

INTEGRATED HIV/AIDS PROJECT HAUT KATANGA

Fiscal Year 2021 Implementation Plan

October 1, 2020, through September 30, 2021



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IHAP INTEGRATED
HIV/AIDS
PROJECT
HAUT KATANGA

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IntraHealth
INTERNATIONAL
Because Health Workers Save Lives.

The logo for IntraHealth International, featuring a stylized globe composed of interconnected nodes and lines, representing a network or infrastructure.

This document was produced by the Integrated HIV/AIDS Project in Haut Katanga consortium through support provided by the United States Agency for International Development. The opinions herein are those of the author(s) and do not necessarily reflect the views of the United States Agency for International Development or the United States government.

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Abbreviations

| | |
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| ART | antiretroviral therapy |
| ARV | antiretroviral medication |
| Bak Congo | Bread and Knowledge Too Congo |
| COP | Country Operational Plan |
| CSDT | <i>centre de santé de dépistage et de traitement de la tuberculose</i> (tuberculosis diagnostic and treatment center) |
| DATIM | Data for Accountability, Transparency, and Impact |
| DBS | dried blood spot |
| DHIS2 | District Health Information System 2 |
| DIVAS | <i>Division des Affaires Sociales</i> (Social Affairs Division) |
| DPS | <i>Division Provinciale de la Santé</i> (Provincial Health Division) |
| DRC | Democratic Republic of the Congo |
| EID | early infant diagnosis |
| ELIKIA | Enhancing Services and Linkages for Children Affected by HIV and AIDS |
| FY19 | Fiscal Year 2019 |
| FY20 | Fiscal Year 2020 |
| FY21 | Fiscal Year 2021 |
| GHSC | Global Health Supplies Coalition |
| HEI | HIV-exposed infant |
| HIVST | HIV self-testing |
| HTS | HIV testing services |
| HZ | health zone |
| HZMT | health zone management team |
| IHAP-HK | Integrated HIV/AIDS Project in Haut Katanga |
| IIT | interrupted in treatment |
| IPV | intimate partner violence |
| M&E | monitoring and evaluation |
| MOH | Ministry of Health |
| MMS/D | multi-month scripting/dispensing |
| MMD3/MMD6 | multi-month dispensing for three/six months |
| NGO | nongovernmental organization |
| OVC | orphans and vulnerable children |
| PEPFAR | United States President's Emergency Plan for AIDS Relief |
| PITC | provider-initiated testing and counseling |
| PLHIV | people living with HIV/AIDS |
| PMTCT | prevention of mother-to-child transmission of HIV |
| PNLS | <i>Programme National de Lutte contre le SIDA</i> (National Program for the Fight against AIDS) |
| PNLT | <i>Programme National de Lutte contre la Tuberculose</i> (National Program for the Fight against Tuberculosis) |
| PNMLS | <i>Programme National Multisectoriel de Lutte contre le SIDA</i> (National Multisectoral Program for the Fight against AIDS) |
| PNSA | <i>Programme National de Santé de l'Adolescent</i> (National Adolescent Health Program) |
| PoDi+ | community antiretroviral medication point of distribution |
| PrEP | pre-exposure prophylaxis |
| QA | quality assurance |
| QI | quality improvement |
| RDQA | routine data quality assessment |

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| ReCos | <i>relais communautaires</i> (community health workers) |
| RNOAC | <i>Réseau National des Organisations d'Assises Communautaires</i> (National Network of Community-Based Organizations) |
| SGBV | sexual and gender-based violence |
| SIMS | Site Improvement Through Monitoring System |
| SMS | short message service |
| SOP | standard operating procedure |
| SSC | Site Support Coordinator |
| TB | tuberculosis |
| TBD | to be determined |
| TBIC | tuberculosis infection control |
| TPT | tuberculosis preventive therapy |
| TLD | tenofovir-lamivudine-dolutegravir |
| TO | Technical Officer |
| TWG | Technical Working Group |
| USAID | United States Agency for International Development |
| USG | United States Government |
| VL | viral load |

Executive Summary

PATH and our primary implementation sub-partner, IntraHealth International, are pleased to share a summary of our proposed implementation plan for the Integrated HIV/AIDS Project in Haut Katanga (IHAP-HK) for the period October 1, 2020 through September 30, 2021.

IHAP-HK is aligned closely with the government of the Democratic Republic of the Congo’s (DRC’s) and PEPFAR’s vision of achieving 95-95-95 targets by 2030, and the United States Agency for International Development’s (USAID’s) DRC Country Development Coordination Strategy within Development Objective 2: “Lives improved through coordinated development approaches in select regions.” The project’s geographic focus is in Haut Katanga province, and it supports 105 health facilities across eight health zones (HZs).

In fiscal year 2021 (FY21), IHAP-HK will focus on the following key programmatic areas activities, as noted in the below table, in alignment with technical priorities outlined in the 2020 PEPFAR Country Operational Plan (COP).

Table 1: IHAP-HK FY21 priority technical interventions.

| STRUCTURED INTERVENTIONS | |
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| Antiretroviral (ARV) Optimization | <p>IHAP-HK will work to maximize the number of patients who are transitioned to currently recommended antiretroviral therapy (ART) regimens, taking into account stock availability. This includes using preferred ART regimens at initiation of treatment and switching patients currently on ART to optimal regimens.</p> <p>Specifically, IHAP-HK will ensure that all infants, children, adolescents, and adults in the project’s treatment cohort will no longer be receiving nevirapine-containing ART; ensure that all adults and children over 20 kilograms on first line regimens are on integrase-inhibitor regimens (e.g. tenofovir-lamivudine-dolutegravir [TLD] or abacavir-lamivudine-dolutegravir) and that children under 20 kilograms receive lopinavir/ritonavir-based regimens. While understanding that a small percentage of patients may not be able to tolerate the World Health Organization (WHO)-recommended first line regimens, IHAP-HK understands that corrective action may be taken if >10% of adults and children do not conform to these expectations by FY21 quarter 2 (Q2). IHAP-HK will report MER-recommended regimen disaggregations for TX_CURR for all project-supported facilities in FY21.</p> |
| Finding and Engaging Men and Boys | <p>IHAP-HK will implement activities to find and engage men and boys in HIV prevention, testing, and treatment services located in 8 health zones of Haut-Katanga province. The project will do the following to find and engage men and boys in HIV prevention, testing, and treatment operational priorities in COP20:</p> <p><i>Prevention, Testing, and Case Finding:</i></p> <ul style="list-style-type: none"> • Safe and ethical delivery of index/partner testing services to reach male partners, including adverse event monitoring and quality assurance/quality improvement (QA/QI) for all index testing in alignment with WHO minimum standards |

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| | <ul style="list-style-type: none"> ● Index testing and self-testing options^a (both stand-alone and integrated) in facility and targeted community settings to reach and strategically increase testing access to at-risk males and link them to HIV treatment and prevention services as needed. ● Emphasizing HIV testing services (HTS) for males at high-yield facility entry points, such as tuberculosis (TB) wards, with provision of HIV risk screening using the national HIV risk assessment tool prior to testing to ensure testing efficiency. ● Focused and targeted workplace testing and ensuring linkage to treatment and prevention services ● Testing male partners/clients of female sex workers and other priority populations (e.g. truck drivers; miners; fishermen) ● Linking HIV negative males to biomedical prevention services (e.g. PrEP, condoms, and lubricants) <p><i>Enrollment on ART:</i></p> <ul style="list-style-type: none"> ● Accompanied referrals provided, whenever feasible, to support rapid linkage of those who test HIV positive and same day initiation ● Ensuring provision of treatment literacy services as part of treatment initiation services. ● Intensified post-test counseling for caregivers and adolescents on the importance of starting and adhering to ART <p><i>Adherence, Retention, Viral Suppression:</i></p> <ul style="list-style-type: none"> ● Multi-month dispensing of ARVs for clinically stable clients, with a focus on shifting towards six-month dispensing, when possible. ● Continuation and expanded enrollment in differentiated treatment models, including PoDi+ sites, ART support groups, and fast-track circuits at health facilities. ● Ensuring provision of treatment literacy services including adherence counseling services provided during refill appointments, self-help and ART support group activities, and tracking appointments at community-based points of treatment distribution (PoDi+). ● Continuation and expansion of peer self-help groups. ● Use of the automated short-message service (SMS) appointment reminder system to remind clients of upcoming appointments to maintain them in treatment and provide virtual support. |
| <p>GBV Clinical Response</p> | <p>IHAP-HK will ensure that project-supported facilities are providing post-violence clinical care services by addressing specific plans for the following post-violence clinical care operational priorities in COP20:</p> <ul style="list-style-type: none"> ● Ensure integration of comprehensive and age-appropriate clinical post-GBV care as part of HIV service delivery at project-supported facilities (e.g. care and treatment, ANC/PMTCT), comprising of the following: <ul style="list-style-type: none"> ○ Clinical enquiry and provision of essential medical care for survivors; ○ Interventions that help improve the mental health and psychosocial functioning of survivors (psychosocial interventions and services that support the mental health and well-being of survivors have been demonstrated to not only improve the functioning of survivors, but may also contribute to breaking an intergenerational cycle of violence perpetration and experience); and |

^a HIV self-testing activities to be confirmed by USAID; targets for self-testing were not provided for COP20.

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| | <ul style="list-style-type: none"> ○ Referrals to non-clinical post-violence care services such as economic empowerment, child protection, or legal support. ● Ensure that all sites delivering post-violence clinical care services provide the full minimum package of post-violence care, including: <ul style="list-style-type: none"> ○ Treatment of injuries ○ Rapid HIV testing and counseling with linkage to treatment as needed ○ STI testing/screening and treatment ○ Post-exposure prophylaxis (PEP) ○ Emergency contraception ○ Counseling (first-line support: LIVES) ○ Referral to non-clinical GBV response services, such as longer-term psychosocial support, child protection, police, legal, shelter, economic empowerment, etc. ● Provide data on provision of gender-based violence clinical services by reporting against the GEND_GB indicator, including referencing the GEND_GB Rapid Data Quality Review Tool to improve quality of GBV data collected and reported. |
| <p>HIV Testing Services</p> | <p>In COP20, IHAP-HK will implement HTS in 105 project-supported facilities and offer targeted community-based testing services across 8 health zones, including:</p> <ul style="list-style-type: none"> ● Index and partner testing: <ul style="list-style-type: none"> ○ Ensuring safe and ethical delivery of index/partner and eligible children testing services, including adverse event monitoring; intimate partner violence screening and referrals (including provision of minimum response package will be in place for those disclosing violence or fear of violence), and quality assurance/quality improvement (QA/QI) for all index testing in alignment with WHO minimum standards. ○ Mentor project-supported facilities and community-based providers to offer voluntary index testing services to all newly diagnosed individuals and unsuppressed people living with HIV (PLHIV), to achieve an elicitation rate of at least 1.5 contacts per index client; support notification processes for 80% of elicited contacts; and achieve an index testing yield of 15-40%. ○ Provide a menu of options and appropriate counselling and support for partner notification and HIV testing services to enable clients to select preferred methods. ○ Link partners or contacts who test HIV-negative to minimum package of prevention services, including PrEP. ● Provider-initiated testing and counseling (PITC) optimization: IHAP-HK will ensure use of the national HIV risk assessment tool to screen individuals most likely to be HIV-positive, prior to offering HIV testing services, to ensure testing efficiency; coach providers to minimize unnecessary HIV testing by having providers check with individuals on date of last HIV test to limit retesting of recent negatives; and monitor testing outcomes on a weekly basis to provide technical assistance to facility-based providers on strategies to increase testing performance/yield. ● IHAP-HK will provide HIV self-testing (HIVST) services (assuming provision of self-test kits by the Global Health Supply Chain [GHSC] project) to maximize reach of testing services outside of a facility setting and extend reach to priority populations, including high-risk men, clients of sex workers, and partners/contacts of index clients. Risk assessments will be conducted prior to offering of HIV self-testing services, with emphasis on assisted HIV self-testing to ensure rapid linkage to |

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| | <p>confirmatory diagnosis and treatment or prevention services.</p> <ul style="list-style-type: none"> • Focused and targeted community-based testing services in hotspots identified as part of micro planning processes and in areas where key and priority populations, particularly males, congregate (e.g, artisanal mines; fishing communities; transportation hubs etc.) and testing of adolescents and orphans and vulnerable children receiving OVC services. • Routine retesting services for individuals receiving PrEP. • Accompanied referrals from non-facility based testing entry points to client-preferred, project-supported facilities for same-day confirmatory diagnosis and treatment initiation, or within 14 days maximum (if same-day diagnosis is not possible). |
| <p>Laboratory Network Optimization for viral load (VL) and early infant diagnosis (EID) Scale-up</p> | <p>IHAP-HK will support specific plans to optimize laboratory networks across the eight project-supported health zones, including sample collection, sample transport, result return (clinical/laboratory interface), and the documentation of result utilization for both VL and EID. In COP20/FY21, IHAP-HK will optimize laboratory services by doing the following:</p> <ul style="list-style-type: none"> • Mentor facility-based providers to ensure that dried blood spot (DBS) and plasma samples are collected on time, packaged and labeled appropriately, and transported to facilities for analysis appropriately via the hub-and-spoke transportation system, with efforts made to reduce return-of-results timing such as calling facilities to inform them of patient results while paper results are being transported back. • Ensure documentation of VL results in >95% of patient files and recorded in Tier.Net within one week of result return to the facility. • Coaching HIV focal points and facility-based providers to immediately flag patients with high viral load results for referral to therapeutic committees for advanced HIV disease management services and contact to develop individual case management plans. |
| <p>Multi-month scripting/dispensing (MMS/D)</p> | <p>IHAP-HK will coach providers to ensure that eligibility for MMS/D is documented in files and Tier.Net for all PLHIV on treatment, and offer MMD to all eligible clients at the next clinic appointment. Specific activities to be implemented in COP20 to accelerate the shift to MMS/D include:</p> <ul style="list-style-type: none"> • Continuous shifting of clinically stable and virally suppressed PLHIV from multi-month dispensing from three months (MMD3) to multi-month dispensing for six months (MMD6) or enrollment on MMD3 (if not eligible for MMD6). • Shifting towards coordination of clinic visits and ARV pickups (facility and community-based) for families, as able to. • Reporting data on PLHIV in treatment cohort receiving MMD (<3 mos; 3-5mos; 6+ mos) as part of MER and HFR reporting requirements. • Ensuring that patients receiving MMD are actively monitored and provided with retention and adherence support, including regular check-ins (by phone or SMS) prioritizing clients on MMD6. • Ensuring that patients receiving MMD are routinely assessed for MMD eligibility as per National/PEPFAR guidelines and that systems are in place to actively notify patients and facilities if patient is no longer eligible for MMD (e.g. detectable VL, defaulting on scheduled appointments for med pick-ups or clinical monitoring follow-up visits, etc). • Coordinating dispensing of other chronic medicines (e.g. CTX, TB preventive therapy [TPT], etc.) with MMD. • Expanding differentiated care models. |

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| <p>Orphans and Vulnerable Children (OVC)</p> | <p>In COP20, IHAP-HK will take on implementation of OVC programming, in light of the close of the Enhancing Services and Linkages for Children Affected by HIV and AIDS (ELIKIA) project, specifically conducting the following activities:</p> <ul style="list-style-type: none"> • Enroll 90% of children below 15 years of age into the comprehensive OVC comprehensive program, prioritizing those newly-identified HIV positive, those with poor viral suppression, and those lost to follow-up/recently returned to care as well as adolescents between 15-18 years of age, prioritizing those who are not virally suppressed. • Prioritize enrollment of children and adolescents living with HIV; HIV-exposed children (HEI) who are lost to follow-up; and children of HIV-positive caregivers who are virally unsuppressed, just returned to care, or new on treatment; adolescent mothers; GBV survivors; or children of key populations. • Prioritize services directly supporting clinical outcomes (adherence counseling, viral load monitoring, nutritional assessment and counseling, disclosure support, peer navigators, and peer support groups, etc.), and provide other supplemental services as available/necessary. • Support the 105 project-supported facilities to ensure that HIV-positive women on ART are assessed to identify biological children for index testing and pending results, possible enrollment into the OVC program. • Collaborate with the 105 project-supported facilities to ensure index testing of all biological children below 19 years of age of HIV positive women using standard operating procedures (SOP) developed for this purpose. Collaborate with clinical programs to conduct psychosocial, socio-economic, and other risk assessments (poor viral suppression) to inform prioritization of enrollment into the OVC Comprehensive program. |
| <p>Pediatric and Adolescent HIV</p> | <p>IHAP-HK will focus on improving pediatric, adolescent, and young adult outcomes across the clinical cascade through targeted case-finding, family-based provision of treatment and care services (as feasible), and age appropriate interventions that promote adherence and retention, including transition to optimized pediatric ARV regimens and supporting the specific needs of adolescents and young adults, with the ultimate goal of achieving >95% viral suppression while maintaining high quality care focused on the family needs. Specific strategies that IHAP-HK will implement in COP20 include:</p> <p><i>Family-based care:</i></p> <ul style="list-style-type: none"> • Identifying and shifting eligible PLHIV in family units to MMD3/6, with options for grouped refill appointment scheduling with the same provider on the same day as well as pick-up of all treatment for a family by one member of the household (if no clinic follow-up/consult is needed). • Continuing to offer adolescents and young people the option to be seen independently of family members, including adolescent-specific self-help groups. <p><i>Case-finding and linkage from testing to treatment:</i></p> <ul style="list-style-type: none"> • Continued coaching and mentoring on the use of risk screening tools and routine index testing for all biological children and adolescents of male and female PLHIV on treatment, and siblings of children or adolescents living with HIV and on ART. • Mentoring of providers on screening of all children and adolescents under 19 years of age at facility-based entry points. • Immediate (same-day as much as possible) linkage to pediatric and/or adult treatment services for all newly-identified HIV-positive children and adolescents as well as linkages to existing adolescent self-help groups or adolescent peer educators for peer support. |

