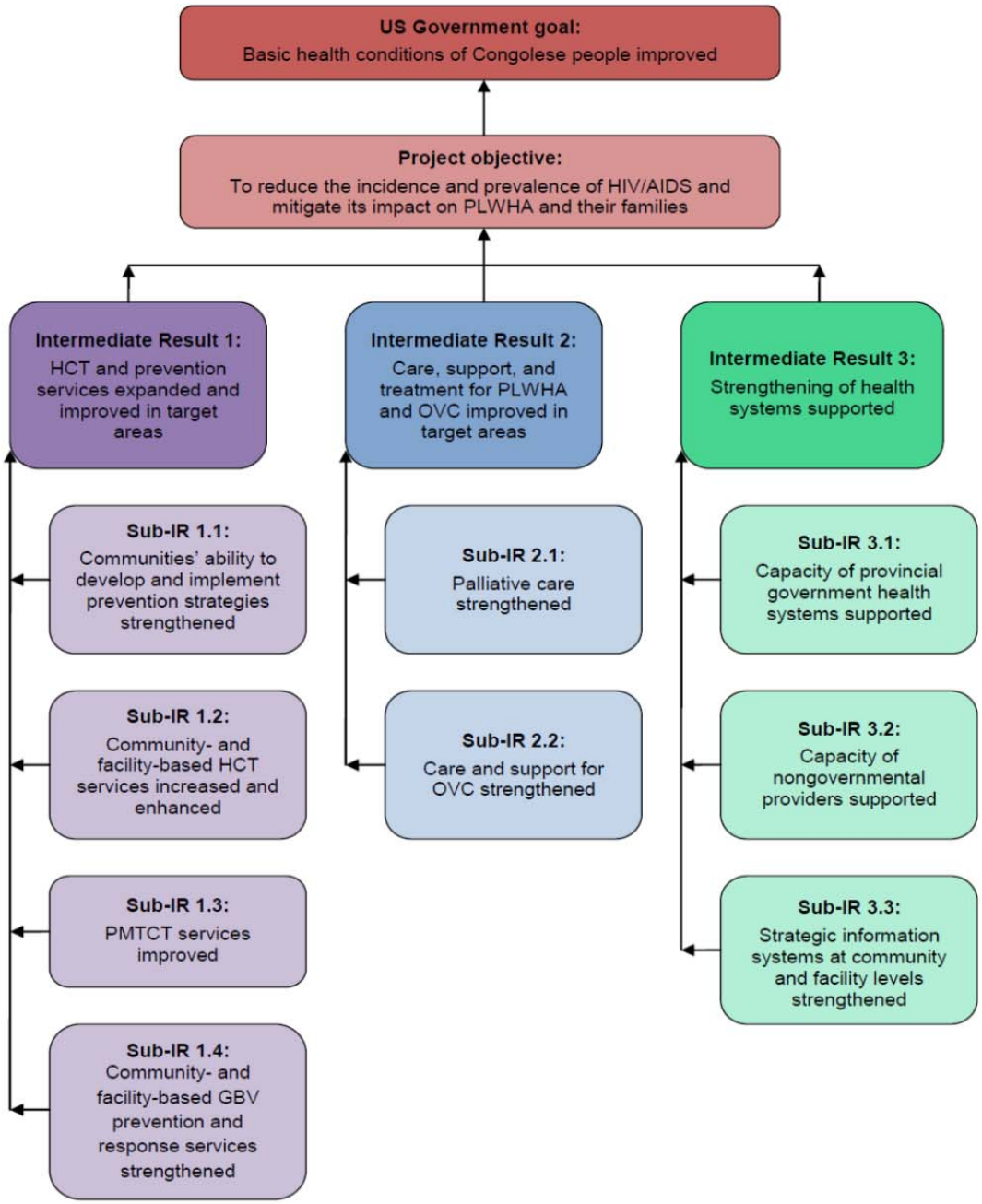
  FY 2013 will also see a continued focus on improving the referral networks within the communities and between communities and health structures. This important work will be done in close consultation with the *Programme National de Lutte contre le SIDA* (PNLS) and the *Programme National Multisectoriel de Lutte contre le SIDA* (PNMLS).

- **Sustainability through capacity-building at all levels.** The project works toward sustainability of interventions through a strategy of helping local institutions to take ownership of activities while also increasing the capacity of government to implement activities in public health facilities, and also to coordinate and supervise activities at the provincial and health zone level. The components of our strategy include encouraging communities to take responsibility for their health outcomes, strengthening the capacity of government partners in supervision and oversight, and building the capacity of nongovernmental organizations (NGOs) and civil society partners to plan and manage HIV/AIDS interventions. These communities are directly linked with health zone leadership structures to ensure these activities are coordinated with government planning.
- **Leveraging resources through partnerships.** ProVIC continues to reach out to other partners that work in HIV/AIDS and other sectors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (linkages for long-term antiretroviral care), United Nations Children's Fund (provision of HCT services linked to the United Nations Children's Fund Shugga campaign), Joint United Nations Programme on HIV/AIDS (mapping and services to MARPs, particularly men who have sex with men [MSM] and CSW), United Nations Population Fund (GBV services, including provision of post-exposure prophylaxis), Population Services International (linkages of PSI WASH initiatives to CCs), Management Sciences for Health/Strengthening Pharmaceutical Systems (strengthening of hospital capacity to manage commodities), University of North Carolina (referrals in Kisangani), and Communication for Change (development of messages for care and support) to leverage their resources and create more integrated services at the community level. More information on coordination and partnering is in the "Partners and coordination" section on page 6.

Project results framework

We have organized the objectives of the project into the project results framework, which serves as a planning, communication, and managerial tool. Our project objective is to reduce the incidence and prevalence of HIV/AIDS and mitigate its impact on PLWHA and their families. Three intermediate project results contribute to the achievement of the overall project objective. The project objective in turn feeds into the United States government's (USG) 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 (IR), and the project objective. Beyond providing an organizing structure for activities, the results framework serves as a link between the work plan and the performance monitoring and evaluation plan. ProVIC has defined sub-result specific indicators, targets, and a plan for how it will collect and analyze data and share information. The performance monitoring and evaluation plan accurately and directly measures the project's progress toward results. Please contact ProVIC for a copy of the plan if you would like more information on monitoring and evaluation.

ProVIC Results Framework



Project organizational structure and management

Organizational structure

The project is structured to implement activities and achieve results in the five targeted provinces with the office in Kinshasa providing overall supervision and management. The Chief of Party and Deputy Chief of Party oversee the project strategy and the design and integration of activities, and ensure results are being met. Technical specialists in Kinshasa develop project strategies and activities in their areas and supervise them across the five provinces.

The four regional offices in Matadi, Lubumbashi, Kisangani, and Bukavu are headed by regional coordinators who supervise technical specialists in prevention, care and support, and monitoring and evaluation (M&E). The specialists receive guidance and input from the technical specialists in Kinshasa and from international experts in their home offices. Each office also has a grants manager and administrative staff who manage the funding of partners in that region. Kinshasa's regional activities are overseen by a Kinshasa regional coordinator with support from a deputy regional coordinator and input from the technical specialists based in Kinshasa. The project team is organized to be a streamlined single operating unit that will benefit from the expertise of all the consortium members while functioning as one integrated project. The four international partners provide managerial and technical backstopping to the field, in addition to providing quality control of deliverables and guidance on compliance with USG regulations.

The joint supervision and coordination meetings involving government counterparts (health zones, PNLS, PNMLS, Ministry of Social Affairs, Gender and Family Affairs, and ProVIC staff) are organized to ensure the quality of services provided, align ProVIC to national norms and guidelines, validate data, harmonize partners' interventions, avoid duplication, and identify opportunities to leverage resources.

Proposed new staffing to achieve expected outcomes

In FY 2013, ProVIC is proposing new staff to address specific gaps within the existing ProVIC structure or support new initiatives, such as the increased focus on referrals, community-facility linkages, and the increased support and focus on health zones.

Pharmacist based in Katanga

With the increased number of PMTCT sites from 6 to 16 and the low capacity of Katanga's hospitals to use and sustain commodity management systems and properly account for HIV tests, medications, and supplies procured from the US President's Emergency Plan for AIDS Relief (PEPFAR), it is necessary to add ProVIC Katanga capacity in this regard. This person will supervise and support Katanga PMTCT partners in the consistent use of ProVIC's commodity management tools as well as communication and coordination with the health zones in which they work. The Katanga pharmacist will be supervised by the Kinshasa-based logistics officer who is an experienced pharmacist. This position will be hired by PATH.

Provincial health systems strengthening officers for Katanga, Kinshasa, and Orientale provinces

With the need to improve coordination among ProVIC and the 34 health zones in which ProVIC operates, as well as to closely facilitate improved referrals and linkages of ProVIC's activities at the community and facility levels, three new health systems strengthening officers will be recruited, one for each of PEPFAR's priority provinces of Kinshasa, Katanga, and Orientale. These positions will be hired by IHAA.

Grants assistant

With the significant increase in the number of PMTCT partners and the increase in activity among Katanga grantees, additional program management support is required through the addition of a grants manager assistant. This person will be supported 50 percent by ProVIC and 50 percent by the Tenke Fungurume Global Development Alliance (GDA). This position will be hired by PATH.

Senior accountant/internal controller

With the pending approval of the GDA, an increased number of regional offices and thus accounting staff, and a need to consolidate ProVIC operations across these five satellite offices, it is necessary to add a senior accountant/controller. This person will supervise project accountants, working closely with the deputy chief of party and administrative/finance director to oversee general program operations. This accountant/controller will be directly accountable for ensuring that all ProVIC finance and accounting activities are compliant with ProVIC policies and procedures, as well as all relevant US Agency for International Development (USAID) requirements and standards. This position will allow for regular visits to each of the regional offices to ensure policies and procedures are being followed and that administrative and finance staff have the required training and supervisory support to be successful in their roles. This position will report to the deputy chief of party. This position will be hired by Chemonics.

Communications officer

As PEPFAR's flagship project in the DRC, the largest community-based HIV/AIDS project in the country, the first to adapt the CC approach in the DRC, and a key PMTCT Acceleration partner, ProVIC is in high need of a dedicated communications officer. The communications officer will play an important role in documenting and disseminating ongoing and end-of-project results, innovations, and lessons learned, and in conducting outreach to raise project awareness and promote strong partnerships with key stakeholders. This individual will be based in Kinshasa and work closely with ProVIC's Kinshasa-based community mobilization specialist, with mentorship from PATH's DC-based communications officer who has led ProVIC's visibility activities to date.

TB Program Officer

With the increased numbers of people being reached through self-help groups (SHGs), home based and palliative care and Child to Child groups, the importance of responding to TB and TB/HIV co-infection has become increasingly apparent. The TB program officer will be responsible for scaling up TB activities within the project. The Officer will strengthen TB screening, early detection of TB cases, linkage to TB treatment and adherence support

throughout Centre Santé Dépistage Tuberculose (CSDT), Hopital Général de Reference, etc. The TB program officer will strengthen the capacity of the project staff and grantees to implement TB activities through on the job mentoring and training on TB/HIV. He /She will adopt tools to guide the home-based and palliative care workers to perform TB screening and referrals at the community level. He/She will lead on social mobilization strategies to educate and engage communities in TB/HIV co-infection and work closely with the ProVIC M&E team to ensure that TB programmatic indicators and outcomes are captured by strengthening data collection and reporting on TB activities. The position will work to ensure that tools and supplies for TB screening are available in all ProVIC sites and collaborate with PATH's TB 2015 project as well as other key stakeholders. The position will report to the Community Based Care and Support Specialist with technical support from IHAA and PATH's TB 2015 project. This position will be hired by PATH.

Care and Support Officer (SHGs/C2C)

There are now over 196 Self-Help Groups and 193 Child to Child groups. In Year 4 there is a critical need for ProVIC is to ensure that these groups are self-sustaining beyond the project. The role of the SHG/C2C Officer will to develop networks and to strengthen the links between the SHGs and C2C groups across the country so as to increase the capacity of the groups to be autonomous. The Officer will have strong communication skills to promote dialogue, learning and sharing through a variety of media (potentially including newsletters, film clips, success stories, and sharing fora and visits) and develop and share best practice models that promote solidarity and autonomy. The officer will also support the development of Self-Help Groups not just for PLWHA from the general population but also support groups of MSM and sex workers who are HIV positive. It is very clear from HSB studies that these MARPs have enormous needs and only identifying that they are HIV positive or not (focus of the HCT work) is not enough. The officer will report to the Community Based Care and Treatment Specialists and liaise with the Regional Care and Support Specialists and be located in Kinshasa with regular travel to the provinces. This position will be hired by IHAA.

Work plan overview

Work planning process

The FY 2013 work planning process continued and enhanced the identical collaborative process that was used in previous years. ProVIC convened a planning workshop in Kinshasa in September 2012 that included representatives from USAID, PNLS, PNMLS, and *Ministère des Affaires Sociales* (MINAS), all of whom were significant contributors to the discussions and planning. The workshop included analysis of Year 3 results from technical and management perspectives, discussions of overall project strategy and results, and team-building sessions. Technical staff developed presentations that outlined their strategy and approach, accomplishments in Year 3, planned activities for Year 4, and expected results. Each component was discussed by the full team, and participants were given the opportunity to discuss the details of implementation. The team devoted time to discussing how to improve the implementation of the CC approach and how to better integrate this approach with all other components. Sessions were devoted to new innovations such as the mentor mother approach and referrals, which will be a special emphasis in Year 4.

At the end of the workshop, closing remarks were made by the PNMLS national coordinator, who expressed his satisfaction with the inclusion of the national HIV/AIDS authorities in work plan development and wished ProVIC a strong Year 4.

Partners and coordination

In the spirit of the Global Health Initiative and PEPFAR, increased coordination of the DRC government with the United States/DRC framework, ProVIC takes pride in its leadership role in partnership and coordination. ProVIC is providing leadership in the following ways:

- Inter-USG partner coordination.
- Technical coordination and leadership with government ministries.
- Coordination with Global Fund and United Nations partners.

Inter-US government partner coordination

As PEPFAR's largest and most comprehensive HIV/AIDS project in the DRC, ProVIC has a leadership role to play among USG partners, from collaboration to coordination to innovation to implementation. In this role, ProVIC will continue to play a leadership role by hosting key planning and coordination meetings as well as technical planning with provincial HIV/AIDS government staff.

Similarly, ProVIC is taking a technical coordination role with regard to PMTCT acceleration under the leadership of USAID and the US Centers for Disease Control and Prevention and is working closely with the PNLS on PMTCT message development. ProVIC will collaborate with the Supply Chain Management System (SCMS) project when it comes online to distribute commodities for ProVIC activities in coordination with government regional distribution centers.

ProVIC will continue to play this joint action-planning role in Kisangani. In doing so, the project will capitalize on the strengths of other organizations in the hope of attracting specific interventions to CCs, including malaria and clean water and sanitation interventions.

Additionally, ProVIC works closely with the Communication for Change (C-Change) project, which assists ProVIC in the development of behavior change communication messages and materials.