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| | <p><i>Optimized ARV formulations and viral suppression:</i></p> <ul style="list-style-type: none"> • Transition all children, especially those who are virally suppressed, to optimal treatment regimens (as commodities are available in-country), such as LPV/r-based formulations for infants and children under 20 kilograms and TLD for all children and adolescents over 30 kilograms. • Prioritized VL sampling and analysis for infants, children, and adolescents, and prioritized follow-up by therapeutic committees for infants, children, and adolescents who have unsuppressed VLs, with appropriate ART and adherence support and VL re-testing within 3 months. • Regular age-disaggregated analysis of VL coverage and suppression rates by project to quickly identify emerging issues related to infant, child, and adolescents VL suppression and planning for rapid course-correction. <p><i>Case management, adherence, and treatment support:</i></p> <ul style="list-style-type: none"> • Mentoring of facility-based providers to ensure use of case management approaches and linkage to OVC services for children, adolescents, and their caregivers who need enhanced support. • Training adolescent peer educators to provide support related to status disclosure for adolescents living with HIV as well as adult peer educators and facility-based providers on assisting PLHIV with and delivering successful and informed disclosure. • Ensure bi-directional linkages and referrals to comprehensive OVC services . • Ensure continuation of adolescent self-help groups, to include counseling on self-care and empowering them to commit to the Operation Triple Zero outcomes (zero missed appointments; zero missed doses; zero unsuppressed viral load) to achieve viral suppression. • Active tracking of children and adolescents who miss clinic appointments within the same week of appointment, using the project’s missed appointment tracking system. |
| <p>Prevention of Mother-to-Child Transmission (PMTCT)</p> | <p>In COP20, IHAP-HK will maintain provision of high-quality PMTCT services by implementing the following approaches and strategies:</p> <p><i>Testing and prevention:</i></p> <ul style="list-style-type: none"> • Ensure linkage of pregnant and breastfeeding AGYW to comprehensive OVC services • Coach facility-based providers to offer maternal re-testing approaches in different entry points post ANC1 to identify incident infections during pregnancy and breastfeeding period as well as offer systematic testing up and follow up for all HEI identified through maternal re-testing approaches. • Screen and test (as applicable) male partners at ANC and link them to ART or HIV prevention services. • Reinforce provider use of approaches to track mother-baby pairs receiving PMTCT services up to final HIV outcome (18 months and/or 6 weeks after cessation of breastfeeding), and transition to ART clinic. <p><i>ARV optimization regimens for pregnant and breastfeeding women:</i></p> <ul style="list-style-type: none"> • Coach facility-based providers to support women’s choice for better-tolerated ARVs (e.g. DTG-based regimens) during pregnancy and breastfeeding and support transition of pregnant and breastfeeding women to TLD+folate or TLE400 if seroconvert while pregnant in alignment with WHO guidance. • Ensure HIV focal points at facilities prioritize VL sample collection and analysis for pregnant and breastfeeding women in line with WHO guidelines, and ensure timely management of high VL through quick |

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| | <p>referrals of patient files to therapeutic committees for development of individualized case management plans and intensive follow-up.</p> <p><i>Testing and follow up of HIV-exposed infants:</i></p> <ul style="list-style-type: none"> • Continue coaching facility-based providers to ensure that EID testing through final outcome is a priority • Provide technical assistance to project-supported facilities to achieve 95% coverage of EID testing for HIV-exposed infants by 2 months of age, 100% coverage by 12 months of age, and ensure immediate, same-day linkage to ART initiation. • Conduct routine gap analysis to identify reasons for suboptimal EID two month coverage (<95%) and develop strategies to address gaps, to include reinforced coaching to facilities to prioritize collection of EID samples and use of phones to facilitate rapid return of results to providers and caregivers. • Coach facility-based providers to identify infants testing negative at 2 months of age and support follow up tests at 9-12 months of age; at any time the infant has signs suggestive of HIV infection; and after 18 months and/or 6 weeks after cessation of breastfeeding to determine final HIV status. <p><i>Retention of mothers and infants in care:</i></p> <ul style="list-style-type: none"> • Continue implementation of community-based self-help groups for pregnant and breast-feeding women and their infants. • Coach facility-based providers to streamline EID service, to the greatest extent possible, by coupling follow-up PMTCT services with appointments for routine maternal and child health services (e.g., FP, EPI/immunization clinics). • Leverage routine home visits through project-supported OVC case managers, peer educators/Mentor Mothers, and HIV focal points for follow up to mothers and infants at high risk for LFTU, e.g. pregnant and postpartum adolescents. |
| Pre-exposure Prophylaxis (PrEP) | <p>In COP20, IHAP-HK will offer PrEP by implementing the following strategies:</p> <ul style="list-style-type: none"> • Prioritization of PrEP programming and services for serodiscordant couples. • Incorporation of inclusive and focused demand creation strategies and PrEP messages. • Linkages to PrEP services, including information and education, and tracking directly support linkages. • Evidence-driven provider training for PrEP delivery. • Tracking and reporting data on PrEP enrollment and continuation to the Mission on a monthly basis. • Closely tracking and informing GHSC early of situations of low stock of PrEP commodities (Truvada or TDF/3TC). • Ongoing risk assessments and counselling, repeat HIV testing, adherence support, follow-up and tracking and linkages to other services for persons taking PrEP • Pre-appointment SMS reminders using the project’s SMS reminder system or phone-based reminders. • Introducing community-based PrEP distribution or refills (integrated into sites offering non-facility differentiated treatment services) |
| Quality Management/Improvement | <p>In COP20, IHAP-HK will continue implementing and tracking quality management (QM) and QI activities, including information on data quality assurance and improvement activities. In alignment with national guidelines,</p> |

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| | <p>QM/QI practices will be implemented in all facilities and overseen by the project’s QA/QI leads, senior technical leads for assigned health zones, and TO/SSCs, as described further in sub-objective 2.2 below. Each project-supported facility is provided with SOPs to ensure standards of care in alignment with national guidelines and care indicators, with monitoring on key HIV activities (testing, linkage to treatment, treatment provision, and VL coverage) conducted on a weekly basis, and other aspects monitored on at least a monthly basis. IHAP-HK will also continue implementing routine data quality assessments and data quality monitoring (as described further in sub-objective 3.2) and address challenges related to data systems and data flows to ensure availability of reliable data and to reinforce quality of care.</p> <p>As part of the project’s established QA/QI system, IHAP-HK will support QI teams across facilities to conduct routine review of data to identify HIV data and service delivery gaps and implement strategies to support performance and quality of services provided. QI teams will perform the following tasks:</p> <ul style="list-style-type: none"> • Conduct Root Cause Analyses to identify underlying causes to service delivery gaps. • Develop interventions based on best practices to address the root causes of service delivery gaps. • Monitor changes in performance through M&E and the use of quarterly performance data. <p>The project’s M&E team will also conduct routine data quality assessments and/or data quality monitoring activities on a regular basis (recommended quarterly).</p> |
| <p>TB/HIV</p> | <p>In COP20, IHAP-HK will strengthen provision of TB/HIV services by implementing the following activities and strategies:</p> <p><i>Improve quality of screening and diagnostic evaluation for active TB.</i></p> <ul style="list-style-type: none"> • Maintain high rates of TB screening among PLHIV on ART by continued mentoring of providers to conduct TB screening/assessments at every follow-up clinic visits or integrate with ART pick-up appointment through a differentiated service delivery care model. • Continue supporting the operationalization of the hub-and-spoke sputum sample transportation system to ensure that all PLHIV who screen positive for TB have: 1) specimens collected; 2) sent for laboratory testing by Xpert (as feasible given low access to GeneXpert platform in project geography) with testing by smear microscopy as the back-up method; and 3) results are reported (and acted upon) in order to have a complete diagnostic evaluation. <p><i>Scale-up TPT</i></p> <ul style="list-style-type: none"> • Information on the advantages of TPT and other materials to improve patient literacy on TPT shared to improve client demand for TPT and reinforce adherence to and completion of TPT. • Noting that consistent access to commodities for TPT is erratic, coaching providers to enroll all eligible PLHIV on TPT, including a full review of patient files to assess TPT status and enrolling all remaining eligible PLHIV on TPT. • Closely monitoring PLHIV on TPT for adverse events, including coaching peer educators, HIV focal points, and PoDi+ staff to conduct SMS or phone-based follow-up for PLHIV on TPT enrolled in MMD3/6 on at least a monthly basis. <p><i>TPT Completion of treatment</i></p> <ul style="list-style-type: none"> • Leverage the project’s missed appointment tracking system to also flag PLHIV who may miss scheduled appointments for TPT pick-up with |

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| | <p>immediate follow-up deployed to ensure completion of treatment.</p> <ul style="list-style-type: none"> • Integrate documentation of TPT outcomes (outside of completion), such as adverse drug reactions, development of TB disease, death, and interrupted in treatment (IIT). <p><i>Improve infection prevention and control practices</i> IHAP-HK will continue providing technical assistance to infection prevention and control (IPC) focal points at projected-supported TB diagnostic and treatment centers to ensure regular monitoring of IPC practices (administrative, environmental and personnel) at their respective facilities to prevent transmission of TB within ART wards.</p> <p><i>Increase testing for HIV among Presumptive TB</i></p> <ul style="list-style-type: none"> • IHAP-HK will continue mentoring providers in TB wards of project-supported facilities to maintain high-level of provider-initiated counseling and testing services for confirmed TB patients. • IHAP-HK will continue expansion to all project-supported facilities the successful strategy introduced in late fiscal year 2019 (FY19) to test all presumptive TB patients for HIV. <p><i>Strengthen TB/HIV service delivery through differentiated care models</i></p> <ul style="list-style-type: none"> • Provide multi-month stocks of TPT for PLHIV enrolled in differentiated care models, aligned to ARV pick-up appointments. • Continue supportive supervision to ensure provision of TB screening services to PLHIV enrolled in differentiated care models. <p><i>Ensure robust TB/HIV data collection and reporting</i> IHAP-HK will</p> <ul style="list-style-type: none"> • Continue to collect and regularly analyze TB/HIV data to more quickly identify potential gap areas/challenges and rapidly deploy focused technical assistance to course correct. • Ensure monthly reporting, analysis, and monitoring of PLHIV who are eligible, initiated, continue, to assess program performance and rapidly address observed gaps. |
| <p>Treatment Growth/New Clients and Retention Standards of Care</p> | <p>IHAP-HK will implement basic standards of care to facilitate retention and mitigate loss to follow-up for all clients on ART, including:</p> <ul style="list-style-type: none"> • Appointment reminders (e.g. bidirectional SMS, phone call, etc.) • Contact information verification at every visit (with on-site/real-time verification of phone number) • Psychosocial assessment every 6 months to determine barriers to care and address client-centered needs • Performance of routine CQI in facilities to improve patient-centered quality of care • Missed appointments tracking within week of missed appointment, using the project’s missed appointment tracking and follow-up system (including systematic tracking of root cause) <p>Additionally, the project implement stratified levels of services as appropriate for clients at higher risk of loss to follow-up, including:</p> <ul style="list-style-type: none"> • Fast-tracking in waiting rooms and pharmacies • Easy access to ART (for eligible stable clients) <ul style="list-style-type: none"> ○ Multi-month dispensing ○ Differentiated treatment models, including peer-led ART support groups • Intensified case management for those with unsuppressed VL • Peer-led self-help support groups <p>For newly-enrolled PLHIV on ART, IHAP-HK should document common barriers to retention among new clients initiated on ART especially during the</p> |

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| | <p>first six months, and will systematically address commonly-observed barriers by implementing a “First 180 Days” package of services for all new clients to include:</p> <ul style="list-style-type: none"> • Enhanced counseling and case management evaluation and support • Peer support • Appointment reminders (e.g. Bidirectional SMS, phone calls, etc) • Piloting of telephone hotlines • Follow-up with PLHIV initiated within 24 hours of the missed clinic appointment, using the project’s missed appointment tracking system (including systematic tracking of root cause) |
| <p>Viral Load Testing/Suppression</p> | <p>In COP20, IHAP-HK will ensure viral load testing is available , with the goal of achieving $\geq 95\%$ overall viral load suppression rates and will document specific measures to scale-up VL coverage to achieve a minimum of 90% VL coverage for all eligible patient subpopulations (including children, adolescents, men, women including pregnant and breastfeeding women). The project will do this using the following strategies:</p> <ul style="list-style-type: none"> • Tracking results: IHAP-HK will continue mentoring laboratory staff across project-supported facilities and with the main laboratories in Lubumbashi, including the electronic Viral Load Results Management System, to track VL results from the lab reporting system to the facility and delivery of results to the patient. The project will continue integrating messaging on the importance of VL test results as part of treatment literacy messaging given during adherence counseling sessions at follow-up appointments at facilities or differentiated care groups and at self-help and ART support groups. • Clinical management: IHAP-HK will document and track PLHIV with elevated VL results to ensure timely, appropriate interventions for the clinical management of elevated VL results, including: <ul style="list-style-type: none"> ○ Flagging of files to prompt VL testing and reference of patient files to therapeutic committees for advanced clinical management. ○ Client-centered enhanced adherence counseling within a 3-month period following 1st high VL test result ○ Repeat viral load testing no later than 3 months following 1st high VL test result ○ Timely management of patients with suspected treatment failure requiring 2nd or 3rd line ARV regimens such that treatment switches are performed no later than 6 months from the first high VL d test result. • Differentiated care to support adherence and retention: As noted above, IHAP-HK will continue existing and expand differentiated care models (PoDi+ sites, ART support groups, and facility-based fast-track circuits) to support adherence and retention among clients. For clients with high VLs, adherence reminders delivered through SMS, calendars or other channels will be implemented as appropriate • IHAP-HK will support rapid implementation of ART optimization efforts, including the transition to TLD regimens and the elimination of NVP-based regimens. • IHAP-HK will support VL suppression messaging communications, including relevant “U=U” messages as appropriate. This includes promoting the need and benefits of “knowing your numbers” through viral load testing; knowing the benefits of TLD (for example for men, no side effects means being able to continue to work, being productive and supporting family), for youths knowing that viral suppression empowers them to live an even more robust fulfilled life, and also understanding of MMD/DSD options. |

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| | <ul style="list-style-type: none"> • IHAP-HK will use low-cost easy-to-implement “nudges” to support adherence and retention in care, where relevant and appropriate, including pre-appointment SMS reminders as part of the project’s opt-in SMS reminder system. • As part of IIT tracking, IHAP-HK will systematically ask patients for reasons why they missed appointments, keep track of these statistics, and address barriers and drivers that will bring true IIT clients back in care. Where feasible data should be collected from adhering treatment savvy PLHIV to allow the project identify what makes them adhere and thus enable programs to proactively address associated barriers in advance if appropriate for newly diagnosed and unsuppressed patients/clients |
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In FY21, IHAP-HK will aim to reach 301,274 individuals with HTS, including 54,599 pregnant women and 1,262 HEIs; newly-identify 14,726 HIV-positive individuals; enroll 14,318 newly identified HIV-positive individuals on treatment; and ensure 46,481 HIV-positive individuals who were provided with a VL count in the past 12 months were virally suppressed. IHAP-HK will also continue provision of PrEP services, enrolling 1,983 new individuals on PrEP with 2,297 HIV-negative individuals continuing PrEP. IHAP-HK will also take over delivery of a comprehensive package of health and support services for OVC from the USAID-funded ELIKIA project, reaching 12,654 OVC (9,694 inherited from ELIKIA and 2,960 newly enrolled in FY21) across all 8 project-supported HZs, with a particular focus on ensuring that OVC from vulnerable household affected by HIV are linked to the full suite of OVC services. IHAP-HK expects to support a cohort of 52,221 HIV-positive patients on ART by the end of September 2021; 6,512 of HIV-positive patients in IHAP-HK’s ART cohort are expected to be below 15 years of age, among whom 5,860 (90%) will be targeted for enrollment in the OVC package of services.

Objective One

Sub-objective 1.1: Increased availability of comprehensive HIV prevention services.

Activity 1: Improve efficiency and increase coverage of HIV testing and counseling at all entry points in 105 supported facilities in Haut Katanga.

To improve case finding and increase HIV testing efficiency, the IHAP-HK technical team will conduct intensive performance monitoring (facility performance against assigned weekly HIV testing targets) to inform tailored onsite coaching to ensure facility-based service providers optimize provider-initiated testing and counseling (PITC optimization) at all HIV testing entry points at 105 project-supported facilities.

IHAP-HK Technical Officers (TOs) and Site Support Coordinators (SSCs) will continue to coach facility-based service providers to systematically screen individuals received at outpatient, inpatient and emergency service wards for HIV (using the validated PNLs HIV screening tool), and only offer HTS to those who screened as likely to be HIV infected.

The IHAP-HK Clinical team will also conduct a monthly analysis of testing yield by entry point at each project-supported facility to inform site-level HIV testing approaches, such as intensifying PITC at key entry points if high seropositivity is noted within certain age- and sex-bands; implementing strategies to improve testing efficiency at high volume-low seropositivity facilities (e.g., consistent use of the risk assessment tool); and implementing strategies to increase testing coverage and yield at low volume-low seropositivity facilities (e.g., minimize retesting of individuals who recently tested negative).

To improve engagement with boys and men in HIV prevention services and case finding, IHAP-HK will:

- Collaborate with administrators of high-volume facilities near commercial or mining areas in the HZs of Sakania, Ruashi, Kapolowe, and Panda to extend service hours to enable miners and other workers to come to facilities for HTS outside of normal business hours.
- Coach facility-based providers and peer educators to use positive messaging with males who come to facility- and community-based testing points to encourage willingness to test (e.g., highlighting advantages of understanding one's HIV status and receiving treatment to continue living full life and provide for family; treatment literacy etc.).
- Ensure focused and targeted testing in workplaces and other places that men frequently congregate with accompanied referrals to project-supported facilities for linkage to treatment and prevention services.
- Reinforce use of family tree forms and intensify contact elicitation under the index testing entry point to identify and follow-up with high-risk men (see activity 2 for more details).
- Continue offering of HIV self-testing services to increase testing uptake among males unable to be reached through other testing methods (see activity 7 for more details).
- Reinforce provision of partner counseling for male partners of women who come to the facility for antenatal/postnatal care or sexual and reproductive health services.
- Link HIV negative men to prevention services, including counseling for PrEP and provision of condoms and lubricants.

Activity 2: Scale-up offering of facility- and community-based index case testing with fidelity in Haut Katanga.

To increase provision of safe and non-coercive index testing, IHAP-HK TOs and SSCs will continuously coach facility- and community-based providers involved in provision of index testing counseling and partner notification services on adhering to the minimum requirements of ethical and safe index testing, such as:

- Complying with the World Health Organization’s principles of the Five Cs (Consent; Confidentiality; Counseling; Correct Test Results; and Connection to Care and Treatment).
- Ensuring that confidentiality agreements are maintained in human resource service files of any provider who offers index testing or partner notification services.
- Including a discussion on the index testing process and the importance of offering HTS to sexual partners and biological children of HIV-positive clients as part of pretest counseling.
- Ensuring completion and filing of family tree forms in patient records.
- Offering counseling on index testing to all newly-identified HIV-positive individuals, PLHIV with poor adherence, and PLHIV with unsuppressed viral loads or those recently returned to care.
- Conducting repeat counseling/contact elicitation with PLHIV annually, as part of HIV treatment services, or following change in relationship status to identify additional contacts for tracking.
- Using a “do no harm” approach by conducting an intimate partner violence (IPV) risk screening for all index clients and providing follow-on services based on results.
- Obtaining documented and non-coercive consent from index clients prior to initiation of the index testing process, following an IPV risk screening.
- Supporting index clients understand all available options for partner notification services and providing counseling to them to support them in selecting the least risky option.
- Ensuring that all project-supported facilities have a mechanism allowing clients to anonymously report adverse events (provider abuse, arrests, confidentiality violations, undue disclosure of HIV status, discrimination, stigma, etc.) as part of IHAP-HK’s client feedback and service quality monitoring system (see Activity 4 in 2.2).
- Ensuring all IHAP-HK facilities have a referral system in place to refer survivors of sexual violence or IPV to other entities for psychological, social, and/or legal support (e.g., Association des femmes pour le developpement communautaire; Est Congo union mission; Réseau de Droit de l'Homme /HIV; and Centre d'assistance Juridique.)

IHAP-HK will continue coaching facility-based providers and community-based peer educators to follow up with identified contacts to conduct active partner notification (with client consent using client-preferred notification method) and offer a menu of options for accessing HTS (including directly assisted HIV self-testing) to sexual partners, biological parents of HIV-positive children and adolescents, and all biological children under 19 years of age at testing point of their choice (e.g., project-supported facility; PoDi+ site; home-based testing etc.).

IHAP-HK providers and peer educators will be re-briefed on conducting comprehensive IPV assessments and provide the following assisted partner notification approaches, if the IPV assessment indicates no possibility of harm to the index client: contract, dual, or provider-assisted. IHAP-HK TOs and SSCs and Community Prevention and Treatment Officer will

continuously coach facility-based providers providing post-test counseling and self-help and ART support group facilitators on highlighting the benefits of disclosure of serologic status with partners and actively support PLHIV members through the partner notification/disclosure process (in accordance with the above-listed principles). IHAP-HK will also ensure that all service delivery points offering index testing services receive their site-level certification, following up on findings from site-level assessments finalized at the end of fiscal year 2020 (FY20) and providing technical assistance to reinforce identified areas of weaknesses, and strengthen the system for adverse event monitoring.

In FY21, to further intensify case-finding, IHAP-HK will explore the potential introduction of social network-based testing approaches among adolescents and youth as part of HIV prevention and outreach services.

Activity 3: Strengthen provision of targeted HIV testing and counseling services for adolescents and youth in Haut Katanga.

To improve provision of targeted HIV testing and counseling services for adolescents and youth, IHAP-HK will continue collaboration with the *Programme National de Santé de l'Adolescent* (PNSA; National Adolescent Health Program) to monitor the provision of youth and adolescent-friendly HIV testing and counseling services. IHAP-HK will also involve the PNSA in visits to monitor facility-based and non-governmental organization (NGO) outreach to youth and adolescents and provide technical assistance to improve outreach services.

IHAP-HK will ensure that all OVC clients enrolled in the comprehensive OVC program are screened using the PNLS risk assessment tool and tested for HIV (based on results of screening). IHAP-HK will also conduct an audit of the project's treatment cohort to identify HIV-positive children aged 15 and younger not receiving OVC support services, and ensure that they are enrolled in the comprehensive OVC program.

To increase targeted outreach and testing among adolescents and youth, IHAP-HK will work with World Production to maintain targeted community testing services at seven facilities^b in five urban HZs of Lubumbashi (Kenya, Lubumbashi, Kampemba, Ruashi, and Kamalondo), and will also work with administrators to adapt reception hours for adolescents and youth referred for treatment enrollment, and further expand targeted testing services for youth and adolescents.

Activity 4: Continue targeted mobile HIV counseling and testing for key and priority populations in eight health zones of Haut Katanga.

To increase outreach among priority populations (e.g. fishing communities, miners, clients of sex workers) and improve HIV case finding among men, IHAP-HK will continue supporting World Production (in Haut Katanga) to conduct targeted prevention and testing outreach services in these eight HZs, and provide technical assistance to improve testing efficiency and yield during monitoring visits. Health zone management team (HZMT) members will also be invited to accompany IHAP-HK staff on monitoring visits.

^b Kenya General Reference Hospital; Lubumbashi General Reference Hospital; Kampemba General Reference Hospital; Kamalondo General Reference Hospital; Rwashu General Reference Hospital; *Clinique Universitaire Lubumbashi*, and Sendwe Center of Excellence.

IHAP-HK will continuously analyze data from community and mobile testing efforts to identify health zones where testing yield is lower than anticipated and work with World Production to re-focus mobile testing to other hot spots within that HZ (identified through the health zone microplanning process) where there are higher concentrations of priority groups (e.g. re-focusing testing efforts at Sakania health zones near major truck stops or transit hubs where there are higher concentration of sex workers and their clients). Based on the success of this strategy in FY20, IHAP-HK will continue offering HIV screening and rapid testing services at alternative medical centers and pharmacies in Sakania, and further expand this strategy to other health zones, as a means of reaching individuals who are not coming to facilities for testing services and identifying HIV-positive individuals in early clinical stages (before facility-based intervention is needed).

IHAP-HK will also encourage community health workers to consider permanent place of residence for newly identified HIV-positive individuals when deciding the facility to which HIV-positive individuals will be referred, due to the high mobility of these priority population groups. IHAP-HK TOs and SSCs will also continue coaching facility-based service providers to coordinate with *relais communautaire* (ReCos; community health workers linked to health facilities) when referring HIV-positive fishermen who wish to transfer to another health facility in order to ensure completion of referral and prevent loss to follow-up.

Activity 5: Continue workplace testing in eight health zones of Haut Katanga to increase HIV testing among men.

IHAP-HK will continue providing technical and financial support to World Production to conduct workplace testing at two mining companies in Ruashi HZ (Chemaf and Ruashi Mining), transportation companies, and mechanic workshops across all eight project-supported health zones in Haut Katanga to improve HIV case finding among males. IHAP-HK/L will work with administrators of new transportation companies and mechanic workshops to establish memorandums of understanding for offering HTS and coordinate with NGOs and providers at facilities to schedule workplace testing outreach session, with escorted referrals to project-supported facilities for confirmatory diagnosis and ART initiation for those who test positive.

Activity 6: Continue HIV self-testing in Haut Katanga to increase case-finding among males and sexual partners of index clients and extend reach of testing services outside facilities.

IHAP-HK will continue directly assisted HIVST (assuming provision of HIV self-test kits by GHSC) in Haut Katanga to improve access to HTS for priority groups, particularly sexual partners of newly-identified PLHIV or PLHIV with unsuppressed viral loads under the index testing entry point who cannot or are reluctant to come to a health facility or community site for HIV testing or require regular re-testing due to high risk of HIV infection (e.g., individuals enrolled on PrEP). Building on successful pilots conducted in the last quarter of FY20, IHAP-HK will also continue working with World Production to extend the reach of HTS by expanding offering of HIVST at up to 20 additional pharmacies (assuming sufficient supply of HIVST kits by GHSC) and integrating provision of assisted HIVST by ReCos into household sputum sample collection campaigns organized by the PNLT (or use of rapid HIV tests, if sufficient HIVST kits are not received by GHSC).

Activity 7: Expand offering of HIV testing services at alternative medicine centers.

Based on a successful pilot in Sakania health zone in FY20, IHAP-HK will extend the offering of HIV testing (and treatment dispensing) services to additional alternative medicine centers (AMC) in urban health zones. Alternative healers at selected AMCs would provide HIV testing services to clients who present at centers with chronic conditions that are not healing quickly. Following an HIV risk assessment, clients who screen positive are tested, and those who test HIV-positive are linked to a nearby project-supported facility for confirmatory diagnosis and treatment initiation. Following treatment initiation, future treatment dispensing and care services are provided to PLHIV at AMCs.

Activity 8: Introduce use of fourth generation HIV testing as a strategy for intercepting emerging chains of HIV infection.

In FY21, IHAP-HK will continue discussions with the PNLs and Abbott to secure donated fourth generation antigen/antibody test kits to conduct a pilot study in four health zones (e.g., Sakania, Panda, Ruashi) to identify emerging chains of acute HIV infection and facilitate accelerated provision of enhanced index testing services to individuals with acute infection to order to stop onward chains of HIV infection. If donated product is secured from Abbott, IHAP-HK will coordinate with the PNLs on development and approval of a study protocol; hold training sessions with World Production, members of HZMTs from four health zones, and 10 health facilities on use of fourth-generation HIV testing and rapid deployment of index testing services; and coach community- and facility-based providers on implementation of the pilot. Geospatial HIV prevalence data at the sub-health zone level from the pilot will also be plotted on maps to inform other community HIV testing efforts.

Activity 9: Scale HIV pre-exposure prophylaxis for HIV-negative members of serodiscordant couples and priority populations in Haut Katanga.

In FY21, IHAP-HK will continue to coach facilities and community outreach workers on providing PrEP services, targeting HIV-negative members of serodiscordant couples in alignment with national PrEP guidelines (which currently restrict PrEP provision to key populations and serodiscordant couples). IHAP-HK will also continue engagement with provincial PNLs on PrEP expansion to other at-risk priority populations, including artisanal miners, truckers, fisherfolk, pregnant and breastfeeding women, and adolescents who test HIV-negative.

Starting FY20, IHAP-HK/L will use the index testing entry point to identify eligible individuals for PrEP enrollment, prioritizing HIV-negative partners in serodiscordant couples where the HIV-positive partner is virally unsuppressed. IHAP-HK will train facility-based providers to prescribe PrEP, as part of a comprehensive HIV prevention strategy, emphasizing the following actions: (i) provide counseling on PrEP to ensure client has accurate information; (ii) conduct an HIV test to confirm HIV-negative status prior to PrEP initiation; (iii) estimate creatinine clearance; (iv) establish an adherence support plan and monitor compliance at each follow-up visit;^c and (v) support clients through a risk assessment, HIV test, and creatinine clearance at each follow-up visit. IHAP TOs and SSCs will also providing ongoing mentorship to project-supported facility providers at HIV entry points to provide counseling to serodiscordant couples enrolled in PrEP who wish to conceive, referring them to family planning services; counseling

^c IHAP-HK will conduct a telephone-based (instead of in-person) follow-up appointment with new PrEP clients one month post-PrEP initiation during COVID-19 outbreak.

by family planning providers on internally (within site) referring clients in serodiscordant relationships who wish to conceive to providers trained on PrEP service delivery; psychosocial counseling messages focused on the benefits and importance of remaining adherent to PrEP during seasons of risk; and cycling off PrEP when the HIV-positive patient in a serodiscordant couple has achieved viral suppression or when other clients no longer self-assess as being at risk during quarterly follow-up appointments. IHAP-HK will also coach facilities to conduct early follow-up of PrEP clients who miss refill appointments and correct completing PrEP data collection and reporting tools.

In FY21, to decentralize PrEP service delivery outside of clinic-based settings and improve accessibility, IHAP-HK will introduce PrEP dispensing at community-based entry points dispensing ARVs, such as pharmacies/alternative medicine centers offering differentiated treatment and self-testing services; PoDi+ sites; or home delivery. IHAP-HK will also offer referrals for high-risk individuals who test HIV-negative at community-based testing sites (including pharmacies providing self-testing services) to project-supported facilities for PrEP counseling and initiation.

Activity 10: Improve the follow-up of mother-baby pairs in all 105 project-supported structures.

In FY21, IHAP-HK will intensify focus on increasing the testing coverage among pregnant women, increasing coverage of EID, and more closely monitoring of cohorts of HEI to better track mother-baby pairs and increase the proportion of HEIs seen through final outcome.

To increase the testing coverage under the PMTCT entry point, IHAP-HK will provide technical assistance and adjust SOPs and other tools used by facility-based providers to implement the following strategies:

- Continue coaching facility-based providers to ensure that EID testing through final outcome is a priority
- Provide technical assistance to project-supported facilities to achieve 95% coverage of EID testing for HIV-exposed infants by 2 months of age, 100% coverage by 12 months of age, and will ensure immediate, same-day linkage to ART initiation.
- Conduct routine gap analysis to identify reasons for suboptimal EID two month coverage (<95%) and will develop strategies to address gaps, to include reinforced coaching to facilities to prioritize collection of EID samples and use of phones to facilitate rapid return of results to providers and caregivers.
- Coach facility-based providers to identify infants testing negative at 2 months of age and support follow up tests at 9-12 months of age; at any time the infant has signs suggestive of HIV infection; and after 18 months and/or 6 weeks after cessation of breastfeeding to determine final HIV status.

To increase the proportion of HEIs seen through final outcome, IHAP-HK TOs and SSCs will work with facility-based service providers to frequently monitor cohorts of HEIs to better track mother-baby pairs at danger of being lost to follow-up. IHAP-HK TOs and SSCs will provide onsite mentorship to facility-based service providers in all project-supported facilities to proactively track intended delivery dates for HIV-positive pregnant women and ensure regular recording of infant serostatus in vaccination registers.

To increase provision of EID to HEIs and improve mother-baby pair tracking, IHAP-HK will support facilities to generate an HEI cohort analysis report every week, based on HEI and mother-baby pair registers, to identify infants who need to return to facilities for HIV testing or follow up with mother-baby pairs after missed appointments. IHAP-HK TOs and SSCs will also continue to coach facility-based service providers during regular site visits to improve DBS collection, conservation, and transportation.

Additionally, IHAP-HK will continue to improve the sample-transportation and results-return systems to ensure faster return of EID results to facilities and clients. IHAP-HK TOs and SSCs will provide supportive supervision to facility-based service providers to ensure that HEIs are provided with their HIV results and that these results are noted in the appropriate registers (e.g., EID register) and patient files and support providers to follow up with mothers whose infants received a positive diagnosis by phone call to more quickly obtain another sample for confirmatory testing or treatment initiation.

Sub-objective 1.2: Expanded comprehensive HIV/AIDS care, treatment, and support services.

Activity 1: Ensure PLHIV are enrolled and retained on optimal ARV regimens.

In alignment with COP20 priorities, IHAP-HK will continue to provide technical assistance to facility-based service providers and NGOs implementing community care and treatment activities on retention strategies and will expand differentiated care models for provision of MMD3/6 (as further described in sub-objective 2.2) to improve accessibility of care and treatment services for PLHIV.

IHAP-HK will also closely work with facility-based providers to review patient files to identify individuals on sub-optimal ARVs and transition them to recommended optimal ART regimens, with a particular focus on ensuring all eligible PLHIV are transferred to TLD and all children and adolescents still on NVP-based regimens are shifted to TLD or an LPV/r-based regimen (for children 20 kilograms or below).

As noted in activity 4 in sub-objective 1.1 above, IHAP-HK will also ensure that NGOs providing community testing services offer accompanied referrals to facilities for those who test HIV-positive and will work with facility-based providers to maintain the current (high) performance of same-day (or same-week) treatment initiation for those who newly test HIV positive. To facilitate early identification of newly-identified PLHIV who have not been linked to treatment, facilities will review PITC registers every week to identify any individuals identified as HIV-positive without treatment enrollment information for immediate follow-up by peer educators.