Technical coordination and leadership with government ministries

ProVIC will continue to fulfill its mandate in health systems strengthening by establishing consolidated working relationships with health zones and other national programs such as PNLS, PNMLS, MINAS, *Programme National Intégré d'Alimentation et de Nutrition* (PRONANUT), and the national reproductive health program (PNSR). The technical leadership and coordination to government ministries at both the national and provincial levels will be continued as described in the Government of DRC (GDRC) national strategic plan for HIV/AIDS and in line with PEPFAR's recommendations.

The details are described in the technical sections of the work plan. Here are some illustrative examples of what will be included in Year 4:

- Assist PRONANUT with the finalization of a set of national guidelines for nutrition for PLWHA, which will provide standards to all partners on how to ensure proper nutrition for PLWHA.
- Work with health zones, PNMLS, PNLS, Ministry of Gender, and local political authorities to empower CCs as catalysts for effective fight against HIV/AIDS, stigmatization, and discrimination against PLWHAs, OVCs, and their affected families; gender-based violence; and other forms of vulnerability and marginalization.
- Provide support to PNMLS in the development of the methodology and plan to scale up the implementation of the CC approach in the provinces and zones not covered by ProVIC.
- Work with MINAS in the revitalization of its OVC national and provincial task forces, which had become increasingly dormant. ProVIC intends to boost its leadership in the design and implementation of a self-sustaining OVC strategy for education and nutrition.
- Assist the PNLS and PNMLS to revise PMTCT and pediatric care data collection tools according to new standards.
- Work with the PNLS and C-Change in the development of community-level PMTCT messaging to ensure women are tested for HIV, deliver in the sites where they were tested, and adhere to the 18-month protocol to prevent the transmission of HIV to their babies.

- Provide technical assistance to the PNLS at the national level to develop the "National Pediatric AIDS Elimination Plan."
- Work with both PNLS and PNMLS to finalize the national policy framework on palliative care for PLWHA and guidelines for home-based care.
- Strengthen the capacity of PNMLS, PNLS, provinces, health zones, and health structures to engage, own, and consolidate the referral and counter-referral system to ensure the continuum of care at different levels.
- Assist the PNLS and PNSR to update tools that integrate counseling and testing and family planning.
- Support the PNLS in the development of provider-initiated counseling and testing tools.

Coordination with Global Fund partners

Overall, the government response to the HIV/AIDS epidemic is structurally weak. This problem is exacerbated by the enigmatic and poor-performing Global Fund program in DRC. Characterized by poor planning and administrative freezes, this program is the largest contributor of antiretroviral medications (ARVs) to DRC. After a long administrative freeze which ended on October 1, 2012, ProVIC can again begin coordination of activities with the Global Fund's principal recipients, Cordaid and SANRU. It is clear that this will pose great challenges in coordination and PEPFAR is requested to play a strong role in ensuring that Global Fund principal recipients and the PNLS respect earlier agreements and planning, although it is not clear if Global Fund principal recipients are inclined to do so. The most important agreements include the current partition of PMTCT sites as well as the Global Fund's agreement that women who tested positive in ProVIC PMTCT sites can be transferred to Global Fund sites for their long-term ARVs support.

In addition to the specific actions mentioned above, ProVIC will continue to work in collaboration with the following partners.

DRC national-level government partners:

- PNMLS, Presidency of the Republic
- PNLS, Ministry of Health
- MINAS
- Ministry of Gender and Family Affairs

US government partners:

- PATH (TB IQC Task Order 1)
- Population Services International
- C-Change
- Management Sciences for Health/Strengthening Pharmaceutical Systems
- Health Systems 20/20 follow-on
- University of North Carolina/Kinshasa School of Public Health
- *Projet Intégré de Santé* (PROSANI)
- US Centers for Disease Control and Prevention

Other donors/international partners:

- Joint United Nations Programme on HIV/AIDS
- United Nations Children's Fund/Village Assaini/Shugga Radio
- United Nations Population Fund
- Global Fund
- World Bank
- United Nations Development Fund for Women
- United Nations Development Programme
- United Nations Organization Stabilization Mission in the Democratic Republic of the Congo
  World Health Organization
- World Food Programme
- Food and Agriculture Organization of the United Nations

Bas Congo, Katanga, Sud Kivu, and Kinshasa provincial partners:

- Governor
- Ministries of Health, Agriculture, Gender, and Education
- PNMLS
- PNLS
- Ministries of Health, Social Affairs, Justice, and Human Rights
- Mayors and *Chefs de Cite* in the CC sites

Activities by intermediate result

Intermediate result 1: HCT and prevention services expanded and improved in target areas

Overview and strategy

In FY 2013, ProVIC intends to build on its well-established services in HCT, PMTCT, and community mobilization by expanding Champion Communities, scaling up the number of sites that offer HCT and PMTCT services to 43, and continuing to reach the population with prevention messages targeting 516,000 individuals.

ProVIC will continue to innovate by piloting new services, such as mentor mothers to support women who need PMTCT services as well as by being the USG's unique pilot site for performance-based financing approaches through CH Kikimi in the Kinshasa Province. Further, ProVIC will build on the Champion Community model, which to date has been based on specific geographic locations, to catalyze CCs that are organized to support key populations such as MSM in Kinshasa.

Sub-IR 1.1: Communities' ability to develop and implement prevention strategies strengthened

In Year 3 and consistent with the DRC's national strategic plan (DNSP) to reduce sexually transmitted infections (STI) and HIV transmission (*axe stratégique 1*), more than 350,000 people were sensitized and provided access to HIV prevention services through the Champion Community structure. All 40 project Champion Communities were consolidated and fully functional, with all 40 successfully meeting their targets and thus designated "Champions." The establishment and consolidation of the project's 40 Champion Communities has greatly facilitated reduction of high-risk behaviors among the most vulnerable populations, the focus of DNSP DAP 1.2 (under *axe stratégique 1*). Four new CCs in Kisangani were identified in June 2012 and are presently entering their first cycle.

More than 31,500 MARPs received similar services targeted to their needs. The strategy of offering mobile nighttime testing for MARPs such as MSM has been particularly effective and was recognized by the PNLS as a national model for replication. This innovative approach to reaching MARPs with much-needed services was presented at the XIX International AIDS Conference in July 2012.Champion ommunity involvement in identifying MARPs remains an essential element in driving the demand for, utilization, and effectiveness of HCT and other prevention services.

In FY 2013 and consistent with PEPFAR guidance on sexual prevention, the project will focus on reducing high-risk sexual behaviors through specific behavior change activities that address the DRC's mixed epidemic—both adult and youth MARPs. ProVIC will reach 516,000 individuals with prevention messages for behavior change, including 75,000 MARPS. High-risk behaviors among this population will require a ProVIC response that balances youth and adult

programming, highlighting the importance of youth prevention as an important long-term strategy to reduce transmission when young people eventually transition to adulthood. This approach will support and enable the project to consolidate its community mobilization and HCT successes to date by focusing on quality, thus creating more autonomous and self-functioning Champion Communities. The vision is to have these autonomous CCs be the hub where there is increased demand for HIV services and where these needs are met through a network of integrated HCT, PMTCT, care and support, and overall health systems strengthening services.

Activity 1: Reinforce and strengthen access to prevention services for key populations most exposed (MARPs) and other vulnerable groups

Strengthening MARP-specific prevention strategies will require working closely with national partners such as PNLS and PNMLS and the Joint United Nations Programme on HIV/AIDS to ensure consistent risk-mapping by geographic location, and that established protocols and approaches are applied throughout the health system, especially at the health zone level. We anticipate creating two MSM networks within CCs (Kinshasa and Matadi) to help generate activities at the heart of the CCs. The establishment of MARP support networks will have a multiplier effect for targeted HIV prevention sessions and activities, including condom distribution, while simultaneously providing an audience to inform both the establishment of essential referral and counter-referral systems and development and use of MARP-specific communications materials. Further, we will support the establishment of additional MARP networks for both MSM and commercial sex workers (like clubs) that we hope will help create a foundational and longer-term presence for high-risk groups post-ProVIC.

Activity 2: Increase Champion Community access to information and knowledge for behavior change that leads to increased use of HIV prevention and GBV services

The Champion Community model will be leveraged to work with health zones and local partners to conduct a) risk mapping and b) targeted sensitization and messaging campaigns for vulnerable populations identified (e.g., youth, married women, domestic workers, MSM, etc.), helping to address unmet HIV prevention needs and gender-based violence (GBV) issues. This will allow the community to better target non-traditional high-risk populations in their midst, and increase general knowledge about and demand for integrated HIV prevention services. Introduction of the GBV component in Kinshasa and Kisangani will be particularly effective for this activity. CCs will organize support groups for those who test HIV positive. Technical monitoring of CC activities through joint supervisory visits with health zones, PNLS, and other government partners will help ensure a common approach to project interventions, which will be capitalized upon during World AIDS Day and other similar opportunities to promote community involvement in provision of and demand for HIV prevention services.

Activity 3: Improve youth access to HIV prevention services

Using the CC model to target youth—a particularly vulnerable group—is critical to long-term project success. The establishment of CC youth clubs with community leaders and working through schools (e.g., principals, teachers, PTAs, etc.) to promote other youth-friendly activities that focus on integrated prevention activities (e.g., family planning) will allow the project to more intentionally expand its HIV prevention knowledge base. Youth center staff will be trained on STI syndromic approach and gaps will be filled regarding STI medications.

Activity 4: Transform/consolidate Champion Communities into catalysts for change in the fight against the stigmatization and discrimination of PLWHA, OVC, and their families

FY 2013 is the transformational year for ProVIC's CC when they begin to intensively prepare for life post-ProVIC. This process is driven by collective planning and identification of specific steps that will enable CCs to become durable institutions that are able to sustain themselves with local resources, in addition to linking to outside resources where possible.

Essential steps to be supported by ProVIC during this transitional process include:

a. Transform existing steering committees into local community-based associations with legal status and recognition by the state.
b. Reinforce the capacity of new community-based associations in projects design, resources mobilization, operational planning, and monitoring.
c. Integrate and root SHGs, C2C, and mentor mothers activities into community structures and institutions for long-term sustainability.
d. Support associations with rewards, and saving and loan capacity to further support sustainability of the CC approach.
e. Community meetings among CCs to exchange best practices.

Finally, the project will connect CCs within provinces to share and learn from one another—through community meetings and exchanges, leveraging best practices, and other self-sustaining activities essential to their future autonomy.

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

In FY 2012, consistent with the DNSP's *Axe Stratégique 1* and *Domain d'Action Prioritaire 1.1* in particular—increasing access to HIV prevention services for MARPs—ProVIC reached more than 31,500 high-risk people through HIV prevention messages, and more than 6,500 were counseled and tested via targeted mobile nighttime HCT activities. FY 2013 will consolidate these efforts through improved targeting of MARPs.

In accordance with PEPFAR guidance, the project will both a) create demand for provider-initiated counseling and testing services through the project's 43 clinical HCT and PMTCT sites and b) leverage Champion Communities working in close coordination with health zones and mobile nighttime HCT activities to increase HIV sensitization and outreach. This process will allow ProVIC to increase community member access to higher-quality HCT services through mobile, community-based, and integrated HCT/PMTCT sites. Mobile and community-based HCT will rely on a functioning referral and counter-referral system to the integrated sites, where the project will co-locate and consolidate integration of HIV services (e.g., prevention, care/support, treatment) through innovations such as use of PIMA machines for CD4-count testing, and ensuring HIV-positive patients are screened for tuberculosis (TB).

In FY 2013 and consistent with PEPFAR guidance on HCT, the project will better target MARPs through both mobile/community-based settings (Champion Communities and government health zone structures) and clinical settings (HCT/PMTCT sites). The project's innovative mobile nighttime HCT activities will be modified by province to respond to geographic-specific MARPs, with the goal to reach high-risk populations at their place and time of work. Tailored

interventions will principally target commercial sex workers, truckers, miners, fishermen, and MSM. To ensure the project's continued focus on quality, interventions will ensure integration/use of finger-prick technology, family planning, and TB screening into HCT services; a functioning referral and counter-referral system as part of all HCT services; and proper application of government-approved tools, norms, and procedures at each HCT site.

Activity 1: Provide high-quality HCT services to 157,285 priority beneficiaries

The project's FY 2013 focus on high-quality HCT services will target 157,285 priority individuals including the partners of those who are HIV positive, pregnant women receiving antenatal care, patients testing for TB or STIs, sexually active youth and other vulnerable populations including sex workers, MSM, truck drivers, miners, and fishermen. Specific sub-activities will range from provider-initiated counseling and testing to family planning and TB screening at HCT sites. Laboratory technicians at integrated HCT sites will be trained on the use of finger-prick technology. Refresher trainings will be conducted for local implementing partners working at the integrated HCT sites, including the application of PIMA/CD-4 counts, and biomedical waste management. Lab technicians in Kisangani will be trained for community and mobile HCT. Province-specific risk-mapping of MARPs will guide mobile day and night HCT activities, and the establishment of the referral and counter-referral system described under IR 3.1 will play an important role, particularly with respect to tracking of HIV-positive patients.

Quality assurance activities will occur in ProVIC-supported HCT sites via formative supervision, coaching, data analysis at the site level, as well as mystery clients and sharing of blood samples within the DRC quality assurance lab system. ProVIC's quality assurance system for HCT and other prevention services will be developed with technical support from the USAID-supported Health Care Improvement Project and specifically the "Improvement Collaboratives" model for quality assurance and quality improvement. This system will be used to assess the quality of counseling, rapid tests, management and rational use of commodities, and management of samples from the moment of testing through to the provision of client feedback. Adherence to norms and procedures for blood sample storage and analysis of results as well as for sound management of biomedical waste will be used as "tracer indicators" for assessing the overall quality of services provided to clients.

Activity 2: Provide and ensure integrated management of HIV/TB co-infection at all HIV counseling and testing sites (community, mobile, and fixed)

HIV-positive patients tested at all HCT sites, along with other vulnerable populations, will receive TB screening and referrals to TB diagnostic and treatment sites in close collaboration with partners, health zone representatives, and the PATH TB2015 project. TB screening checklists are presently being validated by the DRC government. Building on ProVIC's mandate to date on TB, which was limited to screening and referral, ProVIC will establish systems to ensure that patients are referred and tracked to ensure that they receive diagnostics, treatment, and are referred back to self-help groups (SHG) for support. Multidrug-resistant cases will be referred to government authorities for more intensified tracking and support.

Activity 3: Support PNLS to update and apply provider-initiated counseling and testing documents and norms

To ensure consistent standards and quality for provider-initiated counseling and testing, project staff will support PNLS with a review and update of national norms for provider-initiated counseling and testing as well as related documents, such as job aids, and data collection tools. A validation meeting will be held with stakeholders and the GoDRC. Upon validation by the government, staff will work with health facility, community, and health zone staff to ensure application of any revised standards.

Activity 4: ProVIC HCT innovation exchange days

The project's flagship moonlight mobile HCT activities that have been internationally recognized as a model will be shared through mobile moonlight HCT exchange days. The project will invite national and international (those located here in DRC) implementing partners to share innovative ways to reach MARPs (MSM, commercial sex workers, etc.).

Sub-IR 1.3: PMTCT services improved

In FY 2013, ProVIC will build upon the foundations laid in FY 2012. In FY 2012, ProVIC supported the GDRC to address the elimination of pediatric AIDS through the development of a national plan for the elimination of pediatric AIDS, which states as its goal the improvement of care and follow-up for HIV-infected mothers and their infants—reducing new pediatric infections while keeping mothers alive. ProVIC's PMTCT work directly responds to the major objectives of DRC's elimination plan, in particular strategic objective 3, reducing the rate of transmission of pediatric HIV from 38 percent to 5 percent.

In FY 2012, ProVIC also assisted the national program in updating PMTCT data collection tools in line with DRC's new policies for PMTCT.

During the second half of FY 2012, ProVIC began its expansion from its existing 16 PMTCT sites toward the proposed 42 sites, including 6 new sites in Province Orientale and 10 new sites in Katanga Province, which has DRC's highest prevalence rate at 4 percent. At the new acceleration sites, 63 people were trained on the national HIV integrated training module including 12 doctors, 30 nurses, and 21 lab technicians. The training included a focus on PMTCT and family planning.

Despite noted achievements in FY 2012, the program did deal with challenges, which ProVIC will seek to address in FY 2013, such as the ongoing low rate of return of HIV-positive pregnant women to deliver at the maternity where they sought PMTCT services. This problem is noted at the national level, and not specific to ProVIC sites, however the ProVIC PMTCT team is working hard to increase the rate of return for these pregnant women. Quarter 3 data showed that only 50 percent of HIV-positive pregnant women returned for delivery at the facility where they received antenatal care. In addition, the ProVIC team worked to strengthen the weak follow-up of HIV-positive pregnant women referred to support groups for psychosocial care. The majority of women referred by the project did not arrive at the support groups, often fearing a breach of confidentiality of their sero-status. The team worked to address this by reinforcing the referral system.

Based on these key lessons learned, Year 4 of PMTCT activities will focus much more on a thorough integration approach through a number of ways such as:

- Strengthen linkages between PMTCT activities carried out at the facility level and those carried out in the Champion Communities: ProVIC will integrate new messages into the Champion Community outreach campaigns which will encourage women of reproductive age and their partners to visit the ANC during pregnancy to assure the health of their family and seek PMCT services. Further, ProVIC and the PNLS are working on a larger communication campaign to improve PMTCT messages to communities across the DRC.
- Focus on integration between various components of the ProVIC program: Care will be taken to assure smooth integration of PMTCT activities and messaging within HCT and care and support services. In addition, ProVIC will continue to improve the existing integration of PMTCT activities into maternal and child health services including antenatal care (ANC), labor and delivery, postpartum, and young child health visits and the newborn health services and child health services.
- Accompany health care providers in their PMTCT activities: The PMTCT specialist and pediatric specialists will continue to provide supportive supervision to PMTCT providers at the site level. Specific activities will be developed to respond to all four pillars of PMTCT in accordance with PNLS's national plan for the elimination of pediatric HIV. Providers at select sites will be trained and supervised to provide sexual and gender-based violence (SGBV) screening and post-exposure prophylaxis for victims.
- Pilot the University Research Co., LLC (URC) quality assurance and quality improvement approach: Under guidance by new project partner URC, the PMTCT team will pilot the new quality assurance and quality improvement approach at Binza Maternity. An analysis of outcomes there will inform the extension of the approach to other sites.
- Pilot the mentor mothers approach: The PMTCT team will pilot a mentor mothers program at six sites (two sites per province in Kinshasa, Katanga, and Oriental). The approach trains and empowers a confident and open PLHIV (ideally a woman who has previously been through the PMTCT process) so that she can help other HIV-positive pregnant women to understand and take an active role in their PMTCT process to ensure a positive health outcome for the newborn. The approach also encourages the participation of male partners and other family members to improve general family health.
- Strengthen the quality of care provided to HIV-exposed children: ProVIC will work to improve the quality of care provided to HIV-exposed children during their follow-up visits. In particular this will focus on making sure that exposed infants are benefiting from early testing (at six weeks of age by taking advantage of the normal time infants return to the health center for their routine vaccination appointment). A focus will also be made to improve the quality of the blood for the Dried Blood Spot (DBS) samples as this

was a weakness found in Year 3. Efforts will also be made to get children started on cotrimoxazole therapy.

Activity 1: Improve access to comprehensive PMTCT services according to national norms in 42 ProVIC sites

ProVIC will target 50,000 pregnant women for high-quality HCT services within the context of the spectrum of activities within PMTCT. The ProVIC PMTCT team will work with providers to ensure that during ANC sessions women feel welcomed to the health facility and are provided with comprehensive messaging on HIV, maternal and child health, and SGBV. Providers will be mentored to improve the messaging they give out during routine ANC education sessions, including specific messaging on HIV, PMTCT, family planning, SGBV, and the importance of good nutrition, sanitation, and malaria prevention.

ProVIC will work with PMTCT providers to increase male partner participation in ANC services with a target of 10,000 male partners tested. ProVIC will work with sites to ensure that letters inviting the male partner to the PMTCT site, written in local languages, are given to all pregnant women. In addition, ProVIC will expand efforts to encourage sites to adjust their service schedules to make it easier for males to attend (such as offering after-work and weekend service times). In Year 3, ProVIC found that sites that were able to expand service times saw a noted improvement in male partner participation.

Women testing HIV-positive will be screened according to the national protocol for PMTCT. Central sites will test women immediately for their CD4 level to determine treatment or prophylaxis options. At peripheral sites, providers will take CD4 samples which will be transferred to the central site for a CD4 count. All HIV-positive women will be placed on cotrimoxazole treatment. During supportive supervisions, the PMTCT team will reinforce the capacity of providers to provide high-quality counseling according to the national guidelines.

ProVIC will ensure that lab samples are handled according to national testing algorithms. For women testing HIV negative, prevention counseling will be offered to the woman and if necessary the provider will work with her to develop a risk reduction plan. PITC will be offered to male partners and they will also be eligible to receive care and treatment at the PMTCT site during the period of their child's PMTCT.

The project will closely monitor the activities of the new peer-to-peer site approach, particularly ensuring that central sites have the capacity to carry out support and mentorship at the satellite facilities.

ProVIC will continue to coordinate with PEPFAR and the Global Fund by updating the mapping of care and treatment services provided by the Global Fund for PLHIV in order to ensure that providers are able to make effective and accurate referrals for HIV-positive women after the 18-month PMTCT period, for male partners, and for infected children.

Critical linkages between the facility and the community will be improved in order to allow good follow-up of the mother-child pair. For example, providers will track women and infants missing appointments using phone calls and home visits to ensure follow-up of mother-child pairs. In

order to ensure access to comprehensive services, HIV-positive pregnant women will also be referred to support groups to receive psychosocial care.

Activity 2: Increase promotion and uptake of pediatric counseling and testing, and improve follow-up of mothers and infants

During this fourth year of implementation, ProVIC will continue to reinforce the system of early child testing by providing EID to 403 infants and making sure samples are being accurately collected and transported to Kinshasa and Lubumbashi (pending the Lubumbashi PCM machine being fixed) and the communication of results to clinic staff and patients tested. A special focus will be made on reduction of the turnaround time from testing to receipt (and action based on) results.

ProVIC will make sure that counseling messages include nutritional counseling on safe breastfeeding practices. Messages will focus specifically on the promotion of early and exclusive breastfeeding up to 6 months of age, the addition of supplementary feeding from 6 months, and continuing during the breastfeeding period for up to 12 months as recommended by DRC's national protocol. Messaging will also include information on the lactational amenorrhea method to establish the link between exclusive breastfeeding and methods of modern contraception.

In addition, a focus will be placed on the clinical follow-up of HIV-exposed children. This follow-up includes the essential care package to be provided to the newborn baby, which includes growth monitoring and provision of cotrimoxazole to 202 HIV-exposed infants between 4-6 weeks of age as well as nevirapine and referrals of children for ARV treatment.

Activity 3: To pilot and evaluate the mentor mothers approach to improve the retention and adherence of mother-baby pairs to PMTCT services

In order to address the problem of weak retention of HIV-positive pregnant women in PMTCT for the full 18 months of the intervention, ProVIC will introduce a mentor mother approach into the program at six pilot sites (two in Kinshasa, two in Katanga, and two in Orientale provinces). The PMTCT specialist will take great care to involve key national programs (PNLS, PNMLS, and PNSR) in the process from beginning to end, to ensure national level buy-in and country ownership of the approach. Key Ministry of Health stakeholders will be involved in site selection, baseline data collection, development of data collection tools, implementation, analysis, and documentation and follow-up for the pilot successes and challenges.

ProVIC will work in close collaboration with PNLS, PNMLS, and PNSR to develop modules for the mentor mother trainings in PMTCT, psychosocial support, communication techniques, nutrition, stigma, and the data collection tools that will be used in the mentor mothers training. During the trainings and follow-up supervision by PMTCT providers, the mentor mothers' capacity will be built to enable them to carry out the package of activities expected from them.

After learning their HIV status, newly diagnosed HIV-positive woman will be immediately met by the mentor mother. The latter will, through sharing her personal experiences and history, encourage the newly diagnosed woman to accept her status, and to live positively by seeking care and treatment and adhering to the PMTCT process. She will refer the woman to a support group for additional care and support services. In addition to community-level support group participation, HIV-positive pregnant women will be organized by the mentor mother leads into support groups based at the facility. The support group will meet twice per month, under the leadership of the mentor mother lead, assisted from time to time by PMTCT service providers for specific questions. During these meetings, there will be exchanges on PMTCT services, the package of positive prevention, adherence to treatment, psychosocial support, and any other topic which is necessary for the retention of HIV-positive pregnant women in the PMTCT program.

Key components of the mentor mother approach

Community health worker: A health worker chosen by the community who performs a set of essential health services.

Peer educator: General term referring to a person living with HIV who is equipped with basic HIV-related information and can act as a role model to other HIV clients seeking health services.

Mentor mother: A mother living with HIV who is trained and employed as part of a medical team to support, educate, and empower pregnant women and new mothers about their health and their babies' health.

Roles and responsibilities of mentor mothers:

- Co-facilitate group health talks and group pre-test HIV test education.
- Provide one-on-one peer education and psychosocial support to PMTCT clients and couples.
- Support groups facilitation (women and couples).
- Conduct defaulter tracing of priority PMTCT clients.
- Expand referrals and linkages for PMTCT, maternal and child health, care and support clients within and beyond the facility.

Breastfeeding women, partners of HIV-positive pregnant women, male partners, as well as other family members will also be invited to participate in the support groups. The mentor mother will organize referrals to other medical care services or to community resources or groups to allow the HIV-positive woman along with her family to receive the additional support that they need, and to benefit from the full scope of ProVIC project activities as well as other resources in the area.

Mentor mothers will, according to a set of predefined criteria, choose group leaders. The mentor mother lead will collaborate closely with PMTCT service providers and will have access to information in the site registers regarding lost patients in order to recover them using phone calls or home visits to patients' residences. The mentor mother leads will be present in the facility during ANC sessions and when young child services are being conducted. Thus she will be able to collect information on family planning, SGBV, and HCT services in order to trace HIV-positive pregnant women or their infected family members who have defaulted from services and/or have been lost to follow-up. At the end of each activity, the mentor mother lead will write a report and will discuss it with the PMTCT provider. The mentor mother lead will be supervised each month by the PMTCT provider and the health zone managing team, and quarterly by the provincial ProVIC team.

The PMTCT specialist will document the approach's development and outcomes and will share them with government stakeholders during the annual review.

Activity 4: Increase the quality of PMTCT services

During the first quarter, the PMTCT team will reinforce the use of data collection tools that were revised and adopted by the country last year to take into account implementation of PMTCT according to new national and international guidelines.

During Year 4, the PMTCT specialist will reinforce systems for clinical follow-up of HIV-positive women and their infants. This follow-up will be carried out by the use of the new clinical monitoring sheet for HIV-positive mothers, which the Ministry of Health has validated and which takes into account the country's new PMTCT protocols. The PMTCT team will assist the laboratory manager for PNLS' national or provincial laboratories in educating providers and laboratory technicians in the application of appropriate biosecurity principles in PMTCT sites. The PMTCT team will ensure that the management of biomedical waste is handled in accordance with national and program standards. As needed, incinerators will be rehabilitated at new acceleration sites, which will be included as necessary in site fixed obligation grants or accords.

The PMTCT team will pilot the URC approach on quality assurance and service quality improvement at Binza. The methodology is based on URC's Health Care Improvement Project, which is considered a best practice by PEPFAR.

This approach has successfully implemented numerous improvement collaboratives in low- and middle-income countries globally that have enabled the achievement of rapid improvement of critical processes of care including PMTCT. Improvement collaboratives have key features including 1) multiple teams come together in a shared learning environment; 2) they all have common aims and common measures; and 3) they test changes using the Model for Improvement: Plan-Do-Study-Act. This accelerates the pace of change, creates energy, and enhances sharing and learning. By using the collaborative approach, the various stakeholders in the ProVIC's PMTCT can participate in the process and experience how interventions lead to change and improvement.

Throughout the collaborative, URC will provide guidance and mentoring to ProVIC staff, but ProVIC staff and health care providers and patients themselves will take the lead in developing change ideas and implementing and monitoring them. Through this approach, those engaged will empower themselves to become increasingly autonomous, expanding their ability to make informed decisions and implement changes in order to create larger and lasting impacts in critical HIV and AIDS services in the DRC. This experience will be analyzed to determine how to best roll out the approach at other ProVIC sites.

What is an improvement collaborative?

An *improvement collaborative* is a time-limited quality improvement approach that brings together a large number of health care providers to work and learn how to rapidly achieve significant improvements in a specific area of care, with the intention of spreading these improvements to other sites.

Teams participating in a collaborative test ways to operationalize these best practices and to overcome barriers to making them work in their settings.

Each team collects data on a common set of indicators to measure whether the changes it is making are resulting in improvement—it shares its results with the other teams through learning sessions (meetings where teams teach each other about their innovations), site visits, email, or Internet communication. Teams learn from other teams' experiences and can avoid "re-inventing the wheel" in discovering successful changes.

Collaboratives typically achieve significant results within 9 to 18 months, although improvements often occur earlier.

ProVIC will also pilot performance-based financing approaches to improve the quality of PMTCT services in CH Kikimi, after a process of joint selection with the GDRC and with the assistance of a consultant expert in the subject of performance-based financing in the DRC. This pilot performance-based financing site will be trained by government and ProVIC staff.

Activity 5: Increase linkages with maternal and child health services and other program areas

Unlike some health interventions that occur once (such as HCT), PMTCT is a long-term intervention that spans a period of approximately 18 months. In order to receive the greatest benefit from the intervention, and to ensure that children are not infected with HIV, HIV-infected pregnant women need to be aware that services exist, seek services early in their pregnancy, and have the necessary support to adhere to their prophylaxis or treatment regimen through the end of the breastfeeding period. Exposed infants must be linked to their mothers so their risk status is known and they are able to receive the appropriate care and treatment to stay in good health whether infected or not. For this reason, it is critical that PMTCT activities be tied to other program areas including community messaging and support, psychosocial, economic, and nutrition services.