Given the intensified briefings in FY20 on Tier.Net and provision of equipment and Internet credits to data encoders at all project-supported facilities, IHAP-HK will provide technical assistance during regular monitoring visits to facilities to ensure that facilities enroll all PLHIV in Tier.Net when initiating patients on treatment and make daily updates patient records on Tier.Net. IHAP-HK TOs and SSCs will also continue coaching facility-based providers on use of

the cohort analysis tool to better manage treatment cohorts and minimize loss to follow-up. At each site visit, IHAP-HK TOs and SSCs will monitor use of the project's missed appointment tracker (introduced in FY21) and to ensure that PLHIV who miss appointments are traced and recovered within 28 days maximum, in coordination with peer educators for follow-up. In support of viral load coverage scale-up, IHAP-HK TOs and SSCs will coach service providers in all 105 supported facilities to use Tier.Net records to identify PLHIV eligible for VL counts and mark them for collection of VL samples at their next appointment.

To accelerate viral suppression among the project's ART cohort, IHAP-HK will continue weekly monitoring of facilities to track PLHIV who are maintained on ART but have not achieved viral suppression, refer patient files (prioritizing HIV-positive infants, children, and adolescents) to therapeutic committees for enhanced clinical management, and bring them back to the facility for an enhanced counseling session and development of personalized case management plans (including plans for re-testing in three months); case management plans will be monitored by therapeutic committees. IHAP-HK TOs and SSCs will also focus efforts in FY21 to ensure that therapeutic committees meet on a monthly basis to review files of virally unsuppressed PLHIV who experience treatment failure on first-line regimens, discuss side effects of treatment, and determine whether to transfer patients to second-line treatment, in accordance with national guidelines, to achieve VL suppression. A critical barrier impeding occurrence of regular therapeutic committee meetings are difficulties in finding a time for in-person meetings of committee members. To address this issue, IHAP-HK will work with therapeutic committees at high-volume referral facilities to hold virtual meetings monthly instead (leveraging virtual conference mechanism, including Google Meet, Zoom, and/or Microsoft Teams), using communication/Internet credits provided to health facilities as part of their subawards. To further enhance quality of clinical services provided to individuals with unsuppressed viral loads, IHAP-HK will establish health zone-wide WhatsApp groups, where individuals in therapeutic committee can leverage health zone-wide resources to provide improved case management services.

IHAP-HK will also adapt the Operation Triple Zero (OTZ) approach from Kenya to improve viral suppression among children and adolescents, leveraging tools and other resources from the USAID-funded, PATH-led Afya Ziwani project in Kenya in introduction and implementation of this approach. IHAP-HK will apply principles of human-centered design and host a series of stakeholder meetings in PATH's Living Labs/Lubumbashi with adolescents leading peer support groups at high volume supported facilities to adapt OTZ tools from Kenya for the DRC context.

Additionally, IHAP-HK TOs and SSCs will continue providing onsite coaching to facility-based service providers to improve the quality of sexually-transmitted infections (STI) and sexual- and gender-based violence (SGBV) screening services and provision of care and support services for PLHIV who screen positive for SGBV (i.e., post-exposure prophylaxis kits and referrals for psychosocial and legal support) or treatment for those with STIs.

IHAP-HK will train providers at project-supported facilities on screening for violence, including how to ask about experience of violence in an age-appropriate and gender-sensitive manner, as well as responding and providing first-line support using the [LIVES](#) methodology when violence is disclosed. IHAP-HK will also reinforce process of referring survivors of violence for follow-

on clinical and non-clinical GBV response services, including use of the project-developed service directory (updated in FY20 to include outlets for accessing GBV response services). Furthermore, IHAP-HK ensure that all sites screening for violence meet the following requirements for asking about experience of violence:

- Providers are trained on what IPV, non-partner sexual violence, and violence against children are and how they impact clients' lives and HIV outcomes
- Site has a protocol/standard operating procedure in place for conducting clinical and/or routine enquiry for violence
- Providers are trained on how to ask about experience of violence
- Site uses a standard set of questions to ask about violence where providers can document responses
- Providers are trained on how to provide first-line support (LIVES)
- Providers only ask about violence in a private setting, ensuring confidentiality
- Providers provide and/or refer to clinical and/or non-clinical GBV response services as appropriate
- Site has a robust mechanism for detecting, monitoring, reporting, and following up on any adverse events, including violence, potentially arising from index testing and partner notification services.

IHAP-HK will also provide tools for STI diagnosis and syndromic management of STIs to facilities.

Activity 2: Provide psychosocial support for PLHIV on treatment via self-help groups.

IHAP-HK will continue to support provision of customized community-based care and psychosocial support services for PLHIV in IHAP-HK's treatment cohort, led by peer educators, in coordination with facility HIV focal points. IHAP-HK will maintain existing and continue to expand differentiated community-based support groups based on the following categories:

1. ART support groups: These groups are comprise only stable PLHIV who are eligible for differentiated care and multi-month prescriptions of ART. These groups meet on a quarterly basis; at these meetings, three-month stocks of ART (or six-month stocks for those eligible and transitioned to six-month dispensing) will be provided along with TB screening and nutritional assessment services (see sub-objective 2.2 for further details).
2. Self-help groups of pregnant women: These groups comprise only HIV-positive pregnant women, led by Mères Mentors (Mother Mentors, who are peer educators). They meet on a monthly basis at project-supported facilities until they are transferred to self-help groups of HEIs.
3. Self-help groups of HEIs: These groups comprise only HEIs and their mothers. They are led by Mères Mentors (Mother Mentors, who are peer educators). The groups meet on a monthly basis at project-supported facilities until the HIV status of the infant is confirmed.

IHAP-HK plans to scale self-help groups for pregnant women and HEIs to ten additional high-volume facilities in Haut Katanga in FY21, to complement groups established in FY20 at nine reference hospitals^d in each IHAP-HK supported health zone.

^d Hakika General Referral Hospital (Ruashi HZ); Sendwe Hospital and Clinique Universitaire (Lubumbashi HZ); Kamalondo General Referral Hospital (Kamalondo HZ); Kampemba General Referral Hospital (Kampemba HZ); Kenya General Referral Hospital (Kenya HZ); Panda

Peer educators will facilitate self-help group meetings, and conduct personalized follow-up of group members. Meetings will include counseling on various topics, including adherence to and retention on treatment (including messaging on treatment literacy and “U=U”), purpose of VL counts, and positive living; provision of TB and STI screening services; and nutritional assessment services. To increase patient demand for VL testing, self-help group facilitators will engage PLHIV in discussion on the importance of having an annual VL count and actively asking service providers for their VL counts to be done every year. IHAP-HK will also continuously remind self-help group facilitators to identify PLHIV members of self-help groups who have not had a VL count done in the past 12 months, notify facilities to schedule an appointment, and inform PLHIV of the date of their appointment.

To boost PLHIV’s attendance and use of self-help groups, IHAP-HK TOs and SSCs will remind service providers during regular site visits to continuously identify and refer PLHIV to self-help groups. The IHAP-HK Care and Treatment team will also coach peer educators to obtain lists of PLHIV self-help group members who repeatedly miss meetings and share these lists with facility-based providers for follow-up through phone calls, SMS, or home visits.

In FY21, IHAP-HK will also explore the possibility of and roll out establishing virtual, WhatsApp-based ART or self-help support groups, depending on group members’ access to cell phones and preference for opting into a virtual group, to provide group members with ongoing peer support, outside of in-person, group meetings.

Activity 3: Scale the automated electronic SMS reminder system.

IHAP-HK will continue implementation of the automated electronic SMS appointment reminder system for PLHIV in FY21, targeting reminder messaging to PLHIV who have a recent record of missing appointments and who consent to being added to the reminder system. IHAP-HK will also liaise with facility-based providers and PLHIV networks on developing coded messages (e.g. SMS reminding PLHIV to return to facility for COVID-19 information etc.) to maintain PLHIV confidentiality.

Activity 4: Introduce provision of package of advanced HIV disease management at XX referral facilities.

Given that IHAP-HK supports large referral facilities where PLHIV in Haut-Katanga with advanced HIV disease are referred and to decrease mortality of PLHIV presenting with advanced HIV disease, IHAP-HK will train three facilities (one each in Likasi, Kasumbalesa, and Lubumbashi) on provision of a package of advanced HIV disease management, focusing on diagnosis and treatment of cryptococcal meningitis, use of TB-LAM for TB screening, and provision of TB treatment or TPT. IHAP-HK will coordinate with the PNLs to develop SOPs and job aids on advanced HIV disease management and provide onsite training for clinical staff on advanced disease management. IHAP-HK will also coordinate with three facilities in Kinshasa and Lubumbashi that specialize in HIV advanced disease management to establish a virtual mentoring system, linking clinicians in these three specialized centers with clinicals in the

General Referral Hospital (Panda HZ); Kopolowe General Referral Hospital (Kopolowe); and Kasumbalesa Health Referral Center (Sakanika HZ).

three project-supported referral hospital to provide ongoing technical support and coaching on management of complications due to advanced HIV disease.

IHAP-HK will also coordinate with *Médecins Sans Frontières*, the Clinton Health Access Initiative, and the PNLs to obtain low-cost or donated commodities for treatment of cryptococcal meningitis.

Sub-objective 1.3: Improved integration of TB/HIV services.

Activity 1: Strengthen provision of TB case finding and isoniazid preventive therapy in 105 IHAP-HK facilities.

To address TB/HIV co-infection and reduce the burden of TB and HIV in alignment with COP 19 technical priorities, IHAP-HK will implement the following key interventions: 1) intensified case finding; 2) TPT for PLHIV without active TB; and 3) implementation of tuberculosis infection control (TBIC) measures to prevent TB transmission in health care and congregate settings.

In FY21, in support of the PNLT's plan to transition from isoniazid to 3HP (isoniazid and rifapentine) as the preferred regimen for TPT, IHAP-HK will support provincial PNLT in Haut-Katanga to update guidelines, standard operating procedures, and reporting tools. Once finalized, IHAP-HK will print, disseminate, and provide onsite briefings to healthcare providers on changes made to guidelines and tools.

IHAP-HK's TOs, SSCs, and Clinical TB/HIV Officer will provide technical assistance during site visits to project-supported site providers on consistent use of the TB screening tool to ensure that all PLHIV who are on treatment are screened for TB. TOs and SSCs will continue to monitor the provision of TB screening and TPT services for PLHIV, and provide on-site coaching to ensure that consistent TB screening and enrollment on TPT for those who have not previously completed an TPT regimen as a required component of the care package provided to PLHIV. IHAP-HK will coordinate with GHSC and the PNLT to ensure that stocks of isoniazid are available at HIV care and treatment wards (in addition to TB wards) to facilitate easier access to TPT services across all project-supported facilities and to maintain high linkage to treatment for TB/HIV co-infected patients. The IHAP-HK TB/HIV Advisor will also coordinate with project-supported facilities to conduct audits of PLHIV enrolled on TPT to identify those who did not successfully complete TPT to ensure completion of TPT; as part of this audit, outcomes on why TPT was not successfully completed initially will be documented in patient files.

The primary barrier that will be faced in scaling TPT in FY21 and ensuring completion for PLHIV enrolled in TPT have adequate stocks of isoniazid and rifapentine available. To facilitate uninterrupted access to TPT, IHAP-HK's Supply Chain Manager, TOs, and SSCs will coordinate with project-supported facilities to compile information on available stocks of TPT on a weekly basis and alert USAID when isoniazid and/or rifapentine stock levels become critical and endanger TPT completion for enrolled PLHIV. IHAP-HK's Supply Chain Manager and TB/HIV Officer will also share these weekly stock reports with the PNLT and PNLs for their use in analyzing stock data during weekly and monthly meetings and for advocating for required stocks of 3HP to be made available for PLHIV. To support completion of TPT regimens during periods of stock shortages, IHAP-HK TOs and SSCs will coach providers to prioritize provision of

remaining stocks of TPT for PLHIV who are already enrolled in TPT and postpone initiation of new PLHIV on TPT until stocks become available.

Activity 2: Coordinate with PNLT and PNLs to monitor and expand network for sample collection, transportation, and results return for TB diagnosis.

To improve TB diagnostic services for PLHIV with presumptive TB, IHAP-HK will provide technical assistance (as needed based on weaknesses observed in sample collection and transportation) to facility-based providers at project-supported facilities on collection and preparation of sputum samples, transportation of the samples to the five *centre de santé de dépistage et de traitement de la tuberculose* (CSDTs; tuberculosis diagnostic and treatment health centers) with GeneXpert® machines in Haut Katanga, and return of the results.

To minimize gaps in TB diagnostic service provision, IHAP-HK provided 42 non-CSDT project-supported sites with sputum samples collection materials and coolboxes with triple bags, and supplied motorcycles to some of these facilities for the transportation of sputum samples to CSDTs for diagnosis using GeneXpert® machines. IHAP-HK will also continue support for ReCos to collect and transport sputum samples from project-supported sites to CSDTs twice a week, and return the results to individuals who are confirmed TB-positive.

As noted above, IHAP-HK will conduct quarterly joint monitoring visits with one representative each from the PNLT and PNLs to the three IHAP-HK facilities that also serve as CSDTs with GeneXpert® machines to monitor the system at these sites for sputum sample intake, diagnosis, and return of results back to the originating facility. IHAP-HK will also provide technical assistance to ensure that PLHIV who are confirmed positive for TB are enrolled in TB treatment at their closest CSDTs, by reviewing data from the TB cascade of care and patient files during quarterly site visits to ensure that results are recorded and patients are enrolled in TB treatment (or referred to a CSDT for treatment).

The IHAP-HK Clinical TB–HIV Officer and TOs/SSCs will work with facility-based service providers to review the cascade of TB screening and diagnostic services for PLHIV on a monthly basis (weekly basis at high-volume facilities) to assess the effectiveness of the TB diagnosis circuit and identify areas of weaknesses to be addressed in follow-up site visits.

Activity 3: Strengthen TB infection control practices in 86 IHAP-HK–supported facilities.

By the end of FY20, 66 IHAP-HK–supported facilities have established TBIC committees. In FY21, to continue improvement of TBIC practices at supported health facilities and reduce the spread of TB in facilities, specifically among PLHIV, IHAP-HK will support the establishment of TBIC committees in 20 additional facilities in Haut Katanga. The IHAP-HK Clinical TB–HIV Officer will hold on-site briefings at these 20 facilities to establish TBIC committees and support development of site-level TBIC plans. IHAP-HK also will procure protective materials and other equipment to support TBIC measures (such as N95 masks, surgical masks, gloves, and hydrogel), with assistance from Project C.U.R.E. (Commission on Urgent Relief and Equipment), and deliver them to the 20 new facilities with TBIC committees.

TOs and SSCs will continue to monitor the implementation of TBIC measures at the 66 facilities with existing TBIC committees during regular monitoring visits and provide on-site technical assistance to improve TBIC practices in alignment with recommended guidelines and best

practices. The IHAP-HK Clinical TB/HIV Officer and representatives from the PNLT, PNLS, and HZMTs will monitor the implementation of TBIC practices during quarterly joint supervision visits (as mentioned above in activity 2).

Activity 4: Introduce TB-LAM to expand access to TB diagnostics for PLHIV.

In FY21, IHAP-HK will introduce and expand the use of TB-LAM among PLHIV in 105 project-supported hub facilities (dependent on provision of TB-LAM commodities by PEPFAR) to enhance access to accurate TB screening for PLHIV in order to link PLHIV to either TPT or TB treatment services. IHAP-HK will coordinate with the PNLT to develop SOPs, job aids, and registers for TB-LAM; distribute tools to project-supported facilities; and train all 105 facilities on use of TB-LAM and use of the 3HP regimen for TPT in a series of two training (starting with 25 high-volume facilities, with a secondary training planned for the remaining 80 hub facilities, dependent on provision of additional TB-LAM commodities), in conjunction with the PNLS and PNLT. IHAP-HK TOs and SSCs will provide continuous coaching to facilities on use of TB-LAM for screening and ensuring linkage to TB treatment for those confirmed to have TB or linkage to TPT for those who screen negative. With the introduction of TB-LAM and given limited cartridges, GeneXpert will be used for TB resistance monitoring and to confirm successful completion/cure for people with TB receiving TB treatment.

Sub-objective 1.4: Expanded network and referral systems for other health and social services.

Activity 1: Support the Division Provinciale de la Santé-Haut Katanga to strengthen the implementation of the bidirectional referral system.

In FY21, IHAP-HK will work with the Division Provinciale de la Santé (DPS; Provincial Health Division) and HZMTs to reinforce use of the bidirectional referral system, including a service directory, to ensure that those infected with and affected by HIV are identified, are referred, and receive the full spectrum of care, treatment, and support services. While the work of IHAP-HK will focus on referrals for the HIV continuum of care, IHAP-HK will leverage the work of other projects to ensure cohesion and coordination in the overall referral systems in Haut Katanga and Lualaba. The project will provide electronic copies of updated service directories.

In FY21, IHAP-HK will continue assessing and reviewing the efficiency and functionality of the bidirectional referral system in contributing to epidemic control goals by working with the DPS and HZMTs to review site- and health zone-level referral system data (including usage of existing referral tools), analyze performance of the referral system, and develop technical assistance plan or revise procedures/tools to address identified gaps in referral system performance.

To facilitate integration and increase ownership of the referral system by HZMTs, IHAP-HK will provide technical support to HZMTs to lead monthly referral system review meetings, including developing agendas and preparing data and materials for presentation and discussion during these meetings.

Activity 2: Strengthen referral mechanisms for OVC.

IHAP-HK's Referral System Advisor and OVC Coordinator will work with the *Division des Affaires Sociales* (DIVAS), *Comité de Développement Sanitaire*, and Child Protection Committees

to conduct a social service mapping and audits of referral systems, starting with the three new health zones offering OVC services (Panda, Kapolowe, and Sakania), and then a refresh in the five health zones currently supported by ELIKIA that will be transitioned to IHAP-HK in FY21. Results from these audits will be used to develop a network coordination and improvement plan, which HZMTs will lead implementation of (and progress against plans discussed during Referral TWG meetings) and to inform updates to health zone service directories (see Activity 3 below).

Social services to be reviewed will include educational services (including early childhood development programs, and technical and vocational training programs), legal services (including birth registration, registration for *cartes d'indigence*, legal services for victims of GBV and SEA, and other protection and social welfare programs), opportunities to participate in the growing number of health insurance *mutuelles* available in DRC, and links to other GDRC and donor-funded social service programs.

Activity 3: Promote and monitor use of online mapping tool.

IHAP-HK will promote the utilization of the online mapping of HIV services (created and rolled out in FY19) with HZMT and site administrators at project-supported facilities when making referrals to other facilities for HIV services. The IHAP-HK Referral System Advisor will ensure that online maps are updated regularly to reflect any changes in HIV and GBV (added in FY20) service provision across IHAP-HK-supported HZs, and will also collect user feedback on these online maps and make recommended changes.

The project will also integrate outlets providing services for OVC (using inputs from the health zone social service audit conducted by DIVAS—see above activity for further information). In conjunction, IHAP-HK will also update and disseminate to 105 project-supported facilities an updated directory aligned with the updated online map.

Activity 4: Monitor and reinforce functioning of the updated bidirectional referral system through data analysis and onsite technical assistance.

The IHAP-HK Referral System Advisor will coordinate with TOs and SSCs during regular site visits on use of referral system checklists to monitor functionality of the bidirectional referral system (including referrals for OVC services). The Referral System Advisor will meet regularly with TOs and SSCs to review monthly data from each health zone, understand weaknesses in the referral system, and discuss recommendations to improve site-level performance for follow-up at subsequent site visits. The IHAP-HK/L Referral System Advisor will also hold quarterly visits to each HZ to monitor the referral system and provide technical assistance, including feedback on data quality and observed trends to troubleshoot any issues observed.

Sub-objective 1.5: Provision of a comprehensive package of OVC services

IHAP-HK will take over provision of the full package of support services for OVC from ELIKIA and introduce OVC activities in three new health zones in FY21, including provision of educational support, legal assistance, and economic strengthening activities. Building household resiliency leading to graduation is the key objective of OVC services. Utilizing evidence-based tools for assessing household vulnerability and child wellbeing, we will assess each individual household and connect them to the most appropriate services for their needs. Households will progress to greater resiliency by growing financial resources and money management skills,

strengthening their linkages to the social service system, remaining in HIV care and treatment, and utilizing health services.

IHAP-HK will place focus on providing a holistic approach to ensure the resilience of vulnerable families by using a vulnerable assessment tool to determine family needs and facilitate referrals to address identified needs. IHAP-HK will also strengthen the continuum of care by extending care services from the clinic level to the community level and using a strengthening clinical/community case management approach for OVC clients, with an aim to improve case-finding and case follow-up through viral suppression.

Services for OVC enrolled in the comprehensive OVC program will be provided by OVC case managers and OVC supervisors affiliated with non-governmental organizations (Crisem, Bread and Knowledge Too Congo [Bak Congo]) and social assistants affiliated with DIVAS (who serve as OVC case managers and OVC supervisors), and overseen by DIVAS. IHAP-HK will strengthen this case management system to continue service provision as follows:

- *Individual case planning:* IHAP-HK will implement case planning based on household vulnerability assessments and child status index to assess individual child and caregiver wellbeing. Case planning will set a strategy for addressing household, OVC, and caregiver needs through direct service provision, referrals, and/or community-based programs. Case plans are fluid documents that can be revised at any time if a child's situation or needs change.
- *Case plan implementation and review:* IHAP-HK will take actions to respond to identified child's needs through direct support and services, and referral to other agencies/service providers, as appropriate. These actions will be reviewed using specific, measurable, time-bound case objectives to document progress and ensure case objectives are being met.
- *Case closure:* IHAP-HK will facilitate case closure via graduation of households from project support, aging out, transfer to other programs/services, and other events (death, loss to follow up, etc.). In general, OVC case plans will be closed when a targeted OVC becomes 18 years old, unless there are good reasons to remain involved, such as additional vulnerabilities. IHAP-HK will integrate the project's graduation approach into the case management strategy.

To ensure that OVC living with HIV who are beneficiaries of IHAP-HK's OVC program achieve viral suppression, IHAP-HK will institute closer ties between OVC case managers and HIV focal points of the health facilities that OVC case managers are assigned to, to further implicate OVC case managers in provision of the full continuum of clinical services for OVC living with HIV, including ensuring adherence and retention in ART, support with status disclosure, follow-up for those who miss appointments, provision of psychosocial support, collection of samples for viral load analysis. As part of this system, OVC case managers will have responsibility for supporting OVC living with HIV assigned to them achieve viral suppression.

Activity 1: Offer temporary consumption support for very economically vulnerable families (Support Stage).

In the three health zones where OVC activities will be introduced in FY21, IHAP-HK will use vulnerability criteria developed by ELIKIA project to assess, identify, and provide resources (via conditional cash transfers for health, education, food, and clothing) for very economically vulnerable households to help these households stabilize finances and prepare for participation in

savings group activities. These households will receive coaching from OVC case managers to ensure adherence to transfer conditions and help build basic financial management skills. IHAP-HK will disburse cash transfers to enrolled households every two months, contingent upon meeting transfer conditions.

Project staff will verify compliance with conditions based on standard records (e.g., immunization cards, school fee invoices, training certificates of completion) as well as consultations with the Social Assistant identified as a support focal point for the household (see Activity 2.2), or other focal points (e.g., school administrators). Transfers will range from \$22 to \$141, based on household size, cost of living in each locality, and seasonal variations such as the start of the school year. Where possible, households will be required to work with OVC case managers to register all new births. In the five health zones currently supported by ELIKIA in Lubumbashi, temporary consumption support for enrolled families will continue.

Activity 2: Offer money management interventions to reduce household economic vulnerability (All Stages).

In the three new OVC health zones, ELIKIA project will assist IHAP-HK to introduce and maintain an evidence-based approach for strengthening households' ability to manage money and generate savings, thereby reducing household vulnerability and increasing the ability to provide for the needs of OVC in their care. IHAP-HK will apply the SILC (Savings and Internal Lending Communities) methodology as a development platform, supporting households to engage in regular savings, access small loans, and grow toward successful pursuit of income generation opportunities. In line with PEPFAR guidance to avoid stigma, SILC groups will not be required to structure themselves around households caring for HIV-positive members or OVC, but will instead focus on implementing SILC in communities immediately surrounding high-volume, project-supported facilities. IHAP-HK will establish 12 SILCS groups in the three new OVC health zones (one group each in the catchment area outside the 12 high-volume facilities in these health zones), and maintain the 121 SILCS groups established by ELIKIA in the other five health zones, in collaboration with the private network that supported ELIKIA with SILCS coordination.

Activity 3: Support resiliency and growth of households through income promotion activities (Sustain Stage).

With support from ELIKIA and the private network coordinating SILCS activities, IHAP-HK will identify and share market opportunities available within geographic catchment areas with OVC case managers to pass on to SILC groups in order to provide beneficiaries from with ideas for furthering income growth.

Activity 4: Improve parenting skills through parenting education and early childhood development activities (Support & Strengthen Stages).

IHAP-HK will deliver a parenting education series (ELIKIA's Parenting Skills Package) for members of SILC groups, peer self-help support groups, ART support groups, and any pre- and antenatal meetings held at project-supported health facilities. Topics for interactive instruction will include positive parenting skills (following the Parenting for Lifelong Health and Sinovuyo curriculums) and behavior management, health promotion, child protection and abuse prevention, gender issues (including prevention of SGBV), birth and social welfare registration, and how to access services available in the community.

Parenting modules teach parents about the needs of children at various ages and developmental stages and provide them with resources for addressing those needs in age-appropriate ways. They will also address gender disparities among household members and provide opportunities to discuss gender inequality, prevention of SGBV, and encourage successful interactions between adult couples via role-plays and other activities.

Activity 5: Reduce barriers to education for children and adolescents.

IHAP-HK will continue promotion of enrollment and retention in schools for OVC, with a particular focus on supporting young girls' transition to secondary school, through conditional cash transfers (as needed), household economic strengthening, and parenting education for households and caregivers of enrolled OVC. IHAP-HK will also work with the follow-on to the ACCELERE project and other USAID-funded education projects to ensure the continuity of OVC in school, with a focus on young girls' transition to secondary school, and leverage Child Protection Committees (see Activity 5 below) as a platform to provide a safer and more supportive environment at schools, as a means of supporting retention in school among OVC.

Activity 5: Reduce barriers to child protection and social services.

To strengthen child protection, IHAP-HK will maintain mechanisms used by the ELIKIA project and establish similar structures in the three new OVC health zones by:

- Supporting OVC case managers and DIVAS in areas where Child Protection Committees (CPCs) exist to reinforce the capacity of these committees, using a participatory process to determine needed capacity building for each CPC. Areas for capacity building could include: children's rights, child protection, effects of abuse on children, and psychosocial needs of OVC.
- Supporting OVC case managers, DIVAS, and implementing NGOs to engage community leaders, religious leaders, and existing community committees to create new CPCs by identifying community members knowledgeable in and concerned about child protection needs, convening a CPC with identified community members, training CPC members on their role and function, and provide technical oversight/onsite coaching during initial CPC meetings.

CPCs will be provided with service directories (see sub-objective 1.4) to facilitate referrals to legal service providers to address issues of abuse and neglect and facilitate legal assistance and reintegration of children into families where possible and safe.

In addition to strengthening CPCs, IHAP-HK will incorporate evidence-based child protection skills training (based on curriculums used by ELIKIA) for youth and adolescent self-help support groups (including Operation Triple Zero groups and youth SILC groups) as part of psychosocial support activities.

Objective Two

Sub-objective 2.1: Improved community environment to support healthy behaviors.

Activity 1: Support HZMTs and two NGOs to coordinate community-level interventions to increase uptake of testing and prevention services and support retention on treatment.

IHAP-HK will work closely with ReCos and Community Animators from HZMTs, provincial PNMLS, and NGOs to provide community outreach, prevention, and care services to members of high-priority populations and PLHIV across eight IHAP-HK-supported HZs. The aim is to create a favorable environment that encourages health-seeking behaviors, including increased demand for and use of testing and/or care and treatment services.

IHAP-HK will provide financial support through a grant to World Production to conduct community-level HIV prevention and testing activities. The project also will provide technical assistance during regular coaching visits (with participation from provincial PNMLS and HZ community animators) to strengthen the quality of services provided during community outreach, testing, and care activities. IHAP-HK will work with HZMTs to ensure that data from community outreach, testing, and care activities are reviewed and analyzed during monthly data review meetings, and that recommendations discussed during these meetings are incorporated by NGOs during implementation.

To address barriers to in treatment adherence due to sociocultural norms that prevent disclosure of status by women to male partners or drop-out of treatments due to influence of traditional healing practices or religious beliefs, IHAP-HK will hold outreach sessions with religious leaders and traditional healers to sensitize them on treatment literacy (including “U=U” and living positively) and ensure spread of appropriate and positive messaging about HIV testing and treatment and stigma reduction to their communities.

Activity 2: Involve the PNMLS, PNSA, and PNLs in quarterly project supervision visits to monitor implementation of community-level activities in Haut Katanga.

To enhance the involvement of the PNMLS in overseeing community-level HIV outreach, testing, and care activities, IHAP-HK’s Community Prevention and Treatment team will invite representatives from the PNMLS to participate in planned project supervision visits to mobile/workplace outreach and testing sessions implemented by World Production or support group meetings organized by peer educators. IHAP-HK’s Community Prevention and Treatment team will note recommendations provided by the PNMLS during these quarterly supervision visits and provide on-site coaching to NGO staff, social assistants, ReCos, and peer educators to strengthen provision of community-based services.

Sub-objective 2.2: Optimized service delivery models.

Activity 1: Maintain services at three existing PoDi+ sites and create two additional PoDi+ sites to improve retention of stable PLHIV on treatment.

To improve the quality and accessibility of care and treatment services for stable PLHIV and accelerate transfers to eligible patients to PoDi+ sites, IHAP-HK will make operational changes to method of support provided to RNOAC to run current PoDi+ sites in Kenya, Lubumbashi, and

Sakania (located in Kasumbalesa) health zones, and add two additional sites in Kamalondo and Ruashi health zones. Planned operational changes include coordinating with HZMTs to relocate PoDi+ sites to free spaces (owned by the HZMT or DPS) available for use within each health zone.

Patients enrolled in PoDi+ sites will be provided with either a three- or six-month supply of ART (MMD3/6) and cotrimoxazole (and INH for TPT, as relevant); information on treatment literacy and adherence counseling; TB and nutritional assessments (with referrals to facilities for nutrition counseling and supplements or CSDTs for confirmatory TB diagnosis provided); and HTS for partners or contacts of index clients (based on client preference). Sexual and reproductive health services will also be integrated, with screening for sexually transmitted infections (STI) offered, counseling on family planning and contraceptive method mix, with referrals to facilities for provision of contraceptive methods or STI treatment services. PoDi+ facilitators will also follow up with PoDi+ clients on MMD6 on at least a quarterly basis via a phone call or SMS (based on client preference) to ensure retention on treatment or provide any needed counseling or adherence support services.

To scale-up VL coverage services, technical assistance will also be provided by IHAP-HK to ensure that PoDi+ workers are asking PLHIV whether they have had a VL count taken in the past 12 months and adding this information to patient visit cards. For those who do not have a recent VL count, IHAP-HK will ensure that PoDi+ staff coordinate with the facilities linked to each PoDi+ site to schedule an appointment for VL sampling or to schedule a laboratory technician to come to the PoDi+ site to collect VL samples from all stable PLHIV eligible for a VL count.

Activity 2: Support the functioning of up to 150 ART support groups in all project-supported health zones to improve PLHIV retention on treatment.

IHAP-HK will maintain support to peer educators to ART support groups created by the end of FY20 and will create additional ART support groups, based on client demand, to reach up to 150 ART support groups across all eight project-supported health zones. Support groups will meet on a quarterly basis, with the same package of services as offered at PoDi+ sites provided during group meetings.

The IHAP-HK Community Prevention and Treatment team will work with peer educators group facilitators to ensure that any PLHIV who miss picking up their treatment are reported to the health facility for immediate follow-up and recording in patient files and the project's missed appointment tracker. IHAP-HK TOs and SSCs will also work with facilities to continuously identify eligible PLHIV to offer transfer to ART support groups. Peer educator group facilitators will also follow up with group members on MMD6 on at least a monthly basis via a phone call or SMS (based on client preference) to ensure retention on treatment or provide any needed counseling or adherence support services.

Activity 3: Maintain fast-track ARV pick-up systems in all 105 supported facilities in Haut Katanga.

To continue improving accessibility of HIV care and treatment services for PLHIV who prefer to receive services at a health facility, IHAP-HK will maintain fast-track pick-up circuits at 65

project-supported facilities, with the same package of services offered as in other differentiated service delivery models. IHAP-HK will coach providers to ensure that patient files and Tier.Net is updated regularly, and do a daily audit for patients who missed scheduled appointments, for immediate follow-up through the project's missed appointment tracking system.

The project will work with project-supported facilities to integrate peer educators (responsible for distributing treatment to stable patients at the fast-track pick-up circuit and assisting facility-based staff with maintenance of patient files) into the fast-track pick-up circuit at facilities. The IHAP-HK Community Prevention and Treatment team will also coordinate with the TOs and SSCs who are assigned to these facilities to monitor the quality of services provided under the fast-track pick-up circuit and provide on-site coaching to make any needed improvements and support identification of stable patients who are eligible for transfer to a differentiated care model. HIV focal points and other facility-based providers will conduct at least a quarterly phone call or SMS check-in with fast-track clients on MMD6 to ensure retention on treatment or provide any needed counseling or adherence support services.

Activity 4: Continue scaling additional models for differentiated treatment services by expanding at-home, pharmacy-based, and other delivery options.

Building on strategies introduced in FY20 to ensure continuity of HIV treatment and care services to PLHIV during the COVID-19 outbreak, IHAP-HK will maintain existing and continue expansion of four additional models for differentiated treatment services, informed by client preference, including at-home ART delivery and differentiated treatment services at pharmacies, health posts in rural areas, and private VIP hospitals. IHAP-HK will coach health facilities to offer stable PLHIV in the project's cohort (prioritizing stable PLHIV who aren't yet enrolled in a differentiated treatment model) the option to transfer to any of the seven differentiated treatment models available to them.