To better ensure these critical linkages, ProVIC will ensure that PMTCT messages are:

- Provided by the community relays during outreach sessions in the Champion Communities.
- Shared in health facilities.
- Provided during community voluntary counseling and testing.
- Consistently promoted during SHGs especially the importance of male partners' involvement and the follow-up of mother-child pairs.

Pregnant women entering the program through any service will be directed, using a referral and counter-referral document, to other facilities for appropriate care. ProVIC will make sure that during ANC sessions and voluntary counseling and testing sessions, providers advise women on family planning, offering a wide variety of methods. Family planning advice will be especially targeted to HIV-positive women and their partners to allow the family to avoid undesired pregnancies. PMTCT providers will also screen for SGBV and provide referrals for SGBV services and post-exposure prophylaxis as necessary.

In collaboration with PNLS and PNSR, ProVIC will introduce rapid syphilis testing into all PMTCT services. Women testing positive for syphilis with the Alere Determine™ rapid test will be referred for RPR testing in order to confirm the result and receive treatment according to the national protocol for syphilis in DRC. ProVIC will ensure that all HIV-positive pregnant women are screened for TB and that their nutritional state is evaluated at the time of PMTCT service provision, so that HIV-positive women receive the appropriate treatment for TB and referral to nutritional services as indicated.

ProVIC will support linkages of infants from PMTCT services to young child services and that families and providers have correct information and messaging about the specific package of care that HIV-exposed children need. Young child services refers to a series of routine health visits expected of young children during which they receive vaccinations and other standard health services. The uptake of these services is high in DRC, but unfortunately at the visits HIV-

exposed children are not always easily identifiable. ProVIC is working to use these visits as an opportunity for tracking and recovering HIV-exposed infants, and is putting in place tools linking the mother and baby, as well as referral forms, to ensure that HIV-exposed infants are identified and receive appropriate HIV care during this routine maternal and child health service. Using the newly revised and validated ANC card that is being introduced at ProVIC sites, exposed children will be identified earlier and started on care and treatment as needed.

Activity 6: Strengthen the capacity of government at the national level to provide PMTCT services

ProVIC will continue to participate in the quarterly meetings of the national PMTCT working group and also the taskforce on maternal nutrition and child health. The PMTCT team will reinforce the technical capacity of government stakeholders by facilitating and leading the technical meetings and by offering technical advice and solutions to technical challenges experienced in PMTCT and pediatric care.

As described in Activity 4, the Kinshasa ProVIC and PNLS teams will receive capacity-building on quality assurance and quality improvement using URC's approach to enable them to pilot the approach at Binza.

The ProVIC provincial PMTCT teams will organize refresher trainings for 48 providers from existing PMTCT sites on the HIV integrated package centered on the PMTCT approach to avoid the loss of knowledge amongst providers due to staff transitions. ProVIC's support will allow for the routine and smooth provisioning of sites with necessary commodities and equipment (PIMA, Hemoglobin counters, and other laboratory accessories) for the completion of PMTCT activities. Additionally, the project will make available data collection tools recently validated by PNLS.

The ProVIC PMTCT team will carry out quarterly activities including follow-up visits at sites to support the quality of PMTCT services (specifically looking at PMTCT retention, laboratory quality, commodity management, and data quality). The ProVIC team will also ensure the successful integration of gender sensitivity approaches such as male involvement and the equitable access to health services. The PMTCT team will organize monthly meetings for site data validation at the health zones and quarterly reviews of PMTCT activities at the provincial PNLS level.

Sub-IR 1.4: Community- and facility-based GBV prevention and response services strengthened

Addressing gender-related power dynamics in order to reduce GBV and HIV risk is a guiding principle of the PEPFAR gender program framework. Gender-related power dynamics between and among men and women influence individuals' status within society, roles, norms, behavior, and access to resources—all of which influence dynamics of the HIV/AIDS epidemic and the success of programs to address it. GBV has a powerful negative effect on psychological and physical health and is correlated with increased risk of HIV infection, as noted in the DRC National Strategy on Gender-Based Violence.

In recognition of the documented links between GBV and the risk of HIV transmission, as well as the potential for various forms of GBV that HIV-positive individuals may experience, ProVIC

is continuing its expanded program strategy in Year 4 to include activities that address inequitable gender norms and GBV. The overall result sought through the integration of GBV activities into the existing ProVIC project strategy is the strengthening of community- and facility-based capacities to prevent and respond to GBV. ProVIC is targeting 219,000 people to receive messages that explicitly deal with GBV.

ProVIC has identified eight health facilities providing PMTCT services (three in Kisangani and five in Kinshasa) for strengthening GBV prevention and response, and work in a total of 14 Champion Communities (Kisangani: Pumuzika, Kabondo, Nehema, and Malkia. Kinshasa: Mbankana, Mont Ngafula II, Kikimi, Masina I, Masina II, Binzameteo, Kingasani, Biyela, and Matete) that will integrate GBV prevention activities and assist GBV survivors to connect with health and other services as needed. Recognizing that many women may suffer increased risk of intimate partner violence during pregnancy, ProVIC's focus on PMTCT is especially appropriate.

ProVIC will implement GBV activities by drawing on PATH's significant institutional experience working on gender and GBV in a variety of settings. ProVIC is currently adapting these approaches to the local setting, and will implement activities using national guidelines on medical and psychosocial care for the survivors of SGBV, and training curricula for medical care and community mobilization, as a basis for strengthening existing community and health care provider capacities. These will be supplemented by international guidelines as needed.

GBV survivors face a number of challenges that are not limited to health concerns, and ProVIC appreciates the importance of robust referral and counter-referral systems in ensuring a successful response to GBV in the communities where it works. ProVIC will work with community leaders, service providers in the psychosocial and legal sectors, and other NGOs to develop a functioning referral system through which health care providers can help GBV survivors access the full range of services needed. ProVIC is also aware of the important role of government structures at the national level (e.g., Division of Gender, Women, and Children; PNSR; PNMLS; PNLS, etc.) and local levels, as well as other USG-funded initiatives to address GBV (e.g., C-Change and PROSANI), and will collaborate closely with these institutions and organizations to promote the coordination of GBV-related efforts and achieve maximum impact.

Activity 1: Develop the "Champion Men/Champion Women" approach in communities to strengthen the participation of men in activities against GBV

As part of gender and GBV programming overall, ProVIC will adapt the Champion Men approach to the context of Champion Communities in Kinshasa and Kisangani. In the beginning of Year 4, the GBV specialist and the DC-based GBV technical staff, with input from other ProVIC technical departments, will adapt PATH's previously implemented program approaches to engaging men in GBV prevention and response to the local context. More specifically, the GBV team will hold brainstorming meetings with other ProVIC technical staff and community members, presenting models that PATH has used in other contexts, and together design specific adapted activities. It is anticipated that there will be Champion Men groups in each Champion Community who are seen as positive role models and partners in combating inequitable gender norms, gender-based violence, and HIV risk and health-seeking behaviors.

Although specific activities will be finalized early in Year 4 as a result of an intensive adaptation design process, it is further anticipated that key activities will include the identification of a local NGO to help work with community-based facilitators (who in some cases may also be Champion Committee Steering Committee members) who will in turn mentor the individual Champion Men groups in their communities. It is envisioned that ProVIC will facilitate training for group facilitators on relevant topics (e.g., gender, the negative consequences of GBV, national laws and policies related to GBV, effective communication skills to engage other men in GBV-related discussions, etc.), and effective ways to lead peer education sessions and support Champion Men to lead a variety of activities at the individual, family, and community levels. These activities may include, for example, one-on-one peer outreach to other men in the community, speaking about GBV at community events, serving as local resource persons to help both women and men access referral services, lead community campaigns and other local awareness-raising efforts, etc. Although this activity focuses primarily on male engagement in GBV prevention and response, ProVIC will also investigate a unique adaptation to this approach through the possible facilitation of similar activities for Champion Women.

Activity 2: Support health care providers to effectively screen for GBV in the PMTCT setting

The capacity to address the needs of GBV survivors is dependent on being able to reach them. A major barrier to GBV survivors in accessing the services they may need lies in the stigma associated with rape and other forms of GBV. Many individuals, especially women, who are experiencing intimate partner violence on a regular basis may not know about the availability of services (health and/or other services) or may feel too hopeless or overwhelmed to reach out to service providers on their own.

ProVIC will use 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 GBV that they may be experiencing or have experienced in the past. ProVIC will adapt any existing national GBV screening tools and/or adapt screening tools that have been used in other settings, and engage with health care providers, relevant government partners, and other implementing partners working on GBV to make any additional modifications before finalizing. In Year 4, ProVIC will distribute the tool to the health facilities, and provide guidance to health facility staff on how to use it and monitor use of the screening tool during ongoing project monitoring activities.

Activity 3: Provide survivors high-quality support services (medical and psychosocial) to GBV survivors

ProVIC recognizes the crucial role of the health sector in helping GBV survivors to connect with the range of services they may need, including legal and protection services, psychosocial support, and socioeconomic opportunities. This can be best achieved through a sound referral and counter-referral system.

In many settings, medical personnel do not receive formal training in medical or nursing school, or at any other time, on how to address the needs of individuals who are experiencing intimate partner violence, or who have experienced any other forms of GBV. The PNSR has created a

training module for health care providers for the clinical management of SGBV survivors, and is in the process of validating the modules. During Year 4 ProVIC will engage with PNSR to train the relevant service providers at selected facilities in Kisangani and Kinshasa. In preparation for this training, the GBV team has developed a pre-training and post-training tool to assess health care provider knowledge and attitudes about GBV and the management of care for GBV survivors. While the timing of training activities may depend in part on the ongoing process of curriculum validation by PNSR, ProVIC will undertake the training needs assessment in Year 4 in order to pinpoint any training topics that might require emphasis. Additionally, ProVIC will provide and track clinical supplies to provide an uninterrupted supply of necessary medical equipment and drugs to designated clinics, such as post-exposure prophylaxis kits, post-rape kits, emergency contraception, speculums, etc.

In Year 4, ProVIC will convene a meeting with community leaders, health care and other service providers, relevant government partners, and NGOs to define existing referral systems and identify any gaps in those systems in the communities where it will be implementing GBV activities. Based on these findings, ProVIC will work to improve referral systems and counter-referral systems in order to provide holistic care for GBV survivors.

Activity 5: Strengthen capacity of national partners, intervention partners, and key stakeholders to lead efforts to address GBV, and improve the management of sharing of information on GBV

Gender-based violence is an underreported problem for many reasons, including lack of standardized reporting at health facilities and service providers. ProVIC will strengthen the capacity of national partners to lead efforts to address GBV, and improve the management and sharing of information on GBV. ProVIC will contribute to the coordination meetings of intervention partners and key stakeholders working in GBV in Kisangani and Kinshasa.

ProVIC will continue to participate in the quarterly meetings of the national GBV working group. The ProVIC team will offer technical advice and solutions to technical challenges experienced in prevention and response to GBV. The ProVIC GBV team, in collaboration with other components, will organize refresher trainings for staff working in interrelated sectors such as PMTCT, care and support, HCT, and M&E. The ProVIC GBV team will carry out quarterly activities including follow-up visits at sites to support the quality of GBV services in clinical and community settings. The ProVIC team will also promote the successful integration of gender sensitivity approaches such as male involvement and equitable access to health services. The GBV team will participate in organized monthly meetings for site data validation at the health zones and quarterly reviews of GBV activities at the provincial level.

Intermediate result 2: Care, support, and treatment for PLWHA and OVC improved in target areas

Overview and strategy

To date, ProVIC has established community structures and interventions to strengthen provision of care and support to adults and children affected by HIV through SHGs, C2C groups, referral systems, palliative care services, nutritional support, access to schools, and increased access to

legal support. By the end of Year 3, ProVIC had established 196 SHGs, 193 C2C groups, and conducted more than 6,000 home-based care visits while supporting a total of 20,680 PLWA/OVC.

In Year 4, ProVIC's focus will be building upon our knowledge regarding the range of services and structures available at health zone levels and better enabling families within CCs to access these services on a regular basis. To do this effectively requires taking a family-centered approach across the project that is embedded within the CC structure, with CCs taking a strong lead in identifying the most vulnerable within the community, mobilizing people, and ensuring the needs of those people are being heard and being met. It also requires strong linkages between the different elements of the project to ensure families are receiving a comprehensive and linked set of services.

ProVIC care and support activities will be integrated within 34 health zones in line with the new USAID health zone strategy. Assuring the quality of the different components of the care and support work is critical to this. In Year 4, ProVIC will continue to strengthen the approaches framed within an overarching strategy to build both resilience and sustainability of the groups, so they can address their care and support needs themselves, as a group or through the community, and thereby reduce dependence on the project.

Sub-IR 2.1: Palliative care strengthened

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and assessment and treatment of pain and other problems, physical, psychosocial, and spiritual[1]. In line with PEPFAR guidance, both home-based and palliative care are family centered, addressing the care and support needs of the individual while also addressing the broad needs of the family in facing illness and possible death. ProVIC will continue to strengthen the capacity of the grantees to ensure holistic care for PLWHA and their families.

The activities detailed below represent the PEPFAR guidance on the key elements of a strong care and support program:

- Early identification of HIV-infected persons, linkage and retention in care.
- Reduction in HIV-related morbidity and mortality.
- Improved quality of life.
- Reduction in transmission of HIV infection from HIV-infected to uninfected persons.

The final additional activity is aimed at improving the overall quality of this component of the project: Strengthening the capacity to deliver high-quality adult care and support.

[1] WHO. Definition of Palliative care. Available at: http://www.who.int/cancer/palliative/definition/en/. Accessed September 25, 2012.

As well as being tied closely to the PEPFAR priority areas this also is closely aligned to *axe stratégique 2* of the DRC National Strategic Plan 2010–2014—universal care and access to treatment—which focuses on improved medical care and psychosocial and home-based care. ProVIC's care and support activities contribute to achieving this in a number of ways, for example through developing a strong referral and counter-referral system to ensure people receive the treatment they need, ensuring cotrimoxazole prophylaxis availability, health monitoring and screening, nutritional support, establishment of SHGs, and continuing to improve home-based care.

Activity 1: Ensure PLWHA are diagnosed early in their infection and that they receive the necessary care in order to manage the disease

The aim is that people are diagnosed early in their infection and are then able to receive the necessary care earlier in order to maximize the benefits of HIV treatment and care for themselves and their families. Early identification can also enable people to manage the disease and take steps to reduce transmission risks.

Traditionally, care and support services are accessed by PLWHA after their diagnosis as HIV positive. It is not uncommon for there to be a lag time between diagnosis and care and support services. As an integrated project, ProVIC is in a unique position to assure that early identification of newly diagnosed PLHIV leads to seamless care and support services without any delay which could have detrimental outcomes for individual PLHIV.

To achieve this will require stronger linkages between the different elements of the project, in particular HCT, PMTCT, and care and support (C&S) to ensure that people identified as needing to access testing through C&S (e.g., home visits, SHGs) will be able to access it, but they will then also be referred back to the necessary C&S services within the community including SHGs, as will others who have accessed testing without initial involvement of C&S. It crucially requires development of a strong bi-directional referral system that ensures that facility-based and community- or home-based services are linked, and which is available and accessible to all family members, including children. The system should also cater for the needs of MARPs and the children of MARPs.