For home-based ART delivery, IHAP-HK will coach HIV focal points and data clerks to accurately record (through onsite coaching) ARV home deliveries in ART registers and Tier.Net, and offer ART home delivery as an option for stable clients, either on an ongoing basis or as a standalone option for those who miss refill appointments and are not able to go to their regular pick-up point that month for ARVs. At-home viral load sample collection (either via plasma or DBS, depending on provider availability) will also be provided for PLHIV who are due for sample collection.

Building on initial work started in collaboration with FHI360 through the USAID-funded EpiC project, IHAP-HK will finalize data collection tools, standard operating procedures, and memorandums of understanding, execute memorandums of understanding with the 20 pharmacies trained in FY20 (with possibility to expand to an additional 10 pharmacies, depending on client demand), and begin supporting pharmacies and linked health facilities to offer differentiated services at pharmacies. FHI360 will supply the 20 selected pharmacies with shirts and filing cabinets. A color-coded voucher system will be used at pharmacies, whereby a client will be provided with four vouchers for a calendar year—three green and one red—assuming MMD3 (two vouchers—one green and one red—provided for clients on MMD6), with a client's code and ART clinical code. The client will give his voucher to the pharmacist at his ARV refill date and be provided with his ARV refill for every green voucher, with the

pharmacist confirming successful refill in the ARV refill agenda. Once a client reaches a red voucher, the pharmacist will send the client to their affiliated facility for a fast-tracked clinical check and laboratory monitoring; the pharmacist will also notify the facility to expect the client for a follow-up visit. If the client does not present at the facility at the appointed time, the client will be entered into the project's missed appointment tracker for immediate follow-up. The pharmacist will present the ARV refill agenda to the linked project-supported facility for confirmation of client ARV refill and provision of a small dispensing fee, based on ARV refills successfully dispensed to enrolled clients.

IHAP-HK will support up to 10 health posts located in rural areas of Kenya and Ruashi health zones to distribute ART to PLHIV who live in remote villages located closer to these health posts. IHAP-HK will also pilot public-private partnerships with seven for-profit, VIP hospitals in Lubumbashi health zone, where IHAP-HK supported facilities will provide treatment commodities to these hospitals to distribute to PLHIV who opt to receive differentiated treatment services at these hospitals. VIP hospitals will not be allowed to charge PLHIV for HIV and TB/HIV services but can charge clients for any other health services requested by the client.

Activity 5: Integrate patient/community feedback loops to improve quality of services provided to project beneficiaries.

To ensure HIV and TB/HIV services meet client expectations and are not a barrier to service utilization, IHAP-HK will implement strategies to gather patient-level feedback on HIV, TB/HIV, and OVC service delivery, through a variety of mediums; analyze feedback; and integrate measures to improve the quality of services in site level IQPM or QI improvement plans (see Activities 6-7 below).

Leveraging PATH's Living Labs in Lubumbashi and human-centered design principles, IHAP-HK will hold focus group discussions with key stakeholders from community, PLHIV networks, and NGOs to design community-led processes for gathering client feedback on service quality, satisfaction with services, and barriers impeding access to services.

Methods for gathering client feedback includes:

- Placement of physical suggestion boxes at entryways of project-supported facilities, community treatment delivery sites (PoDi+ etc.), and other service delivery outlets for clients to anonymously provide feedback on services received. The community representative on each facility IQPM or mini QI team will be charged with opening the suggestion box every month and provide this feedback in IQPM or QI meetings, to be integrated into discussions and site-level remediation plans.
- Use of exit interviews/surveys of clients in select high volume facilities conducted by PLHIV networks to actively collect targeted feedback on services received (e.g., quality of index testing services; most common issues faced by clients etc.). These surveys will be placed in physical suggestion boxes to ensure client anonymity.
- Pilot of a "virtual suggestion box" at select high-volume facilities (Sendwe Center of Excellence; Kenya General Referral Hospital; Kasumbalesa Douane Health Referral Center; *Clinique Universitaire*; Kamalondo General Referral Hospital; Hakika General Referral Hospital), leveraging a free application (Kobo) to collect client feedback. Client feedback is centralized and analyzed in the Kobo toolbox's online platform, and then shared back by

IHAP-HK's QA/QI team and TOs/SSCs with facility QA/QI teams for inclusion in site-level remediation plans.

- Maintaining a community scorecard on the quality of services received.

IHAP HK will also hold semi-annual workshops with providers from high volume facilities and NGOs involved in gathering client feedback to discuss common/cross-cutting challenges and points of feedback from clients and methods or best practices for addressing these.

Activity 6: Maintain weekly performance monitoring at low performing facilities to reinforce continuous quality improvement to advance 95-95-95 objectives.

In conjunction with TOs/SSCs and senior technical leads, the IHAP-HK QI team will to coordinate focused site visits to provide intensive technical assistance to address lingering areas of weaknesses (e.g. inconsistent use of risk assessment; weakness in eliciting index case testing contacts etc.) based on facility performance against weekly monitoring indicators. IHAP-HK will also continue to strengthen the use of data reported under the High-Frequency Reporting process as an early warning system to identify and address on time gaps on key project indicators and implement corrective measures in the collaboration with facility-based providers.

IHAP-HK will continue conducting intensified weekly performance monitoring across a cadre of low-performing facilities to improve performance in the following six areas aligned with 95-95-95 objectives and COP20 priorities:

1. Scaling up safe index case testing with fidelity.
2. Promoting consistent use of the risk assessment tool to maximize testing efficiency.
3. Ensuring same-week treatment initiation for newly-identified PLHIV (with continued push towards same-day initiation).
4. Promoting shift of eligible PLHIV towards MMD3/6.
5. Tracking PLHIV who missed appointments within 28 days of missed appointment.
6. Individual follow-up with PLHIV who are eligible for VL sample collection.
7. Tracking PLHIV with unsuppressed VL and bring them to facilities for development of individual case management plans.

Activity 7: Continue implementation of Integrated Quality and Performance Management activities at 24 high-volume facilities in Haut Katanga.

In FY19, IHAP-HK merged key aspects of the Quality Improvement Collaborative and Optimizing Performance and Quality approaches to create and roll out the Integrated Quality and Performance Management (IQPM) approach at 24 facilities in Haut Katanga to ensure sustainable uptake of the IQPM model at highest volume facilities managing the majority of the project's cohort.

In FY21, IHAP-HK/L will continue efforts to sustain the IQPM approach at these 24 facilities, including hosting quarterly experience-sharing meetings, to include community members from the surrounding *aire de santé*, with these 24 high-volume facilities (with HZMT participation) to review and improve performance against key indicators (HIV case-finding; index testing; retention; VL coverage; viral suppression). The team will share a comparison dashboard to track their progress, analyze gaps, and develop customized quarterly technical assistance plans to address weaknesses/gaps observed for each facility. The IQPM teams at these facilities will be responsible for implementing the quarterly technical assistance plan and report updates at the

next quarterly meeting, with IHAP-HK's QI team monitoring progress made against these plans throughout the quarter and facilitating provision of technical assistance.

Activity 8: Strengthen QA/QI activities in 105 project-supported hub facilities by holding monthly performance reviews at all project-supported facilities.

To ensure that QI initiatives are institutionalized at all hub facilities, IHAP-HK will designate a QI focal point at all non-IQPM facilities. In medium and non-IQPM high-volume facilities, the QI focal point will convene a mini QI team (to comprise of the HIV focal point, data encoder, or other key facility providers; a community member, either a peer educator/project beneficiary; president of the *aire de santé* Health Committee, or a religious leader) to serve as QI mentors for other providers at the facility and monitor that services are delivered in alignment with established SOPs, job aids, and quality standards disseminated by IHAP-HK.^e The QI focal point will also be charged with ensuring that requirements in USAID's SIMS checklist are adhered to, with IHAP-HK TOs/SSCs and Senior technical leaders providing support to QI focal points.

Continuing in FY21, IHAP-HK TOs/SSCs will support the QI focal point to lead monthly onsite performance reviews at all project-supported facilities in Haut Katanga. During these reviews, IHAP-HK TOs and SSCs to review monthly progress against indicators in the 95-95-95 Dashboard and against monthly PBF targets and develop improvement plans (to include a root cause analysis conducted jointly with the facility QI focal point) to address performance gaps. The QI focal point will be charged with implementing the improvement plan, with TOs/SSCs checking on status of implementation of the improvement plan in subsequent site visits.

Activity 9: Identify, document, and disseminate best practices identified through three quality improvement initiatives with virtual Quality and Performance Improvement community.

IHAP-HK will continue identification and sharing of best practices from the 24 IQPM facilities to disseminate best practices that accelerate progress toward 95-95-95 goals in Haut Katanga. The IHAP-HK TOs, SSCs, and QI team will support facility QI focal points to compile promising practices harvested from high-performing facilities during weekly performance monitoring, quarterly IQPM meetings, and monthly site-level performance review meetings. Identified best practices will be shared during face-to-face meetings and the QI virtual learning community (QI WhatsApp group) to encourage peer-to-peer learning among all IHAP-HK-supported facilities and HZMTs. The QI team will also lead and moderate discussions with these email and WhatsApp groups to encourage peer-to-peer engagement and discussion around challenges faced in HIV service delivery or promising practices. In FY21, IHAP-HK will also host an annual best practices forum, where staff from the DPS, PNLS, five health zones in Lubumbashi, and IHAP-HK staff will gather to disseminate the most promising strategies and practices shared in face-to-face QI sessions and the QI WhatsApp group.

Activity 10: Implement the IHAP-HK Innovation Incubator to identify cost-effective and proven case-finding, retention, and viral suppression strategies.

Building on an activity started in Q3 of FY20, IHAP-HK will continue implementation of the IHAP-HK Innovation Incubator, a strategy to encourage creative, out-of-the-box thinking among

^e These quality standards will focus on key areas, with standards for FY21 focused on defaulter tracing (using the missed appointment tracker); case management for virologically unsuppressed PLHIV; and mother-baby tracking through final outcome.

project staff to identify data-driven, rapid action, cost-efficient, and sustainable innovations to address persistent or new challenges in service quality or achievement against annual targets.

Each cycle of the Innovation Incubator lasts five weeks, with the first week focused on solution development and selection (up to two selected per month), the second week focused on preparations to implement the two selected solutions, the following two weeks spent implementing selected solutions, and the fifth week serving as an evaluation of the approach, with discussion on whether the solution should be further scaled.

Objective Three

Sub-objective 3.1: Essential commodities are available and effectively managed at all appropriate levels.

Activity 1: Supply all 105 project-supported sites with medical supplies and consumables to offer HIV and TB services.

In FY21, to ensure that all 105 project-supported facilities have consistent access to commodities and supplies for HIV services, the IHAP-HK Supply Chain Manager and Officer and TOs and SSCs will continue to coordinate with facility-based pharmacists and other providers to quantify existing stocks of supplies and consumables at each site (including biomedical waste management and laboratory commodities) during regular site visits, forecast needed supplies and consumables quarterly, directly procure or submit orders to supply chain projects, and deliver supplies to all facilities in coordination with the Global Health Supply Chain – Technical Assistance (GHSC-TA) project and/or Project C.U.R.E.

IHAP-HK TOs and SSCs will also complete and submit the stock-out alert tool following every site visit to the IHAP-HK Supply Chain team. The Supply Chain team will consolidate all reports from TOs and SSCs and will alert GHSC-TA for any re-supply needs or potential stock-out issues, in order to mobilize commodities and prevent a stockout. The IHAP-HK Supply Chain Manager will also coordinate with TOs and SSCs to shift commodities from stocks that have a surplus of commodities to those with low or no stock, to mitigate stockouts while waiting for re-supply from GHSC.

IHAP-HK will consider procuring limited quantities of manual centrifuges to support plasma-based VL sample collection, given the frequent stock-outs of DBS kits.

Activity 2: Strengthen the capacity of HZMTs and project-supported facilities in commodity management and storage, including commodity quantification, forecasting, and ordering.

The Supply Chain Manager or Officer will accompany TOs and SSCs to all project-supported facilities to assess commodity-management and storage practices. Based on assessments, the Supply Chain Manager and Officer will develop a coaching plan for TOs and SSCs to implement in subsequent site visits to improve commodity tracking, quantification (particularly to account for MMD3/6), ordering (including integrating requests for 90 and 180 pill count bottles and dolutegravir formulations), and storage practices at these facilities.

In instances where test kit shortages are anticipated and to mitigate any disruptions in test kits availability, IHAP-HK will provide technical assistance to HZMTs to distribute greater quantities of HIV test kits at high yield entry points (e.g. TB wards, inpatient wards) at high-volume facilities (e.g. hub/referral hospitals; TB diagnostics and treatment centers etc.) or facilities near hot spots (e.g. facilities near commercial and artisanal mining areas, fishing communities, commercial centers, and truck stops etc.).

In FY21, IHAP-HK will coordinate with GHSC to provide technical assistance to project-supported facilities to ensure frequent and accurate reporting of commodity information into the Logistics Management Information System as well as the *canevas unique*.

Activity 3: Provide technical support to existing commodity management technical working groups.

The IHAP-HK Supply Chain Manager or Officer will participate in and provide technical contributions during monthly meetings of the Commodity Management TWGs in Haut Katanga supported by the GHSC-TA project. IHAP-HK will present progress on activities and any difficulties encountered in supplying commodities and supplies to project-supported facilities and HZs during monthly meetings and contribute to brainstorming solutions to address challenges voiced during meetings. The IHAP-HK Supply Chain Manager will share recommendations from these meetings with the IHAP-HK technical team for implementation with supported facilities and HZs as needed.

Sub-objective 3.2: Improved use of reliable data to continuously improve service delivery quality and effectiveness.

Activity 1: Coach 105 IHAP-HK-supported sites on monthly data reporting and weekly High Frequency reporting.

In FY21, IHAP-HK will print and disseminate updated data collection and reporting tools (e.g. patient registers; *canevas unique*, *canevas annexe* etc.) to ensure that all 105 project-supported facilities have adequate supplies of reporting tools. Onsite refresher briefings will be held for facility-level data managers, encoders, and other facility-based providers on reporting tools, as needed.

To ensure the production of high-quality reports, IHAP-HK TOs and SSCs will continue coaching all facility-based service providers, data managers, and data encoders on properly filling out data collection and reporting tools during regular site visits and ensuring that all service providers know how, and commit, to filling them out correctly.

IHAP-HK will continue to contribute financial and technical support for monthly monitoring and data validation meetings at the HZ level, and the IHAP-HK M&E team will participate in these meetings to ensure that all HIV data from facilities are aligned with data reported to the project.

Activity 2: Improve data quality and use at health zone and facility-levels.

IHAP-HK will update 95-95-95 Dashboards, which monitors site-level performance against five key indicators related to 95-95-95 achievements, in FY21. IHAP-HK will reproduce and distribute wall-poster format 95-95-95 Dashboards for posting at each health facility. During site visits, IHAP-HK TOs and SSCs will help facilities plot their monthly data for each indicator, discuss progress against the established target for that indicator, observe trends in performance for each indicator, and provide technical assistance to address negative performance trends.

In order to sustainably improve data quality, IHAP-HK will support the HZMT and PNLs to conduct basic routine data quality assessments (RDQAs) on a quarterly basis, focusing on one selected indicator each quarter, and developing an action plan to be implemented the following quarter in order to make needed corrections. IHAP-HK's technical and M&E team will follow up with facilities during regular site visits to ensure that findings in action plans are addressed.

A challenge observed by the PNLS during a quarterly provisional data review meeting was frequent instances of data discrepancies between data reported to the national health information system and data reported to PEPFAR. To address this issue, IHAP-HK will provide support to data managers from HZMTs to hold quarterly pre-PNLS validation meetings where IHAP-HK will work with data managers to compare data reported to each health information system, identify discrepancies, and make corrections following site-level verification.

Activity 3: Ensure completeness and accuracy of patient-level information in Tier.Net for cohort management at 105 project-supported facilities.

The IHAP-HK TOs, SSCs, and M&E team will also continue to support facilities during regular monitoring visits to validate submitted *canevas unique* and monitor facility entry of patient-level data in Tier.Net. The IHAP-HK M&E team will provide technical assistance to HIV focal points and data encoders to address any questions or challenges they have with data entry in Tier.Net, but facilities will be responsible for entering data into Tier.Net directly themselves (without any support from IHAP-HK project staff). Onsite refresher briefings on Tier.Net data entry and analysis (extracting lists of missed appointments; those IIT; or those who need updated VL counts) will be provided for HIV focal points and data encoders, with a focus on facilities who are still having challenges with electronic reporting. IHAP-HK will also provide support to facilities to maintain computers provided to them for Tier.Net data entry, including updating antivirus software.

As part of the project's comprehensive cohort cleaning process, started in FY20 with high volume facilities, IHAP-HK's M&E team will continue working with remaining facilities in FY21 to ensure their patient cohorts in Tier.Net are completely updated and remove any duplicate records. To ensure correct reporting of data into the government's new data warehouse, IHAP-HK will access site-level Tier.Net dispatches and triangulate data on a monthly basis, prior to submitting into the national District Health Information System 2 (DHIS2) system. As a means of supporting the PNLS to ensure that patient-level data being recorded in Tier.Net is accurate and updated, IHAP-HK will also provide financial support for two staff from the PNLS to conduct semi-annual supervision visits to HZs and facilities to monitor Tier.Net use and ensure alignment with national guidelines.

Activity 4: Effectively utilize DHIS2 for data analysis, reporting, and visualization.

Following the roll-out of DHIS2 to 103 project-supported facilities,^f IHAP-HK's M&E team will continue to work with HIV focal points and data encoders at project-supported facilities to ensure that all regular monitoring data is reported to the project electronically on a monthly basis, and deploy targeted technical assistance (either in-person or remotely via phone or WhatsApp) to address any specific data entry questions or issues with data being reported inaccurately or incorrectly (as part of data quality improvement initiatives). IHAP-HK's M&E team will also ensure that any revisions to PEPFAR Monitoring, Evaluation, and Reporting (MER) indicators and custom indicators are integrated into the project's data collection system and DHIS2 instance.

^f Two remote facilities with inconsistent access to electricity were not trained.

The IHAP-HK team will continue to hold regular data review meetings, weekly for a set of project performance monitoring indicators and monthly for a larger set of indicators (with seconded TOs/SSCs joining these meetings virtually [or in-person once per quarter]), where the M&E team will project visualizations built into the project's DHIS2 database for analysis and identification of needed actions to improve performance against annual targets and/or implementation of interventions with fidelity.

Activity 5: Update health zone microplanning for 8 health zones in Haut Katanga.

IHAP-HK will work with health zone teams to refresh HZ maps highlighting hotspots, including reflecting project HIV testing (community and facility) data from the prior two quarters and acute HIV infection data (see Activity 8 in sub-objective 1.1), to highlight any shifts or emerging hotspots for deployment of targeted, community-based and mobile testing. IHAP-HK will coordinate with the MoH to obtain accurate health zone shape files[§] to create Tableau-based maps of each HZ, based on the mapping exercise conducted as part of microplanning, to allow for easier data visualization of identified hot spots and mapping of testing data to monitor trends and identify shifts in hot spots.

Activity 6: Coordinate USAID SIMS visits.

IHAP-HK will continue to support USAID/DRC in conducting regular SIMS visits to project-supported facilities, accompanying USAID on SIMS visits, and working with facilities to implement SIMS remediation plans, with IHAP-HK's M&E team documenting remediation steps on project-level Dashboards to facilitate tracking of progress.

Sub-objective 3.3: Effective, operational laboratory systems ensured.

Activity 1: Strengthen laboratory networks in Haut Katanga to provide high-quality diagnostic and analytical services (e.g., EID, VL, HIV, and TB diagnostics).

Strong laboratory networks capable of providing high-quality, real-time results are critical to the achievement of 95-95-95 goals. PEPFAR recommendations to scale up provision of VL, EID, and HIV diagnostic services promote the creation of a strong and decentralized network of laboratories to provide diagnostic and other analytical services.

IHAP-HK will strengthen the system used for VL sample collection and transportation to laboratories in Haut Katanga for analysis, collecting both plasma samples and DBS samples (from remote facilities in health zones further away from Lubumbashi, particularly in Sakania and Kapolowe HZs) for VL analysis. Spoke facilities will be responsible for following up with eligible PLHIV to collect plasma or DBS samples (coordinating with peer educators as needed), labeling, and packaging sample packages and vouchers for analysis. The transportation of collected samples from spoke to hubs facilities in Sakania, Panda, and Kapolowe HZs will be monitored and facilitated by a designated focal point in each facility, with samples sent to hub facilities twice a week. IHAP-HK will support the sample transportation logistics between hub facilities to the two laboratories in Haut Katanga for analysis, and will increase the frequency of samples collected from hub facilities from bi-weekly to weekly in FY20. All project-supported facilities located in the five health zones that comprise Lubumbashi will coordinate directly with

[§] IHAP-HK has encountered challenges obtaining shape files that accurately represent health zone borders from the PNLs since FY17. IHAP-HK will continue to liaise with national PNLs and provincial entity to make needed updates to shape files to enable development of HZ maps.

the two laboratories in Haut Katanga for daily sample delivery. IHAP-HK will also establish a subcontract with HJ Hospital in Lubumbashi (certified by PEPFAR/Centers for Disease Control and Prevention) to provide an additional outlet with the capacity for support VL analysis for IHAP-HK's PLHIV cohort. Additionally, IHAP-HK will provide onsite technical assistance to Kenya General Referral Hospital and Kasumbalesa Health Referral Center to use their existing GeneXpert machines for VL and EID services.

To scale-up VL services to achieve established targets for FY21, IHAP-HK will intensify technical assistance to facility and community-based health care workers to increase patient demand for VL counts and EID (as further described in sub-objective 1.2 and 2.2), improve patient management for PLHIV with unsuppressed VL and follow-up of infants with confirmed HIV diagnosis through use of therapeutic committees (described further under sub-objective 1.2, activity 1), better track and target PLHIV eligible for VL counts and EID through improved patient record filing and use of Tier.Net, and follow up with PLHIV and mother-baby pairs through SMS, phone calls, and home visits through peer educators and ReCos. IHAP-HK will also provide coaching to facility-based service providers to prioritize provision of VL counts for children, pregnant and breastfeeding women, and patients at risk of treatment failure.

To address delays and challenges in sample packaging, transportation, and results-return, IHAP-HK will coordinate closely with the PNLs, two laboratories in Lubumbashi, and eight HZMTs to improve the efficiency of the current system for collection, storage, and transportation of samples from project-supported health facilities to the two reference laboratories in Haut Katanga, including supporting the implementation of an email-based system for transmitting VL and EID results from the laboratories directly back to health facilities.

To support the provision of high-quality laboratory services across all 105 project-supported facilities, IHAP-HK TOs and SSCs will monitor sample collection, storage, and transportation during regular site visits and provide technical assistance to ensure that project-supported facilities follow the system. Lab Officers and TOs/SSCs assigned to hub facilities will also monitor practices to ensure that samples received from peripheral facilities are stored appropriately in coolers and transported to the hub laboratories in Haut Katanga on a weekly basis, with logistical support from IHAP-HK vehicles located in Lubumbashi and Sakania, for sample transportation from hub sites to provincial laboratories as needed.

IHAP-HK, with support from Project C.U.R.E, will continue to procure and deliver supplies to support sample collection and storage, including cryoboxes, cryotubes, markers, labels, and pipettes. In an effort to decentralize laboratory capabilities, IHAP-HK will also consider supplying additional hub sites with manual or electric centrifuges (with support from Project C.U.R.E. as available) to provide additional facilities with analytical capabilities.

Activity 2: Strengthen the capacity of IHAP-HK supported facilities to provide high-quality HIV diagnostic and analytical services.

To strengthen provision of high-quality diagnostic services in FY21, the project will work with IHAP-HK facilities to ensure their participation in semi-annual proficiency testing lead by the PNLs. TOs and SSCs will brief facilities on the importance of participating in these semi-annual proficiency tests and the process for completing and submitting their panels for grading. IHAP-

HK will supply dried tube specimen panels to facilities and support submission of completed panels to the provincial PNLs laboratory for grading. Based on results, IHAP-HK will provide coaching during regular site visits to service providers who score below 100% on testing procedures and completion of results forms.

IHAP-HK will also support project-supported sites to continue quarterly internal quality control activities, led by the site lab focal point, which will include supervision/mentoring of staff at HIV testing entry points to ensure logbooks are being corrected completely and accurately as well as retesting samples from HIV testing points to ensure accuracy of HIV testing service delivery.

IHAP/HK will support training for any project-supported providers who were not previously trained on the Real Time Control Quality Improvement (RTCQI) system in FY21. In addition, IHAP-HK will also support refresher briefings of site providers from high volume sites on the collection, conservation, and transportation of EID samples as well as the updated HIV testing algorithm.

Additionally, IHAP-HK will support participation of the laboratory at Sendwe General Reference Hospital in the process of Strengthening Laboratory Management Toward Accreditation, as directed by PPEFAR and the U.S. Centers for Disease Control laboratory strengthening projects. IHAP-HK will support Sendwe General Reference Hospital by helping to develop and reproduce required SOPs and a quality assurance manual (required to meeting Strengthening Laboratory Management Toward Accreditation laboratory compliance standards).

Activity 3: Improve practices related to management and disposal of biomedical waste in 105 IHAP-HK facilities and community outlets.

In FY21, IHAP-HK will continue to monitor the disposal, storage, and destruction of health care waste produced by 105 project-supported facilities, as outlined in the IHAP-HK Environmental Mitigation and Monitoring Plan, to ensure that facility-based providers and individuals in surrounding communities are protected from potentially infectious waste products. IHAP-HK TOs and SSCs will work with site administrators at their assigned facilities to correct disposal of biomedical waste, including procedures for secure transportation of waste to the nearest incinerator for destruction or nearest facility for secure storage/disposal, and follow-up and case management of accidental exposure to blood. IHAP-HK will ensure monitoring of the activities defined in the EMMP, and ensure inclusion of quarterly EMMP updates in project reporting on EMMP implementation.

IHAP-HK staff will also observe facility-based providers' compliance with site-level plans for health care waste management and disposal and provide coaching to address incorrect practices or actions taken by providers. As noted in sub-objective 3.1, IHAP-HK will also directly procure (or coordinate with Project C.U.R.E.) to provide supplies needed for correct disposal of hazardous and other healthcare waste.

Activity 4: Strengthen the laboratory data-management system.

The weaknesses most frequently observed, especially in high-volume sites, concern a lack of (at some HIV testing entry points in high volume sites), inconsistent updating of logbooks and the

VL/EID register due to the workload associated to the centralization at the laboratory level, and misuse of VL registers. In FY21, IHAP-HK will continue to decentralize these tools at all HIV testing and sample collection entry points with onsite technical assistance during regular site visits to service providers to correct any mistakes made in data entry and reporting. IHAP-HK TOs and SSCs will also ensure that all HIV testing entry points have testing logbooks, and will provide coaching to stop misuse of VL registers. IHAP-HK TOs and SSCs will closely monitor site-level performance in provision of VL counts and viral suppression through site-level dashboard posters (as described under sub-objective 3.2, activity 3), and will ensure that laboratory logbooks, registers, and VL or EID sample analysis request forms and transmission sheets are available at all supported facilities to support accurate data collection and reporting.

In FY21, IHAP-HK will also support the two laboratories in Lubumbashi to finalize SOPs and job aids on laboratory data management, distribute electronic copies of these materials to all 105 project-supported facilities, and brief laboratory technical and other providers at facilities on updated guidelines. The IHAP-HK Laboratory team will also coordinate with the laboratory at *Clinique Universitaire* and the Provincial PNLs Laboratory in Lubumbashi to ensure that all project-supported hub and spoke sites are recorded in the new VL management system

IHAP-HK will take advantage of joint supervision visits with HZMTs to build their capacity to better monitor the quality of laboratory data from facilities and provide guidance to facility-based service providers to improve the quality of laboratory data.

Activity 5: Support the U.S. Centers for Disease Control to establish the Viral Load Management System at two project-supported hub facilities in Haut Katanga.

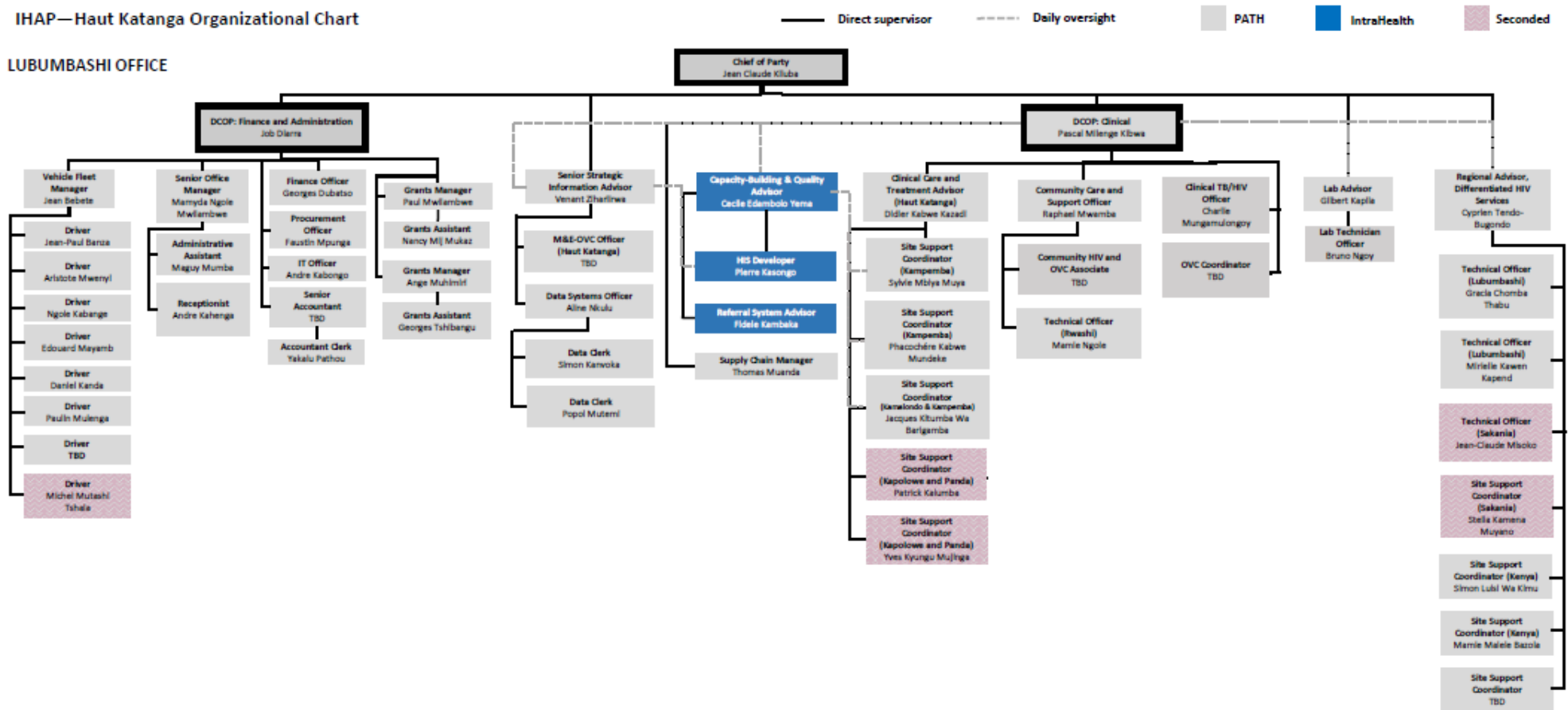
IHAP-HK will continue to support implementation of the electronic VL management system at the hub facilities who were equipped with the system in FY20 (Kasumablesa CSR in Sakania HZ and Panda General Referral Hospital in Panda HZ), and will support efforts to install the system at two additional facilities in FY21 (Sendwe Center of Excellence in Lubumbashi HZ and Kenya General Referral Hospital in Kenya HZ). IHAP-HK will equip the selected sites with supplies, including laptops, printers, modems, Internet credits, and paper, and supporting the installation of the Viral Load Management System software at selected facilities. Once installed, IHAP-HK's Laboratory Advisor, Laboratory Officer, and assigned TOs/SSCs will provide ongoing coaching to laboratory teams on receiving electronic results from the two laboratories in Lubumbashi, recording results in patient files, and informing providers of results for needed follow-up with clients.

The IHAP-HK laboratory team will also coordinate with the laboratory at and the provincial PNLs laboratory in Lubumbashi to ensure that all project-supported hub and spoke sites are recorded in the new VL management system.

Annex One. IHAP-HK Organizational Chart

IHAP— Haut Katanga Organizational Chart

LUBUMBASHI OFFICE



Annex Two. IHAP-HK Fiscal Year 2021 Subawards

In Fiscal Year (FY) 2021, the Integrated HIV/AIDS Project in Haut Katanga (IHAP-HK) will continue implementation of performance-based financing models for the 125 health facilities receiving subawards.

Monthly payments to the 105 hub facilities will be tied to their monthly performance against the following six key indicators linked to the 95-95-95 targets and other donor priorities:

1. Number of individuals who newly tested HIV positive and were informed of their HIV-positive result (HTS_TST_Pos).
2. Number of newly identified people living with HIV (PLHIV) enrolled on treatment (TX_NEW).
3. Number of PLHIV in the project's treatment cohort reported in the current month minus the number of PLHIV in the treatment cohort reported during the previous month divided by PLHIV newly enrolled on treatment in the current month (proxy retention indicator: TX_NET_NEW/TX_NEW).
4. Number of DBS or plasma-based blood samples from eligible PLHIV (without current viral load counts) correctly packaged and accepted by laboratories for analysis (related to TX_PVLS_Num).
5. Rate of completion of data encoded by facility-based data encoders or providers registered in Tier.Net (related to EMR_SITE).
6. Percentage of decisions in the facility's quality improvement plan for the reporting month that have been completed.

IHAP-HK will also implement a modified performance-based financing model for the 20 satellite sites to incentivize HIV case-finding, tying monthly payments to performance against the following two indicators:

1. Number of individuals who newly tested HIV positive and were informed of their HIV-positive result (HTS_TST_Pos).
2. Number of newly identified PLHIV enrolled on treatment (TX_NEW).

The following tables provide an overview of all subawards to be issued by IHAP-HK in FY21 (October 1, 2020, through September 30, 2021), by subrecipient type (NGOs, health facilities, health zones, and government entities).

With reference to the IHAP-HK cooperative agreement Section A10: Schedule on Substantial Involvement, and in reference to 2 Code of Federal Regulations 200.330a and 200.332, PATH is hereby requesting approval to issue subawards for the below-listed subrecipients.