Linkages between the different components of the project will be critical. Community mobilization will continue to be key to increase testing rates. People whose awareness around HIV has been increased by community mobilization activities will be motivated to be tested. Those who are found to have the virus will be referred to a social worker (grantee staff) for counseling. Social workers are an excellent bridge between the different elements of care—medical, social and community—as they will be in contact with care givers, C2C group facilitators, SHG facilitators, and health facilities. They will also refer newly diagnosed people to an SHG, either in the community or integrated into a health facility, and a medico-social folder will immediately be opened for the new client. The social workers will be crucial in the functioning of the referral and counter-referral system, ensuring people are referred for CD4 counts, for cotrimoxazole prophylaxis, to start ART if necessary, and that they are able to access education around treatment, nutrition, and positive health, dignity, and prevention. They will therefore work closely with the new health systems strengthening specialist (to be recruited in

Year 4) to ensure the development of an effective and efficient system. This system will also allow regular monitoring of the health of the clients.

A mechanism for following up on those who drop out of care will also be put in place. People may stop attending medical appointments or SHGs for a number of reasons (moving, frustration, stigma, discrimination, death, family problems, etc). This will have a negative impact on preventing new infections, encouraging positive health, and adherence to treatment. Therefore, if someone misses two medical appointments or two sessions of their regular SHG, this will trigger the grantees through the social workers to conduct home visits to see if these people can be reintegrated into the care and support systems. It will enable identification of the reasons for drop out, thereby allowing measures to be put in place to improve the service offered.

Additionally, the linkage between C&S and PMTCT will be further strengthened by the integration of SHGs into PMTCT sites. This integration will facilitate the mentoring and coaching of community care and support activities through the health zone liaising with grantees and ProVIC care and support staff, thereby contributing to the continuum of care and support services. This critical link between the clinic-based PMTCT interventions and the community-based SHG will allow volunteers to support and accompany women through the PMTCT cascade of services and improve their retention in services and return for infant testing but also help reinforce both pre- and post-natal messages at the community level related to nutrition, treatment adherence, and infant feeding advice. In mentor mother pilot sites, this referral to mentor mothers will be an essential step (see IR 1.3).

C&S will also play an important part in ensuring that testing for early identification is achieved through discussions around the importance of early identification in SHGs, C2C groups, during home visits, and also at HCT locations through discussions about testing of partners and other family members. An additional area of work will be the organization of broader CC events to increase awareness around the need for testing.

Activity 2: Enable PLWHA to access the services, treatment, and knowledge they and their family need to remain healthy

ProVIC will support activities to ensure that beneficiaries have access to services, treatment, and knowledge they need to maintain their health. A particular focus will be to continue provision of cotrimoxazole prophylaxis and to strengthen TB testing, diagnosis, and treatment in line with PEPFAR guidance.

According to PNLS guidelines, 100% of ProVIC support PLWHA will receive cotrimoxazole to decrease the occurrence of opportunistic infections and episodes of illness. The cotrimoxazole will be procured through ProVIC's procurement and logistics specialist and kept under the responsibility of the health zone. The grantees will make requests based on the needs of the SHGs (in order to avoid over medication or treatment making its way onto the black market), and this will then be approved by the health zone. The grantees (doctors and social workers) will ensure the distribution. Potential side effects of cotrimoxazole treatment will be discussed in SHGs, home visits, and during routine medical appointments. PLWHA are advised to attend the closest health facility as soon as possible if they experience any of the potential side effects associated with cotrimoxazole.

The health of PLWHA will continue to be monitored (for opportunistic infections, TB screening, CD4 counts, and malaria diagnosis) by health facility and grantee doctors to enable timely and accurate treatment and support.

A particular emphasis will be put on screening for and diagnosis of TB in line with PEPFAR guidance including the hiring of a TB Program Officer to support this expanding activity. 100% of ProVIC-supported PLWHA will receive screening for TB. In Q1 of FY13, ProVIC will coordinate a large TB screening and referral campaign among its SHGs and the hospitals in which it operates. This will be done in close coordination with the provincial and health zone levels. By improving the understanding of SHGs around TB, those with chronic coughs and other symptoms will be more quickly recognized and referred. Regular monitoring will allow identification of those with extra-pulmonary TB and enable them to be treated. ProVIC will also link with Club Damien (people who have experienced TB) volunteers. Where TB2015 is operational, in Bukavu for example, PATH/TB 2015 will provide additional support to ProVIC to improve the understanding of PLWHA with regards to TB.

The existence of an effectively functioning referral and counter-referral system is again a key component of ensuring that PLWHA access the services, treatment, and knowledge they need to keep themselves and their families healthy. This will include the detection of PLWHA who are acutely malnourished, which will be carried out by health zone nutritionists or grantee nutritionists. Additionally, caregivers who have been trained by ProVIC to diagnose malnutrition will be able to detect cases within the community, in SHGs, and during home visits. Those PLWHA who are diagnosed as acutely malnourished will be referred in line with the National Protocol for Nutritional Management of PLWHA, to nutritional rehabilitation centers for therapeutic or supplementary feeding. The follow-up element of the system will enable ProVIC to adequately follow these people and ensure they receive the treatment needed, or if not, take action to improve the care received by these people. This will be carried out by health zone nutritionists or grantee nutritionists. Upon discharge from the nutritional rehabilitation centers continuation of nutritional rehabilitation will take place in the community. Nutritional kits will be distributed in a targeted manner to the most clinically malnourished PLWHA with an emphasis on pregnant women living with HIV. Advice and education regarding nutrition and cooking demonstration activities will continue as a routine activity during SHGs.

SHGs and C2C groups will also remain a strong mechanism for discussing the issue of remaining healthy using the Positive Health, Dignity and Prevention approach. Additionally, education around treatment and nutrition and infant feeding will be further strengthened through SHGs and health facilities addressing subjects such as adherence to ART, cotrimoxazole prophylaxis, prevention and treatment of STIs, Nutritional Assessment Counseling and Support (NACS), WASH, and use of mosquito nets.

Home-based care visits will continue to be a key approach within the care and support component of ProVIC. These will be targeted particularly at those who have dropped out of care, patients in need of palliative care, PLWHA recently discharged from hospital, and bereaved families to ensure that these vulnerable patients receive support in order to keep themselves healthy. Each caregiver will follow approximately 46 PLWHA per year.

Activity 3: Enable PLWHA to access the support they need to achieve an improved quality of life for themselves and their families

Achieving a better quality of life for PLWHA and their families relies on a number of important elements including the continuation of psychosocial support through SHGs and C2C groups. Year 4 will also see a focus on strengthening income-generating activities in collaboration with LIFT, using a Village Savings and Lending Approach(VSLA). This will increase the ability of PLHIV to support themselves and their families.

SHGs continue to be an important focus for ProVIC and Year 4 will concentrate on increasing the autonomy of these groups so that they are able to be self-determining and independent, fully meeting the needs of their members. For groups to be autonomous it is necessary that they themselves determine the shape they want to take and what they do. This inevitably leads to diversity. The role of the grantees is to support groups so they can serve the purpose the members want and need them to serve. Year 4 will involve the analysis of the diversity of the groups, the differing models that have evolved, and how best grantees can support these different models. Through a series of coordinated campaigns, ProVIC will continue to promote positive health, dignity, and prevention through the groups and continue to offer a standardized set of services, including:

- Nutritional counseling
- TB screening
- Linkages/referrals for clinical services
- Provision of cotrimoxazole
- Linkages to VSLA
- Psychosocial support

The focus on positive health, dignity, and prevention in SHGs and health facilities aims to promote behavior change to enable PLHIV to live healthy, dignified lives. Exchange visits among SHGs will allow for cross-fertilization of best practices. Linkages will be made to mentor mothers groups in mentor mother pilot sites (see PMTCT section, IR 1.3).

Activity 4: Support PLHIV to be able to manage the disease, understand, and take steps to reduce the transmission risks to others

A large part of this work will be delivered through positive health, prevention, and dignity work with SHGs, developed on the understanding gained in Year 3 in terms of knowledge, attitudes, and practices at a provincial level around these topics. This will raise awareness around topics such as high-risk behaviors, condom use, risks associated with alcohol and drugs, and screening and treatment of other sexually transmitted infections. However, this will need to be linked to facility-level and community-level services and ensuring people know where to access services. The referral and counter-referral system will therefore be essential, as will access to male and female condoms that ProVIC will provide through SHGs. Discussion around the risks associated

with sexual behavior will be discussed in the SHGs as mentioned, but also counselors will discuss and evaluate risk with clients during reproductive health consultations and provide advice regarding risk reduction.

PMTCT is obviously a key element when talking about prevention of transmission from HIV-infected to uninfected persons. The integration of SHGs into PMTCT sites under Sub-IR 1.3 will be one mechanism to strengthen this aspect of prevention, but in Year 4, ProVIC intends to increase the links between SHGs and mentor mothers (an approach introduced in the PMCT component of ProVIC) in order to raise the awareness regarding PMTCT and provide an additional support mechanism in particular in relation to follow-up support for women in the community both in the pre- and postnatal period.

Activity 5: Strengthen the capacity of all those involved to deliver high-quality adult care and support

In order to deliver high-quality palliative care, all those involved need skills, knowledge, motivation, and support. In order to do this ProVIC will provide coaching and mentoring activities for health care providers, social workers, and community workers on Positive Health, Dignity and Prevention, nutrition, and HIV and group counseling.

Exchanges of experience for those involved in HBC, SHGs, and C2C groups will be facilitated. These will provide an opportunity for these people to discuss together common challenges, experiences, and solutions and offer support and motivation to each other.

Best practices and lessons learned in palliative care will be documented and shared between all relevant project stakeholders (e.g., grantees, SHGs, Champion Community Steering Committees, government) both within and between provinces in order to increase understanding of good practices.

Sub-IR 2.2: Care and support for OVC strengthened

The overarching aim of care and support for OVC in ProVIC is to improve child outcomes through strengthening the ability of families and communities to care and protect children in line with PEPFAR guidance, with a particular emphasis on promotion of education of girls and care and support through C2C groups.

C2C groups are a key approach used within ProVIC. The aim of the C2C methodology is to develop a care and support system in which children fully participate in identifying their needs and are supported to find ways of addressing them through C2C groups and other ProVIC interventions. The C2C methodology relies on a participatory process to develop the problem-solving ability of the children so that they become the agents of change, introducing ideas and engaging in dialogue with their family and other children and the broader community to ensure that the expressed needs of children are addressed.

However, in order to meet the wide range of needs for vulnerable children it is critical that they are considered within all aspects of ProVIC's work. ProVIC needs to ensure that it has a family-centered approach that strengthens systems at the community level and that considers children whether it be testing, referrals, follow-up, or TB screening. Therefore C2C groups remain a

critical entry point for work with OVC but closely linked to the work of home-based care programs and SHGs in supporting continuum of care for children and their families and the identification of vulnerable children through the prevention, PMTCT, palliative care, and HCT components.

The activities under Sub-IR 2.2 are also closely aligned to strategic axis 3 of DRC's National Strategic Plan 2010–2014—mitigating the socioeconomic impact of HIV and AIDS—which includes reducing the socioeconomic impact of HIV and AIDS, promoting an environment that fights against stigma and discrimination and support for OVC. Through increasing the voice of OVC to ensure their needs are being met, having a strong focus on education, working with human rights organizations, and household economic strengthening activities ProVIC contributes to achieving this component of the national strategic plan.

Activity 1: Support families to assess the needs of their children and to access the necessary services and support to decrease their vulnerabilities

It is essential that families of OVC be supported as a strong foundation for all additional activities in support of OVC. Attention will be placed in Year 4 on building on the work supported by LIFT to strengthen income-generating activities within ProVIC to build the capacity of families and individuals to manage such grants in a way that will benefit OVC.

There will also be a focus on *mutuelles de santé* for OVC, whereby grantees sign an agreement with a private provider. Together the grantees and the *mutuelle* decide what health services will be covered and the grantees contribute a certain amount of money in order to benefit a given number of OVC, negotiated with the *mutuelle* and based on the level of their vulnerability. The *mutuelle* then provides the necessary services. Families would also be able to join the scheme, which the grantees should encourage.

In order to improve the status of OVC, educational exchanges and parenting skill-building sessions in SHGs, C2C groups and community forums on topics identified by children will be promoted, thereby helping to achieve a more coherent family-centered approach whereby the concerns of children are heard and steps can be taken to address those concerns.

Activity 2: Strengthening OVCs education and addressing barriers to education

It is well accepted that education can contribute to significant improvements in the lives of OVC and their families and contributes to decreasing vulnerability. However, children affected by HIV and AIDS face many barriers in accessing and staying in education. In Year 4 ProVIC aims to strengthen linkages between communities and schools and will place a firm emphasis on children completing primary school, in accordance with the PEPFAR guidance. Particular attention will be given to girls' access and retention in primary and secondary education and prioritizing those who will finish primary or secondary in its entirety.

Access to and retention in education and/or vocational training will continue to be supported through block grants (in high-prevalence settings such as Katanga) or payment of school fees, with the targeting criteria examined to ensure this support is targeted in the most appropriate way. The Champion Community steering committees will be involved in developing processes

for identifying vulnerable children that need to be supported in education; this involves supporting individual households but also strengthening systems at the community level that promote the value and protective nature of education and can identify who is not benefitting.

A working group, consisting of ProVIC, CC steering committee members, Ministry of Education, Ministry of Social Affairs, and parents' associations will be established in order to support grantees in carrying out ProVIC's work on education, providing advice, supervision, and monitoring. This will include assisting grantees to ensure that the needs of children of MARPs, who may face additional stigma, exclusion, or discrimination, are also considered and addressed where feasible. Additionally the relationships between the community, schools, other educational partners, and OVC support networks will be strengthened in order to better address the many barriers to education faced by children affected by HIV and AIDS. This will involve organizing advocacy meetings and training/sensitization of key stakeholders in order to ensure their commitment to education of OVC and to create a protective environment within the educational system for OVC. Creating this safer environment will also be promoted through building the capacity of teaching bodies to effectively fight against stigma and discrimination and provide care and support within the school setting to HIV-affected children.

Activity 3: Increase the awareness of families and other persons involved in child protection and children's rights and how to reinforce child protection and children's rights

PLHIV and their families have certain legal rights, but these are often not fully exercised due to a lack of awareness and limited support being available. Working through government at the community level and with local legal NGOs including Centre de Solidarite Nationale and Arche-alliance, ProVIC aims to increase awareness of parents, families, and communities on child protection and children's right issues as well as ensuring that the law is being applied. This will include encouraging the networking of actors and partnership with human rights organizations to increase the accessibility of support to those needing to exercise their legal rights in order to protect themselves and their children against abuses, violations, stigma, and discrimination. Addressing human rights issues among PLHIV, OVCs, and families will positively impact on all care and support activities by making the environment more favorable.

Activity 4: Strengthening OVC capacity to deal with reproductive health and environmental issues

ProVIC is aware that in order to fully address the needs of OVC their sexual and reproductive health needs also need to be considered. C2C groups and home-based care visits are both key entry points for working with OVC and addressing issues such as preventing STIs, early pregnancy, HIV, and other environmental diseases such as cholera, bilharzia, etc. Education around family life, reproductive health, hygiene, and environmental health will be integrated into both these activities. The newly developed, DRC-specific C2C manual will be used to train trainers and facilitators of C2C groups and will be made available to assist with improving the quality of the C2C groups.

Intermediate result 3: Strengthening of health systems supported

Overview and strategy

ProVIC's health systems strengthening component reflects PEPFAR guidance which advocates assisting government institutions to develop their own systems that follow best practices at different levels—national, regional, and district—as well as with civil society and local NGOs. In this light, ProVIC will work with government institutions at both national and provincial levels, and with its 14 implementing partners (local NGOs) in four provinces (now five) to ensure better-quality service delivery and coordination, referrals, and oversight in its core components: HCT and prevention, PMTCT, and care and support.

In FY 2012, support to government institutions focused primarily on the policy level, such as technical support to finalize the DRC national nutrition protocol for PLWHA. The work with the NGOs focused on developing both their administrative/financial capacity and more so their technical capacity to work effectively to strengthen community-based structures' (Champion Community steering committees, community volunteers, and SHGs) ability to support communities and offer community-level services. Work with the government has been broader supporting policy development, tools development, training, and coordination—the benefits of which reach beyond ProVIC's Champion Communities.

In FY 2013, an essential focus of the support to government institutions comes in support to strengthening referral networks and systems through the roll-out of service directories as well as the time-intensive process of ensuring that all actors in the referral system recognize other actors in the system, as well as routinely use the government tools to track movements of beneficiaries through the system. Linkages between ProVIC-supported health systems and the Champion Communities will be a focus, as will be ensuring that the health zone and the provincial level play their oversight and coordination roles.

In Year 4 ProVIC will continue this two-prong approach, supporting government institutions and ProVIC's NGO partners. In addition to the referral network activity described above, work with government partners will in particular focus on supervision, coordination, and leadership in HIV-related activities, and training of health care providers on HIV-related topics including commodity management, PMTCT, and performance-based finance systems. Work with the

NGOs will focus on strengthening financial systems and governance so their community-based role is accountable.

Activity 1: Strengthen the referral and counter-referral system

In Year 4 ProVIC will make a concerted effort to link its community-level and health-facility level activities together seamlessly while ensuring alignment with health zone activities. While ProVIC components are focused on both community structures and government health services, they need to be better integrated not only with each other (prevention, HCT, PMTCT, and care and support) but with the existing structures in the health zones to provide access to comprehensive care. Continuing to strengthen the referral system in the health zone is a key strategy to ensuring the continuity of services for the client. ProVIC's added value will be putting emphasis on community involvement in the referral and counter-referral process. ProVIC will assign three additional staff to be located in the three priority provinces: Katanga, Kinshasa, and Orientale to promote a more effective referral mechanism, monitor the referral process, and provide support to ProVIC and the government service providers in the health zone on how to strengthen referrals and improve access to care. Ideas from the inter-government and NGO visit to Burkina Faso have influenced the proposed system and learnings from the health-seeking behavior assessments will be taken into consideration.

During Year 4, a meeting will be held with the community leaders, health facilities, and community-based facilities to discuss ways of improving the referral system. This will be followed by in-service refresher training to be organized for all service providers for appropriate use of the referral system, including the referral tools developed jointly with government partners. Findings from the health-seeking behavior study will be shared in order to address some issues identified as barriers to access to services. The service directories developed last year will be disseminated to all sites and be used as part of the training.

As part of the scale-up in Kisangani, ProVIC will organize the development of an HIV service directory in Year 4. Local short-term technical assistance (STTA) is required to achieve this activity in Kisangani. ProVIC will put greater emphasis at coordination meetings on the follow-up mechanisms required to ensure a well-functioning referral system. Data from the referral system will be discussed during the health zone monthly monitoring meetings and steps for corrective actions agreed.

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

ProVIC has been asked to 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. In Year 4, ProVIC will support joint supervisions at three levels—national, provincial, and health zones. This also fits in the USAID's health zone strategy.

Activity 3: Support the leadership-building activities within programs

ProVIC recognizes that strengthening government leadership is essential to improving services. One strategy involves supporting the government in taking up its rightful 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's role in Year 4 was discussed and agreed on with government counterparts and USAID. Another strategy is supporting government leadership in the development and ownership of nationally recognized and validated training guides for health service providers. ProVIC will provide financial and/or technical support to government structures at the provincial level (PNLS, *Division des Affaires Sociales*, and the Division of Gender, Women, and Children) with their quarterly technical meetings and their annual planning workshop. ProVIC will support MINAS in coordinating a national-level meeting on OVC which focuses on clarifying roles and responsibilities of government and partners. Finally it will support the quarterly task force meeting on maternal and child health program linking it with PMTCT initiatives.

Activity 4: Build the capacity of health care providers

A key role that ProVIC has played is providing government health service providers and laboratory staff with in-service, integrated HIV-related training. In Year 4, ProVIC's training will be adapted to the needs of the providers according to the provincial priorities and with particular emphasis on integration of ProVIC's work into the health zone approach. Training topics include HIV management, biomedical waste management, finger prick testing, and peer education training for MSM and commercial sex workers.

Activity 5: Support commodity management in the health zones

This activity aims to provide supportive supervision to health facilities to properly manage the commodities and medical supplies provided through the program to avoid waste and prevent damage to the quality of products. This activity will be conducted in collaboration with MSH/ SCMS program, a USAID partner, with a mandate to provide supportive supervision at ProVIC sites. ProVIC will fund and coordinate the regular follow-up and formative supervision at health facilities in all five provinces.

Activity 6: Support the PNMLS in the development of standards and guidelines on community approaches

As illustrated in the recently published World Bank evaluation of community responses on HIV/AIDS, working with communities is a key strategy to changing attitudes and behavior and ensure increased health-seeking behavior and reducing the incidence of HIV[2]. Important in this is the role of community groups and a peer–to-peer approach in supporting behavior change.

PNMLS has requested support from ProVIC to assist them in the development of a national guideline on the principles and standards for organizing community-based responses to fight

[2] Rodriguez-García R, Simms B. Investing in Communities to Achieve Results: A Summary of the Findings from the Evaluation of the Community Response to HIV and AIDS. 2012. Available at: http://aidsconsortium.org.uk/wp-content/uploads/2011/11/Summary-Synthesis-Paper-2-9-12.pdf. Accessed October 22, 2012.

HIV. ProVIC clearly offers a range of its own experience having set up the Champion Community approach, has strengthened the self-help groups for PLWHA and introduced child-to-child groups to support vulnerable children, as well as introduced a peer-to-peer approach when working with sex workers and MSM. However, given that there are a number of different community-based approaches followed by organizations across DRC, a guideline will help PNMLS in promoting sustainable and effective responses. ProVIC will support PNMLS to organize a workshop with partners to share different models and good practice. ProVIC will assist in writing up these experiences into guidelines, thereby drawing on both the wealth of experience from ProVICs international partners (International HIV/AIDS Alliance and Chemonics) and recognizing the importance of starting where local organizations are and ensuring national buy-in from government and local organizations.

Activity 7: Reproduce and disseminate tools, manuals, and policy documents associated with ProVIC's interventions

ProVIC will print and distribute government approval tools and other documentation for HCT, TB, and GBV screening, care, and support (*fiche medico-sociale*). Guidelines and job aides for PMTCT, mentor mothers, and guides and tools for palliative care (*boites d'images*) will also be printed and shared with partners, tools for of reaching MARPS with prevention messages, family planning, GBV, referral and counter-referrals directories, guidelines for VSLA etc.

Activity 8: Conduct integrated supervision

ProVIC will revise its methodology of technical supervision from a technical area supervision (HCT, PMTCT) to a greater focus on integrated supervision in which the entire system of services and referrals within CCs will be analyzed and recommendations for improvement will be generated. Specific technical interventions will still occur, but primarily in the case of launching new activities (mentor mothers and VSLA) and providing technical assistance on innovative approaches that are not fully up to speed (use of PIMA and CD4) or problem-solving.

Sub-IR 3.2: Capacity of NGO providers improved

ProVIC's 14 NGOs are in the third year of receiving USAID funds to coordinate community responses to tackle and mitigate the effects of HIV. While government services struggle to meet all the health service needs in these communities, these NGOs supplement this role by enabling community structures to identify needs, provide support to PLWHA and their families, and promote prevention amongst MARPs and make linkages with government health services. A new NGO health systems strengthening specialist will be employed to ensure both technical and organizational capacity-building elements are well coordinated between international ProVIC partners, with monitoring systems and supervision in place to assure the quality of practices introduced through formal training. In addition to supporting the organizational capacity-building of NGO partners, the NGO health systems strengthening specialist will be involved in strengthening linkages between government and civil society partners to ensure country ownership of HIV programming beyond the life of ProVIC.

Activity 1: Strengthen the organizational capacity of partner NGOs

In Year 4, ProVIC will reinforce the organizational capacity of the grantees through follow-up of the technical assistance priority action plan developed during previous years. Focus will be on addressing weaknesses identified both through the individual organizational capacity assessments and during the Quickbooks training. The organizational capacity assessments form a baseline for the grantee's capacity development plan. The first main assignment will be to assist the partners with updating their administration and financial manuals as planned in Year 3 but postponed to Year 4. In addition, ProVIC plans to ensure that the implementing partner understand the importance of transparent governance and accountability mechanisms to reduce risk and improve the quality of delivery, with particular support to Fondation Femme Plus.

Sub-IR 3.3: Strategic information systems at community and facility levels strengthened

ProVIC's M&E focus for Year 4 aims to create even greater effectiveness and efficiencies through its mainstay strategies, namely, supporting M&E systems at all levels, improving partners' M&E capacities, and strengthening M&E reporting systems. With changes to project programming such as expansion to Kisangani, PMTCT acceleration, and integration of GBV and family planning, M&E efforts need to comprise these new areas and partners, monitor the implementation efforts, report results and support utilization of information to refine project strategies and improve service delivery. This year there will be an added emphasis on data use and analysis. ProVIC's goal for Year 4 is to not only obtain high-quality data from implementing partners, but also be able to *utilize* the data via the database to describe ProVIC's achievements and make comparisons by province, implementing partner or project component.

Activity 1: Strengthen ProVIC's M&E system through ongoing coordination with other technical areas

Preparations are still underway to finalize the protocol for service providers to screen GBV clients. Once finalized, the M&E team will work with the implementing partners to ensure a common understanding of the GBV indicators and tools. Increasingly, the M&E specialists are collaborating more with other technical program coordinators to increase impact and efficiencies. For example, since the third quarter of Year 3, technical coordinators and M&E specialists have conducted joint monitoring site visits; the result of this is greater synergies between technical units and increased monitoring of technical areas, including that of M&E. In Year 4, the national technical coordinator and national M&E specialist will continue to conduct joint site visits as well as joint regional monitoring missions.

Activity 2: Provide technical assistance for M&E activities PNMLS, PNLS, and MINAS at the national and provincial levels

At the national level, as the largest USAID-funded HIV/AIDS project in the 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 into national planning and multi-sector strategy development as well as ongoing support with production and dissemination of revised M&E framework and plans with 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.

In Year 4, ProVIC will coordinate with Capacity Plus to leverage needed technical assistance to MINAS in developing the OVC database system among other M&E activities. ProVIC and MINAS will also conduct joint monitoring missions to increase M&E synergies, and in turn, efficiencies and impact. Another objective of these missions is to build the capacity of MINAS at the national and provincial levels.

Activity 3: Strengthening MINAS' M&E systems through joint missions and technical assistance in developing a national OVC database

As MINAS makes progress on creating a national OVC framework including tools for data reporting the past two years, efforts to mainstream the OVC M&E continue into Year 4. ProVIC will support MINAS in the development of data collection tools and a set of OVC indicators as requested and in coordination with the CAPACITY Plus project. Getting consensus and understanding on indicators, their definitions, and what data to collect will be important in improving national OVC data. ProVIC will also provide logistics support to MINAS in its efforts to set up a database in Bas-Congo and Sud Kivu. The goal is to simplify the national OVC M&E system so that data across partners are comparable and can be easily accessed for analysis and therefore guide decision-making.

The entire ProVIC M&E team 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. The national M&E specialist, with support from PATH's DC-based M&E advisor, will also continue to identify and address gaps using the aforementioned tools and strategies to improve M&E reporting and feedback loops at all levels.

Activity 4: Building implementing partners' M&E capacity

To obtain high-quality reporting, ProVIC's implementing partners need to be equipped with basic M&E understanding and be able to operationalize PEPFAR indicators knowledge. In the last two years, implementing partners received two different M&E trainings; a four-day M&E training workshop focusing on ProVIC data collection and reporting requirements including PEPFAR indicators, and another four-day data cards training. Building on previous trainings ProVIC will provide coaching on data analysis, using ProVIC's data collection tools and reporting template; data quality assurance will also be briefly presented. This training will be co-facilitated with representatives from PEPFAR, PNMLS, and PNLS.

At this juncture of the project life, the most effective way of reinforcing technical support to partners is still through regular monitoring and data quality assurance efforts. ProVIC is already doing this via regular monitoring and routine data quality assessment (RDQA). The 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.

Activity 5: Building partners' M&E capacity through the peer-to-peer capacity development approach

In Year 3, ProVIC commenced piloting an innovative capacity development strategy, which was presented in June 2012 at USAID Forward's Local Capacity Development Summit in Washington, DC, with the aim of producing high-quality reporting and at the same time strengthening further implementing partners' M&E capacity. In recognition that some implementing partners have made great progress in terms of M&E capacity while others were lagging behind, ProVIC encouraged one grantee in Kinshasa to act as the lead or coach to show two other grantees by example how data collection and reporting are done. Although it is still early, this pilot has demonstrated positive results thus far. In Year 4, the peer capacity development strategy will be scaled up and implemented in the three other provinces—Bas-Congo, Sud Kivu, and Katanga. In each region, a coaching grantee will support two other grantees in data collection and reporting issues.

Activity 6: Improving implementing partners' capacity to conduct quality improvement and provide high-quality service

Working with a consultant from URC with PNLS' limited involvement, ProVIC will adapt quality improvement (QI) tools to the local context and undertake QI. The DC-based M&E advisor is tasked to provide QI technical assistance after the URC consultant's period of work is completed. Since the QI framework assumes that implementing partners play a key role in assessing and improving their own service delivery mechanisms, implementing partners will learn how to assess quality of care and come up with feasible solutions.

Activity 7: Ongoing datacard technical support to implementing partners to improve M&E reporting

One of the more important M&E milestones to date is the development of the online database. The advantages of the database are many including reducing double counting, improving data quality, allowing easy access to data to extract and conduct analyses, tailoring strategic information, and reporting to the specific audiences. For ProVIC, it will be important to analyze data on care and support in particular; with the alignment of the database design to PEPFAR requirements, generating donor reports will be much easier.

The M&E team will continue to provide close supervision and technical support to certain implementing partners in entering data into the Excel-based datacards. Entering historical data into the database is anticipated to be completed before the end of the second quarter. The external consultant Vera Solutions will continue to make revisions and refine the architecture of the database as well as provide technical assistance to ProVIC in the initial year of operation. The database designer, now based in Kenya, will provide a technical visit in Kinshasa to support the M&E team to exploit the data and make use of the many analysis and reporting options available.

Activity 8: Improving reporting through RDQA

For over a year now, ProVIC has put in place a system to assess data collection and reporting of implementing partners with the goal of improving overall data quality and reporting. The review of Year 3's RDQA activities indicates that RDQA efforts have resulted in improved quality of

data in more than half of implementing partners, which means that ProVIC reporting has also improved over the course of the year. In Year 4, RDQA efforts will be expanded to the newest region, Kisangani. The lead RDQA will provide hands-on training with the Kisangani specialist to roll out the RDQA in Kisangani.

Grants and agreements

In Year 4, ProVIC will extend or issue three types of agreements to local partners across its five operating provinces: standard grants, fixed obligation grants (FOGs), and agreements with public health structures, including both health facilities and health zones (collaborative accords). These agreements will total approximately $3.6 million in support.

Standard grants

Since Year 2, ProVIC has worked with 14 local nongovernmental organizations that cover the catchment area of the project, investing considerable resources in these organizations to implement community-level interventions such as the Champion Community approach, prevention messaging for behavior change, self-help groups, and community and mobile HCT. These 14 grantees will continue to be our main local partners throughout the life of ProVIC. The 14 current partners include local faith-based groups, youth groups, associations of PLWHA, cooperatives, and educational groups. ProVIC Champion Communities are supported by these grantees. Year 4 standard grants to these partners total a not-to-exceed amount of $2,683,589. Please see Annex B for more information.

Fixed obligation grants

ProVIC will issue 24 FOGs to private-sector health facilities, including 15 FOGs associated with the PMTCT Acceleration Plan. The total, not-to-exceed, ProVIC-supported value of these grants is $419,416. Annex C summarizes these grant recipients: four in Kinshasa, 11 in Katanga, three in Sud Kivu, and six in Orientale.

Agreements with public facilities (collaborative accords)

In Year 4, ProVIC will issue 19 collaborative accords to public health facilities. These agreements, with an approximate total award value of $336,675, will support ProVIC's HCT, PMTCT, family planning, outreach, TB screening, and other HIV/AIDS-related care and support-related interventions in all five ProVIC operating provinces. Please see Annex D for a listing of these public health facilities.

Agreements with health zones

In response to USAID's evolving health zone strategy, ProVIC will seek to strengthen the capacity of health zones to improve coordination and communication of the health zones where ProVIC operates. ProVIC anticipates developing 34 Accords de Collaboration with health zones, at roughly $5,000 each. These accords will support key coordinating efforts such as communication, validation and coordination meetings, monitoring, referral and counter-referral system supervision, and commodities tracking. Monitoring and coordination costs, such as

access to internet, telecommunications, fuel for supervision, and some office supplies, will also be supported. Where needed, ProVIC will also supply laptops to enable essential project-related email communications and report development. ProVIC will coordinate with the Global Fund and other donors to limit duplication of support wherever possible, as the Global Fund intends to support supervision costs in some zones.

Commodities and Supplies

During Year 3, ProVIC procured test kits, laboratory supplies, and ARVs for the PMTCT program. USAID informed ProVIC that in Year 3 the Supply Chain Management System project (SCMS) project would procure all the commodities that ProVIC needed starting in January 2012. Based on that, ProVIC developed its procurement accordingly. However, due to a variety of reasons including delays in SCMS' procurement and theft, it was necessary to purchase more supplies and commodities than anticipated.

For year 4, ProVIC will fully rely on SCMS to provide the necessary HIV test kits, ARVs, syphilis tests, ORS and other essential commodities for ProVIC. Below is a list of the proposed medical commodities to be acquired through SCMS:

ITEM	**QUANTITY**
HIV 1+2, Determine, 100 Tests only	1,862
HIV 1/2, DoubleCheck Gold Kit, 20 Tests	385
HIV 1+2, Uni-Gold HIV Kit, 20 Tests	385
Co-trimoxazole 480mg, tablets, 1000 tablets	10,000
Co-trimoxazole 240mg/5ml, oral suspension, bottle of 100ml	1,000
Paracetamol 500mg, tablets, 100 tablets, 10x10 blister	840
Oral Rehydration Salts 20.5g/1 liter (low osm), powder for solution, 100 sachets	50
Blood Collection Tube, K2-EDTA, 6mL, Plastic, Lavender Top, 100 Pcs	1,000
Lancet, Safety, Med to High Flow, 2.0mm x 1.5mm, 200 Pcs	935
Blood Collection Needle, Multi-Sample, 21G x 1.5in, Thin Wall, Luer-Slip, Green, 100 Pcs	1,870
Pipet Tips, Yellow, 0-200uL, Bulk 1000 Pcs	187
Pipet, Transfer, 2ml Draw, Graduated, Non-Sterile, 500 Pcs	370
Gloves, Exam, Latex, Powdered, Non-Sterile, Med, 100 Pcs	3,720
Tourniquet, Latex Free, Blue, Adult, 100 Pcs	500
Prep Pads with Isopropyl Alcohol 70%, Med, 100 Pcs	2,000
Cotton Roll, Absorbent, Non-Sterile, 500g	3,720
Blood Collection Tube Holder, Adult, 13-16mm Tubes, Single Use, non-Sterile, 1000 Pcs	187
Capillary Tubes (Microhematocrit), Heparin, 70ul, 75mm, Red, 200 Pcs	950
MICROVETTE tubes,Tubes capillaires combinés avec Cryotube	900
Gloves, Sterile Surgical, Latex, Powdered, Size 7.5, 50 Pair	2,000
Tape, Surgical, White, Roll 2.5cm x 9m, 12 Pcs	2,000

Precision pipet, 5 à 50 µl	100
Precision pipet 10 a 100 µl	100
Centrifuge, manual	100
Timer, laboratory	100
Safety Lok Blood Collec Set 23G 50 Pcs	360
Tube, Centrifuge, Glass, 12mL, Conical Bottom, Graduated, 12 Pcs	25
Permanent markers	200
Cryobox nalgène pour éch. 25 places	200
Vial, Cryogenic, 2.0mL, Round Bottom, External Thread, 100 pcs	2,000
Tube, Cryovial, Self Standing, 2mL, Internal Thread, 500 Pcs	2,000
Pima CD4 Cartridge Kit, 100 Tests	50
Pima Analyzer, Power Transformer, Power Cable, Pima Bead Standard	10
Pima Finger Stick Sample Collection Kit	50
Pima Printer, w/ 1 Roll Thermal Paper I	10
Pima Printer Paper II, Thermal Paper, Coated, Adhesive, 10 Rolls	10
Pima Bead Standard, 1 Normal Cartridge, 1 Low Cartridge	85
Pima Analyzer bag	10
Portable cool box (15 L each)	50
Biohazard waste bag	100
Biohazard Waste Container, 19L, Each	100
Sharps Safety Box, Incineration Container, 5L, 25 Pcs	150
Speculum, Cusco Vaginal, Large, Each	8
Speculum, Cusco Vaginal, Medium, Each	8
Speculum, Cusco Vaginal, Small, Each	8
Thermometer, Wall thermometer	80
Lamivudine-Zidovudine-Nevirapine 150+300+200MG/tab TABLET (PO)	4,000
Nevirapine 10MG/ml SUSPEN (PO)	1,000
sulfamethoxazole-trimethoprim [co-trimoxazole] 400+80MG/tab TABLET (PO)	300
Zidovudine 300MG/tab TABLET (PO)	500
sulfamethoxazole-trimethoprim [co-trimoxazole] 240mg/5ml SUSPEN (PO)	50
Benzathine penicillin 2.4MIU, 50 vials	25
Water for injection, 5ml x 100 ampoules	13
Syringe, disposable 5ml	13
Ferrous Sulph+Folic acid 200mg+.4mg	100
Mebendazole, non chewable 500 mg, tablet	100
Sulfadoxine-Pyrimethamine 500/25mg	150
Blood Collection Tube, K2-EDTA, 6mL, Plastic, Lavender Top, 100 Pcs	200
Capillary tubes (Microhematocrit), Heparin, 70ul, 75mm, Red, 1000 Pcs	20
Cotton Roll, Absorbent, Sanitary, Non-Sterile, 1 Roll	400
HIV 1+2, Determine Kit, 100 Tests (WITHOUT CHASE BUFFER)	200
Gloves, Latex, Powdered, Med, 100 Pcs	400

HIV 1+2, Uni-Gold HIV Kit, 20 Tests	185
Lancet, Safety, Med to High Flow, 200 Pcs	100
Blood Collection Needle, Multi-Sample, 21G x 1.5in, Conventional Screw Mount, Thin Wall, Green, 100 Pcs	200
Pipet Tips, Yellow, Bulk, -200uL, 1000 Pcs	12
Pipet Transfer, 2 ml Draw, Graduated, Non-sterile, 1000 Pcs	10
Blood Collection Set, 23G x 0.75in, Winged, w/luer adapter, 12 in Tube, Light Blue Retracting needle, 50	400
Tourniquet, Latex Free, 25 Pcs	800
Vial, Cryogenic, 2.0mL, Round Bottom, External Thread with Cap, Plastic, Natural, Graduated to 0.5mL, Marking Area, 100 pcs	120
Prep Pads with Isopropyl Alcohol 70%, Med, 100 Pcs	500
HIV 1+2, DoubleCheck Gold kit, 20 Tests	185
Syphilis Determine TP, Whole Blood, Kit, 100 Tests	120

ProVIC will budget for the following office supplies and medical commodities that are not available through SCMS in its Year 4 budget:

Equipment	
Line Item	**Total to be Procured**
Toyota 4 x 4 Vehicles	4
Computer Laptops (for government partners)	35
Conference call equipment	1
Printer	5
Office Furniture / Desks for new staff	10
MODEM/antenna	15
Generator	1
Video Projectors	3
Mobile phones for new staff	10
Modems for internet access for health zones	10
Scanners for ProVIC offices	5
Medical/Lab Supplies	**Total to be Procured**
Lab Supplies: PIMA CD4 100 X 100 TESTS	20
Lab Supplies: BD FACSCount CD4 Reagent, Kit de 50 tests	10
Adult weighing scale /Capacity 150 kgs	20
Gloves	400
Medical Trash Cans	200
Sodium Hypochlorite 4% solut° 5l	200
CASSEROLE EN METAL AVEC COUVERCLE	300
Scissor Dressing/ CISEAUX	400
CHLORHEXIDINE+ CETRIMIDE 1L	300
Collecteur BD Guardian Objets coupants tranchants	400
Ethanol 70%, denaturated	100
BD FACSCount Controls Kit 25 Controls run	4

FACSFLOW 20 litres	4
MUAC tape	1,000
PIMA PRINTER PAPER 1 10 PCES	10
PIMA BEAD STANDARD 1 SET	10
FACSRINSE 5 litres	4
FACSCLEAN 5 litres	4

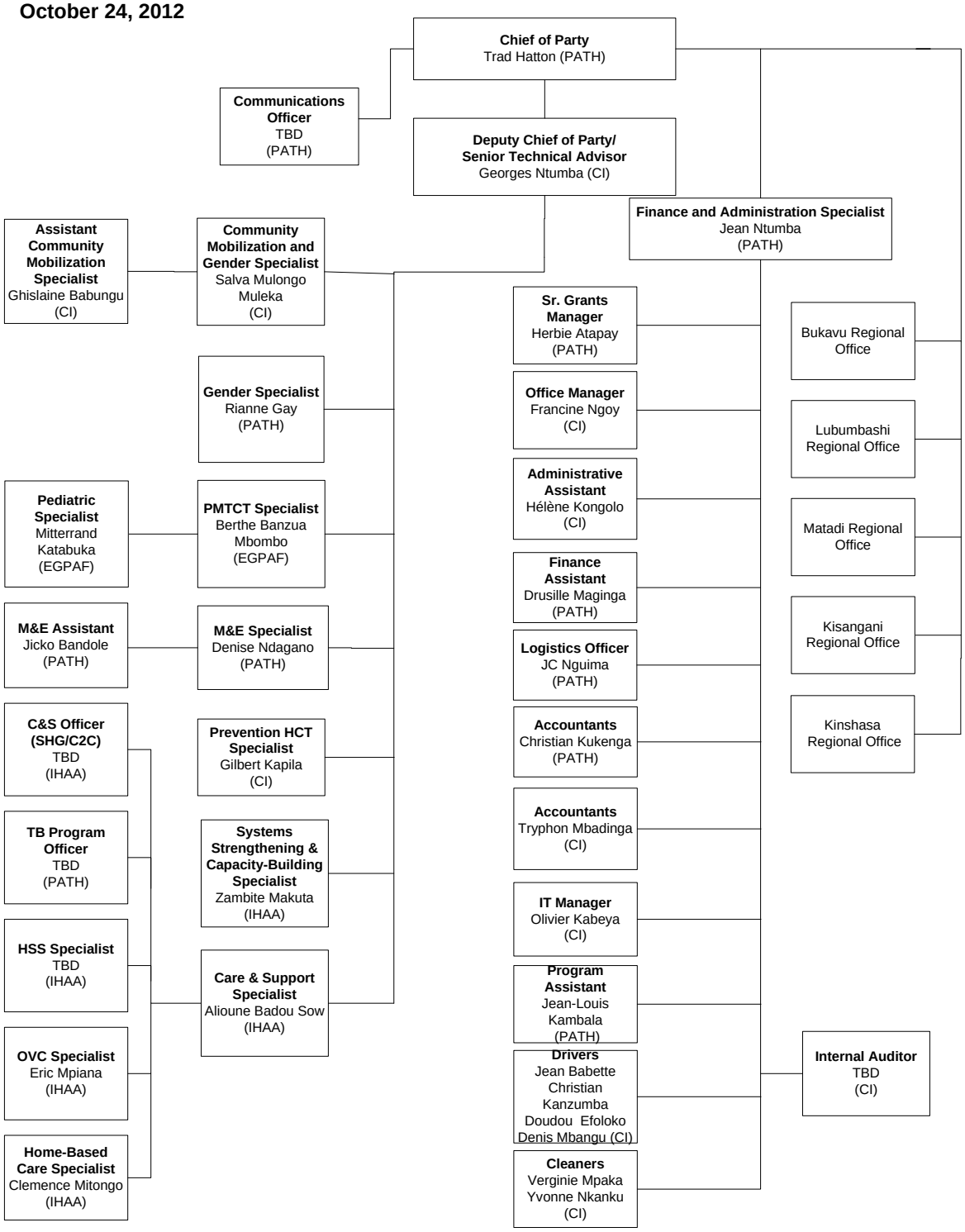
ProVIC has budgeted a total of $425,626 on this list of equipment, supplies and commodities.

Annexes

A. Organizational chart
B. Summary of standard grants
C. Summary of fixed obligation grants
D. Summary of collaborative accords
E. International travel table (please see attached)
F. Year 4 activity Gantt chart (please see attached)

Annex A. Organizational chart

ProVIC
Organizational Chart
October 24, 2012



ProVIC Regional Offices Organizational Chart October 24, 2012

Chief of Party
Trad Hatton (PATH)

Bukavu Regional Office	
Didier Kamerhe (CI)	Regional Coordinator
TBD (CI)	Office Manager
Albert Masheka (CI)	Accountant
TBD (CI)	Prevention Specialist
Alexander Kabanga Wa Kabanga (IHAA)	Care and Support Specialist
Venant Zihalriwa (PATH)	M&E Specialist
Jimmy Kasongo (PATH)	Grants Manager
Kelly Nana Zozo (CI)	Receptionist
Solas Kangeta Djuma (CI)	Driver
Hamisi Muderhwa (CI)	Driver
Gerome Mbuyi (CI)	Driver
Evelyne Bisukiro (CI)	Cleaner

Lubumbashi Regional Office	
Jean Claude Kiluba (CI)	Regional Coordinator
Auguy Yumba (CI)	Office Manager
Didier Mwanza (CI)	Accountant
Lydia Kabamba Mulongo (CI)	Prevention Specialist
Babeth Katumbo Kisimba	Care and Support Specialist (2)
Didier Kabwe	Provincial Pediatric Specialist
Hyancinthe M'Bwaka	Care and Support Specialist
Teddy Kalema (PATH)	Grants Manager
TBD (PATH)	Grants Assistant
TBD (IHAA)	HSS Specialist
TBD (PATH)	Logistics Specialist/ Pharmacist
Mamida Mwilambe Ngoie (CI)	Receptionist
Edouard Yav Mayamb (CI)	Driver
Aristote Mwenyi Wa Nkutshi	Driver
Eulether Ngoie Kabange	Driver
Jeannette Kanyembo Toya	Cleaner
Kashinda Faustin	Gardener

Matadi Regional Office	
Anselme Manyong Kapit (CI)	Regional Coordinator
Fabien Bikoko Mokumesi (CI)	Office and Grants Manager
Justin Kapuku (CI)	Accountant
Chanty Mombo (CI)	Prevention Specialist
Emmanuel Empanzu (IHAA)	Care and Support Specialist
Enoch Nzau (PATH)	M&E Specialist
Sidiki Madeleine (PATH)	Grants Manager
Esperance Kawanga (CI)	Receptionist
Pepe Mbonbo (CI)	Driver
Etienne Katameya (CI)	Driver
Ntsimba Medika (CI)	Cleaner

Kisangani Regional Office	
Dominique Kanku (CI)	Regional Coordinator
TBD (CI)	Office Manager
Francis Ntumba (CI)	Accountant
TBD (CI)	Prevention Specialist
Olivier Sindano (IHAA)	Care and Support Specialist
Raphael Kakudji (PATH)	M&E Specialist
Michel Mafuila (PATH)	Grants Manager
TBD (IHAA)	HSS Specialist
Mamie Mangaza (CI)	Receptionist
TBD (CI)	Driver
TBD (CI)	Driver
Belinda Efulu (CI)	Cleaner

Kinshasa Regional Office	
Gilbert Kapila (CI)	Regional Coordinator
TBD (CI)	Deputy Regional Coordinator
Jean-Marie Bila (PATH)	Grants Manager
Yori Matumona (EGPAF)	Pediatric Specialist

Annex B. Summary of standard grants

GRANTEE	OPERATING PROVINCES	YEAR 4 ProVIC NTE BUDGET (USD)	ILLUSTRATIVE ACTIVITIES
Association Coopérative en Synergie Féminine (ACOSYF)	Sud Kivu	$152,264	• Consolidate and offer integrated prevention (including mobile VCT), FP, C&S, PwP, TB screening, and referral services, as well as community mobilization activities to raise awareness (e.g., around HIV/AIDS, GBV, PMTCT, FP, and other health and community development concerns) among individuals (including MARPs) in 3 existing CCs in the Kadutu and Nyatende health zones.
Association de lutte pour la promotion et la protection des droits de la femme et de l'enfant (ALUDROFE)	Sud Kivu	$122,386	• Consolidate and offer integrated prevention (including mobile VCT), FP, C&S, PwP, TB screening, and referral services, as well as community mobilization activities to raise awareness (e.g., around HIV/AIDS, GBV, PMTCT, FP, and other health and community development concerns) among individuals (including MARPs) in 3 existing CCs (Kalundu, Kimanga, and Mulongwe) in Uvira.
Action Communautaire Sida/ Avenir Meilleur pour les Orphelins au Congo (ACS/AMO-CONGO)	Kinshasa, Katanga	$272,000	• Consolidate and offer integrated prevention (including mobile VCT), FP, C&S, PwP, TB screening, and referral services, among individuals (including MARPs) in 6 existing CCs in Kinshasa (in the Binza meteo, Biyela, Kikimi, Maluku 2, Masina 2, and Mongafula 2 health zones, and in collaboration with local NGOs RNOAC, SWAA, and TIFIE) , and in 5 existing CCs in Katanga (in the Kampemba and Sakanya health zones, in collaboration with local NGOs OLASEC and Bak-Congo).
Bread and Knowledge Too (BAK-CONGO)	Katanga	$115,164	• Consolidate and offer integrated prevention (including referrals for HCT and PMTCT services), FP counseling , C&S, PwP, TB screening, and referral services, as well as community mobilization activities to raise awareness (e.g., around HIV/AIDS, STIs, GBV, PMTCT, FP, and other health and community development concerns) among individuals (including MARPs) in 3 CCs in Kasumbalesa, Kasumbalesa Whisky, and Kasumbalesa Cite in the Sakania health zone.
Bureau Diocésain des Oeuvres Médicales (BDOM)	Katanga	$53,500	• Consolidate and offer integrated prevention (including referrals for HCT and PMTCT services), FP counseling, C&S to OVC, PwP, TB screening, and referral services, as well as community mobilization activities to raise awareness (e.g., around HIV/AIDS, STIs, GBV, PMTCT, FP, and other health and community development concerns) among individuals (including MARPs) in 1 CC, Manika Kolwezi, in the Manika health zone.

GRANTEE	OPERATING PROVINCES	YEAR 4 ProVIC NTE BUDGET (USD)	ILLUSTRATIVE ACTIVITIES
Centre Maman Kinzembo (CEMAKI)	Bas-Congo	$187,244	• Consolidate and offer integrated prevention (including mobile VCT), FP, C&S (particularly but not limited to OVC), PwP, TB screening, and referral services, as well as community mobilization activities to raise awareness (e.g., around HIV/AIDS, PMTCT, FP, and other health and community development concerns) among individuals (including MARPs) and their families in 5 CCs in the Seke Banza and Lukula health zones.
Fondation Femme Plus (FFP)	Kinshasa, Sud Kivu, Province Orientale	$490,000	• Consolidate and offer integrated prevention (mobile VCT), FP, C&S, PwP, TB screening, and referral services, as well as community mobilization activities to raise awareness (e.g., around HIV/AIDS, STIs, GBV, PMTCT, FP, and other health and community development concerns) among individuals (including MARPs) in 8 CCs (2 in Kinshasa, in the Matete and Kingasani health zones; 4 CCs in Sud Kivu, in the Ibanda and Bagira health zones; and 2 CCs in Orientale, in the Tshopo and Makiso health zones.
Jeunesse Active pour le Développement Intégré et lutte contre le VIH/SIDA (JADISIDA)	Bas-Congo	$271,175	• Consolidate and offer integrated prevention (including mobile VCT), FP, C&S, PwP, TB screening, and referral services, as well as community mobilization to raise awareness (e.g., around HIV/AIDS, PMTCT, FP, and other health and community development concerns) among individuals (including MARPs, couples, and youth) in 6 CCs in the Matadi, Nzanza, and Boma, health zones—including the addition of 1 new, MSM-focused CC.
Organisation non Gouvernmentale Laique a la Vocation Socio-Economique du Congo (OLASEC)	Katanga	$107,409	• Consolidate and offer integrated prevention (including referrals for HCT and PMTCT services), FP, C&S, PwP, TB screening, and referral services, as well as community mobilization to raise awareness (e.g., around HIV/AIDS, STIs, GBV, PMTCT, FP, and other health and community development concerns) among individuals (including MARPs) in 3 existing CCs in the Kampemba health zones.
Présentation de l'ONG Progrès Santé Sans Prix (PSSP)	Kinshasa, Bas-Congo	$278,219	• Consolidate and offer integrated prevention (VCT, including mobile), FP, C&S, PwP, TB screening, and referral services, as well as community mobilization activities to raise awareness (e.g., around HIV/AIDS, GBV, PMTCT, FP, and other health and community development concerns) among individuals (including MSM and CSWs) in 5 CCs (3 CCs in the Masina I and II health zones of Kinshasa, and in the Kadutu and Nyantende health zones of Matadi), including adding 1 MSM-focused CC in Kinshasa, and continuing mobile and community-based VCT in Bas-Congo.

GRANTEE	OPERATING PROVINCES	YEAR 4 ProVIC NTE BUDGET (USD)	ILLUSTRATIVE ACTIVITIES
Réseau National des Organisations d'Assise Communautaire des Groupes de Support des Personnes Vivant avec le VIH/SIDA (RNOAC_GS/PVVIH)	Kinshasa	$135,984	• Consolidate and offer integrated prevention (including referrals for HCT and PMTCT services), FP, C&S, PwP, TB screening, and referral services, as well as community mobilization activities to raise awareness (e.g., around HIV/AIDS, STIs, GBV, PMTCT, FP, and other health and community development concerns) among individuals (including MARPs) in 2 existing CCs in the Masina II and Binza Météo health zones.
Society of Women Against Aids in Africa (SWAA/DRC)	Kinshasa	$105,884	• Consolidate and offer integrated prevention (including referrals for HCT and PMTCT services), FP, C&S, PwP, TB screening, and referral services, as well as community mobilization activities to raise awareness (e.g., around HIV/AIDS, STIs, GBV, PMTCT, FP, and other health and community development concerns) among individuals (including MARPs) in 2 CCs in the Biyela and Kikimi health zones.
Teaching Individuals and Families Independence through Enterprise (TIFIE Humanitarian)	Kinshasa	$98,400	• Consolidate and offer integrated prevention (including referrals for HCT and PMTCT services), FP, C&S, PwP, TB screening, and referral services, as well as community mobilization activities to raise awareness (e.g., around HIV/AIDS, STIs, GBV, PMTCT, FP, and other health and community development concerns) among individuals (including MARPs) in 2 CCs in Maluku II and Mont Ngafula II.
WORLD PRODUCTION/School Prevention AIDS and Education Children (WP/SPAEC)	Katanga	$293,960	• Consolidate and offer integrated prevention (including mobile VCT), FP, C&S, PwP, TB screening, services, community mobilization activities to raise awareness (e.g., around HIV/AIDS, PMTCT, FP, and other health and community development concerns) among individuals (including MARPs and couples) in 3 existing CCs in the Kikula, Panda, and Kenya I health zones, and in 3 new CCs in the Kenya and Kapolowe health zones.
TOTAL		**$2,683,589**	

Annex C. Summary of fixed obligation grants

PROVINCE	FOG RECIPIENT	YEAR 4 ProVIC NTE BUDGET (USD)	ILLUSTRATIVE ACTIVITIES
Province Orientale	**Mokili Health Referral Center**	$9,960	Integrated sensitization, PMTCT, HCT, FP, TB screening, C&S, and GBV services
	Muungano Health Center	$14,939	Integrated sensitization, PMTCT, HCT, FP, TB screening, C&S, and GBV services
	Saint Camille Health Center	$9,711	Integrated sensitization, PMTCT, HCT, TB screening, C&S, and FP services
	Pumuzika Health Center	$12,198	Integrated sensitization, HCT, TB screening, C&S, and FP services
	Neema Health Center	$11,350	Integrated sensitization, PMTCT, HCT, FP, TB screening, C&S, and GBV services
	Malkia wa Mashaidi Health Center	$11,503	Integrated sensitization, PMTCT, HCT, FP, TB screening, C&S, and GBV services
Kinshasa	**Kingasani Maternity Hospital**	$45,331	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, TB screening, and GBV services
	Binza Maternity Hospital	$37,553	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, TB screening, and GBV services
	Archdiocese of Kinshasa/Diocesan Board of Medical Works (BDOM KIN) Libondi Hospital Center	$19,102	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, TB screening, and GBV services
	Archdiocese of Kinshasa/Diocesan Board of Medical Works (BDOM KIN) Kikimi Hospital Center	$27,000	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, TB screening, and GBV services
Katanga	**Mlinzi Health Center**	$14,900	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, and TB screening services
	Wantanshi Polyclinic	$15,119	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, and TB screening services
	André Barber Health Center	$11,865	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, and TB screening services

	Paul Marie Boeck Health Center	$12,441	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, and TB screening services
	Our Lady of Mont Carmel Health Center	$11,810	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, and TB screening services
	Saint Dominique Savio Health Center	$12,915	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, and TB screening services
	Garengaze-Le Papillon Medical Center	$11,868	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, and TB screening services
	Saint Charles Polyclinic	$12,284	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, and TB screening services
	Faveur de Dieu Health Center and Maternity	$12,960	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, and TB screening services
	Panda General Reference Hospital	$35,667	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, and TB screening services
	Marie Elmer Health Center	$22,667	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, and TB screening services
Sud Kivu	**CHAI Hospital Center of the 8th Pentecostal Fellowship of Churches in Central Africa**	$10,690	Integrated sensitization, PMTCT, HCT, TB screening, C&S, and FP services
	Cidasa Health Referral Center (CS) Diocesan Bureau of Medical Works (BDOM) Bukavu	$18,333	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, and TB screening services
	Malkia wa Amani Health Center	$17,250	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, and TB screening services
TOTAL		**$419,416**	

Annex D. Summary of collaborative accords

PROVINCE	COLLABORATIVE ACCORD RECIPIENT	ProVIC ESTIMATED AWARD AMOUNT (USD)	ILLUSTRATIVE ACTIVITIES
Province Orientale	**Ya Biso**	$9,809	Integrated sensitization, PMTCT, HCT, TB screening, C&S, and FP services
Katanga	**Kenya General Reference Hospital**	$20,000	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
	Kampemba General Reference Hospital	$20,000	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
	Sendwe General Reference Hospital	$40,000	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
	Kasumbalesa General Reference Hospital	$18,000	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
	Luisha General Reference Hospital	$18,000	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
Kinshasa	**Kikimi Health Center**	$7,837	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
	Londolobe Health Center	$9,425	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
	Bisengo Mwambe Health Center	$9,480	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
	Mbakana General Reference Hospital	$14,247	Integrated sensitization, PMTCT, FP, HCT, C&S, PwP, TB screening, and GBV services
Bas-Congo	**Boma General Reference Hospital**	$18,154	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
	Kiamvu General Reference Hospital	$25,144	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
	Lukula Health Reference Center	$25,952	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
	Kalamu Health Reference Center Maternity	$22,944	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services

	Mvuzi (I & II) Health Reference Center	$21,536	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
	Kinsudi Health Reference Center	$16,476	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
	Kinzau Health Reference Center	$16,464	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
Sud Kivu	**Bagira General Reference Hospital**	$16,762	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
	Nyatende General Reference Hospital	$15,960	Integrated sensitization, PMTCT, HCT, FP, C&S, PwP, and TB screening services
TOTAL		**$336,675**	

Annex E. International travel table

Please see attached.

Annex F. Year 3 activity Gantt chart

Please see attached.