Table 1. NGOs in Haut Katanga. IHAP-HK will issue sub-agreements to the following five NGOs in order to achieve targets assigned by the USAID in the Data for Accountability, Impact, and Transparency (DATIM) system and support delivery of community-based HIV testing, treatment, and a comprehensive package of wraparound clinical and social services for orphans and vulnerable children.

| NGO | Scope of work | Estimated Budget |
|------------------|---|------------------|
| RNOAC | Support delivery of differentiated community-based HIV treatment and care services, including running of three PoDi+ sites in Kenya, Lubumbashi, and Sakania health zones. | \$86,500 |
| World Production | Lead community-based HIV outreach, prevention, testing (including HIV self-testing; lay provider testing; workplace testing; and integrated household HIV testing and TB sputum sample collection), and linkage to treatment and care services across eight health zones in Haut-Katanga to accelerate identification of and ensure linkage to treatment and care services for new PLHIV. | \$74,500 |
| Bak Congo | Provide a comprehensive package of health, education, legal support, child protection, and household economic strengthening services to OVC enrolled in the project's cohort in Lubumbashi, Kampemba, and Ruashi health zones, including fielding 24 OVC case managers and 5 supervisors. | \$153,500 |
| CRISEM | Provide a comprehensive package of health, education, legal support, child protection, and household economic strengthening services to OVC enrolled in the project's cohort in Sakania, Kapolowe, Panda, Kenya, and Kamalondo health zones, including fielding 13 OVC case managers and 2 supervisors. | \$69,000 |

Table 2. Health facilities in Haut Katanga. IHAP-HK will issue subawards to the following 125 health facilities (105 hubs and 20 satellites),^h as identified by IHAP-HK in order to achieve targets assigned by the USAID in the DATIM system. These facilities will provide HIV screening and testing services to individuals who receive facility-based testing services; link those who test positive to treatment; provide care, treatment, and monitoring services to all PLHIV enrolled in the project's cohort through viral suppression; and support provision of wraparound social services for OVC and their households. A network of 35 formal satellite sites (embedded in grant agreements with hub sites) and additional informal satellite sites will be provided with HIV testing and treatment commodities and limited financial support (for formal satellite sites) to extend the reach of project HIV testing and/or treatment services and enhance HIV case-finding.

| Health zone | Facility name | Estimated Budget |
|-------------|--|------------------|
| Kamalondo | Hôpital Général de Référence Kamalondo | 31,836.00 |
| | Guerison Centre de Sante | 4,788.00 |
| | Centre Chrina Medical | 14,298.00 |
| Kampemba | Hôpital Général de Référence Kampemba | 21,948.00 |
| | Centre de Santé Mary Elmer | 16,706.00 |
| | Centre de Santé Moza | 6,901.00 |
| | Centre de Santé Faradja | 6,283.00 |

h. USAID assigned FY21 targets at the health zone level. The final list of IHAP-HK hub and satellite facilities and assigned targets will be reflected in DATIM.

| Health zone | Facility name | Estimated Budget |
|-------------|--|------------------|
| | Centre de Santé Watoto | 3,714.00 |
| | Centre de Santé La Gloire | 2,850.00 |
| | Centre de Santé Shaloom | 5,294.00 |
| | Centre de Santé La Charité | 6,933.00 |
| | Centre de Santé Maisha | 7,192.00 |
| | Centre de Santé Benediction | 5,911.00 |
| | El Rapha Centre de Santé | 6,833.00 |
| | Centre de Santé Grace Divine | 5,621.00 |
| | Centre de Santé Sainte Famille de Nazareth | 7,306.00 |
| | Centre de Santé Amani | 7,480.00 |
| | Centre de Santé Buisson Ardent | 8,220.00 |
| | Centre de Santé La Racine | 13,778.00 |
| | Centre de Santé Munganga | 3,763.00 |
| | Centre de Santé Saint Jean Marc | 6,077.00 |
| | Centre de Santé Mère Theresa | 4,121.00 |
| | Centre de Santé Tegra | 3,843.00 |
| | Centre de Santé Ami | 6,716.00 |
| | Centre de Santé de Reference Mont Carmel | 7,648.00 |
| | Centre de Santé Mama wa Mapendo | 11,560.00 |
| | Centre Medical Garenganze | 6,862.00 |
| | Centre de Santé Dominique Savio | 17,045.00 |
| | Centre Medical Jardin d'Eden | 7,279.00 |
| | Centre de Santé Penny Wise | 5,813.00 |
| | Polyclinique Saint Charles | 4,036.00 |
| | Nyota la Alfajiri Centre de Sante | 3,477.00 |
| Kapolowe | Centre de Santé de Référence Luisha | 9,517.00 |
| | Centre de Santé Lupudi II | 6,104.00 |
| | Centre de Santé Kibangu | 4,785.00 |
| | Centre de Santé Katanga | 6,021.00 |
| | Kapolowe Gare Hospital | 12,107.00 |
| | Kapolowe General Reference Hospital | 9,360.00 |
| | Hôpital SNEL Mwadingusha | 9,061.00 |
| | Centre de Santé Ndakata | 3,177.00 |
| Kenya | Centre de Santé Awadi | 6,768.00 |
| | Centre de Santé de Référence Kalebuka | 7,296.00 |
| | Centre de Santé Kenya I | 3,245.00 |
| | Centre de Santé Accueil | 3,744.00 |
| | Centre de Santé Ujana | 3,719.00 |
| | Centre de Santé de Référence Bakhita | 11,903.00 |
| | Centre de Santé Paul Marie | 6,019.00 |
| | Jehovah Rapha Centre de Santé | 3,125.00 |
| | Kilenge Centre de Santé | 1,740.00 |
| | Polykat Centre de Santé | 1,992.00 |
| | Centre de Santé André Barbier | 3,875.00 |
| | Polyclinique Wantanshi | 7,697.00 |
| | Hôpital Général de Référence Kenya | 37,642.00 |
| | Centre de Santé Kiba | 3,642.00 |
| | Centre de Santé Rocher | 3,123.00 |
| | Centre de Santé Eben Ezer Kenya | 3,523.00 |
| | Centre de Santé Mama na watoto | 5,987.00 |
| Lubumbashi | Hôpital Général Provincial de Référence Sendwe | 24,052.00 |
| | Centre de Santé Saint Marcel | 9,471.00 |

| Health zone | Facility name | Estimated Budget |
|-----------------------------|--|------------------|
| | Centre de Santé Adventiste | 3,789.00 |
| | Centre d'Excellence Sendwe | 52,839.00 |
| | Cliniques Universitaires | 22,020.00 |
| | Centre de Santé Radem Gambela | 3,338.00 |
| | Centre de Santé Abbé Delbeke | 7,238.00 |
| | Trinite | 2,127.00 |
| | Mzee Centre Médical | 2,770.00 |
| | Agapao Centre de Santé | 1,773.00 |
| | Chem Chem Centre de Santé | 1,996.00 |
| | Salvia Centre Médical | 2,154.00 |
| | Christ Roi Centre Médical | 1,657.00 |
| | Polyclinique CMDC | 8,061.00 |
| | Centre de Santé Crisem | 6,720.00 |
| | Polyclinique Esperance | 2,964.00 |
| | Polyclinique Kitumaini | 3,493.00 |
| | Polyclinique Les Mels | 6,899.00 |
| | Polyclinique Medicare | 10,900.00 |
| | Centre de Santé Scholastique | 3,772.00 |
| | Centre de Santé Maria Thereza | 4,328.00 |
| | Centre de Santé Shalina | 9,775.00 |
| Panda | Centre de Santé de Référence Belle-vue | 5,834.00 |
| | Hôpital Général de Référence Panda | 21,900.00 |
| | Centre de Santé Bobila Dawa | 3,492.00 |
| | Centre de Santé Saint Luc | 13,361.00 |
| | Centre de Santé Muchanga | 5,182.00 |
| | Centre de Santé Nguya | 6,976.00 |
| | Polyclinique Socidex CS | 3,554.00 |
| Ruashi | Centre Maternité Faveur de Dieu | 10,321.00 |
| | Centre de Santé Sion | 3,252.00 |
| | Hôpital Général de Référence Hakika | 18,628.00 |
| | Centre Ruashi Medical | 6,477.00 |
| | Centre de Santé Yambala | 6,959.00 |
| | Centre de Santé Atlas | 11,994.00 |
| | Hebron Centre de Santé | 1,677.00 |
| | Urgences Centre de Santé | 1,703.00 |
| | Jenovic 2 Centre de Santé | 2,152.00 |
| | Chrisnos Centre de Sante | 1,677.00 |
| | St Marie Joseph | 2,316.00 |
| | Malaika Centre de Sante | 1,686.00 |
| | Polyclinique Fraternité Imani | 12,924.00 |
| | Centre de Santé Sangaji | 9,154.00 |
| | Centre de Sante Mamba 1 | 10,341.00 |
| | Centre de Santé Oracle | 7,170.00 |
| | Aenaf Partage Attitude Health Reference Center | 11,654.00 |
| | Centre de Santé Grace Louis | 6,404.00 |
| Centre de Santé Mwana Bwato | 6,703.00 | |
| Kenge le Renaissance | 6,411.00 | |
| Sakania | Centre de Santé Kakyelo | 3,718.00 |
| | Centre de Santé Jehovah Rapha | 7,149.00 |
| | Centre de Santé Neema | 11,555.00 |
| | Centre Grace Clinique | 3,941.00 |
| | Hôpital Muhona | 15,958.00 |

| Health zone | Facility name | Estimated Budget |
|-------------|--|------------------|
| | Centre de Santé Rosalie | 17,719.00 |
| | Père Centre de Santé | 1,986.00 |
| | Luisanne Centre de Sante | 1,784.00 |
| | Centre de Santé Amani Kasumbalesa | 9,800.00 |
| | Centre de Santé de Référence Buafano | 15,409.00 |
| | Centre de Santé de Référence Kitotwe | 4,152.00 |
| | Centre de Santé de Référence Kasumbalesa | 25,080.00 |
| | Centre de Santé Tshinsenda | 3,934.00 |
| | Centre de Santé Mbofu | 3,652.00 |
| | Centre de Santé FMA Mokambo | 7,500.00 |
| | Centre de Santé de Référence Mokambo | 12,277.00 |
| | Centre de Santé Mwenda | 4,245.00 |
| | Centre de Santé FMA Sakania | 8,271.00 |
| | Hôpital Général de Référence Sakania | 17,280.00 |

Table 3. Provincial-level entities and health zones in Haut Katanga. IHAP-HK will issue subawards to the following HZMTs, as directed to IHAP-HK by USAID, to provide them with financial support to hold regular data review meetings (including RDQAs) with health facilities and community outlets implementing HIV activities in their respective catchment areas and to conduct monitoring and supportive supervision visits to IHAP-HK-supported facility and community sites. IHAP-HK will also support provincial-level entities in Haut Katanga to participate in provincial- and national-level HIV, tuberculosis, and OVC social services activity review and planning meetings, and monitoring visits to project-supported facilities and community service delivery sites, except for DIVAS who scope will also include OVC case management services provided by their cohort of social assistants serving as 11 OVC case managers and 2 supervisors, and the PNLs, who will also support quality assurance activities and provide technical assistance to ensure the quality of HIV testing and laboratory services provided by project-supported facilities.

| Entity | Estimated Budget |
|--|------------------|
| <i>Division Provinciale de la Santé</i> | \$5,000 |
| <i>Division des Affaires Sociales</i> | \$35,000 |
| <i>Programme National de Lutte contre le SIDA</i> | \$15,201 |
| <i>Programme National de Lutte contre la Tuberculose</i> | \$1,820 |
| <i>Programme National de Lutte Multisectorial contre le SIDA</i> | \$736 |
| <i>Programme National de Santé l'Adolescent</i> | \$736 |
| Lubumbashi Health Zone | \$3,818 |
| Kenya Health Zone | \$3,817 |
| Panda Health Zone | \$3,817 |
| Kampemba Health Zone | \$3,817 |
| Kapolowe Health Zone | \$3,817 |
| Rwashi Health Zone | \$3,817 |
| Kamalondo Health Zone | \$3,817 |
| Sakania Health Zone | \$3,780 |

Table 4. Entities providing laboratory analysis services. IHAP-HK will issue subcontracts to the following private hospitals and laboratories (approved by PEPFAR/Centers for Disease Control and Prevention) with the capabilities and infrastructure to provide VL analysis services of plasma and DBS samples.

| Entity | Estimated Budget |
|------------------------------------|-------------------------|
| PNLS Reference Laboratory | \$216,881 |
| Cliniques Universitaire Laboratory | \$216,881 |
| HJ Hospital | \$56,368 |

Annex Three. IHAP-HK Fiscal Year 2021 Budget

Please see attached.

Annex Four. IHAP-HK Fiscal Year 2021 Performance Monitoring and Evaluation Plan

Please see attached.

Annex Five. IHAP-HK Fiscal Year 2021 Training Plan

| Subject area of training | Training objective ⁱ | Anticipated month | Length of training | Participant type and number expected |
|--|--|-------------------|--------------------|---|
| Sub-objective 1.1 | | | | |
| 1.1.6: HIV self-testing | Train pharmacists and facility-based providers on providing HIV self-testing and linkage to treatment services for contacts of PLHIV under the index testing entry point and at pharmacies. <i>[Note: This will be split into four trainings, two in Lubumbashi, one in Kasumbalesa, and one in Likasi]</i> | November 2020 | 2 days | Facility-based providers: 45 (1 per medium-volume site) Pharmacists: 25 IHAP-HK facilitators: 2 for each training Total: 67 |
| 1.1.8: Fourth-generation antigen HIV tests | Review and validate protocol for use of fourth-generation antigen HIV rapid tests to identify and stop emerging chains of new HIV infections. | January 2021 | 1 day | HZMT: 4 (Sakania; Panda; Lubumbashi; Ruashi) PNLS: 2 DPS: 1 IHAP-HK: 5 Total: 12 |
| 1.1.8: Fourth-generation antigen HIV tests | Train facility-based providers from 9 high and medium facilities and NGO staff on use of fourth-generation antigen HIV test kits, linkage to treatment, and provision of enhanced index testing services. | February 2021 | 2 days | Facility-based providers: 18 NGO staff: 2 HZMT: 4 PNLS: 1 IHAP-HK: 4 Total: 29 |
| Sub-objective 1.2 | | | | |
| 1.2.1: Operation Triple Zero | Hold stakeholder consultations with adolescent peer educators to adapt the Operation Triple Zero approach from Kenya for DRC context, using human centered design principles. <i>[Note: This will be done in a series of three one-day meetings.]</i> | December 2020 | 1 day | Peer educators: 10 IHAP-HK: 2 Total: 12 |

ⁱ Please note that this annex only presents trainings, briefings, or orientations; this does not list workshops or other routine gatherings focused on data reviews/analysis or validation of tools or other materials.

| Subject area of training | Training objective ⁱ | Anticipated month | Length of training | Participant type and number expected |
|--|--|-------------------|--------------------|---|
| 1.2.1: Operation Triple Zero | Review and validate Operation Triple Zero SOPs, guidelines, and other materials. | December 2020 | 1 day | PNLS: 2 PNSA: 2 IHAP-HK: 4 Total: 8 |
| 1.2.4: Advanced HIV disease management | Conduct onsite briefing for facility-based providers from five referral hospitals who will offer advanced HIV disease management services for PLHIV presenting with signs of advanced HIV disease. | February 2020 | 2 days | Facility-based providers: 15 IHAP-HK: 2 Total: 17 |
| Sub-objective 1.3 | | | | |
| 1.3.4: TB diagnostics and preventive therapy | Train facility-based providers from select high-volume facilities on use of TB LAM and introduction of 3HP as a TPT regimen. | October 2020 | 2 days | Facility-based providers: 25 IHAP-HK: 2 Total: 27 |
| 1.3.4: TB diagnostics and preventive therapy | Train facility-based providers from remaining 80 facilities on use of TB LAM and introduction of 3HP as a TPT regimen. | November 2020 | 2 days | Facility-based providers: 160 IHAP-HK: 4 Total: 164 |
| Sub-objective 1.4 | | | | |
| 1.4.1: Referrals | Hold quarterly meetings of the Haut Katanga Referral Technical Working Group | Quarterly | 1 day | HZMT: 16 PNLS: 2 DPS: 2 Total: 20 |
| Sub-objective 1.5 | | | | |
| 1.5.3: OVC services | Train OVC case managers and case supervisors providing case management services in Sakania, Panda, and Kapolowe health zones. | October 2020 | 7 days | OVC case managers: 12 OVC supervisors: 3 IHAP-HK: 2 Total: 17 |
| Sub-objective 2.1 | | | | |
| 2.1.1: Community index testing | Train peer educators on provision of safe and ethical index case testing and partner notification services. | December 2020 | 2 days | Peer educators: 90 IHAP-HK: 4 Total: 94 |

| Subject area of training | Training objective ⁱ | Anticipated month | Length of training | Participant type and number expected |
|--|---|-------------------|--------------------|--|
| 2.1.1: Community testing | Hold quarterly data and strategy review meetings of community outreach and testing activities with HZMTs, PNLS, and World Production. | Quarterly | 1 day | HZMT: 16 World Production: 3 PNLS: 3 PNMLS: 1 PNSA: 1 DPS: 1 IHAP-HK: 2 Total: 27 |
| Sub-objective 2.2 | | | | |
| 2.2.5: Community-led service quality monitoring | Hold stakeholder consultations with facility-based staff, PLHIV networks, and HZMTs to design a community-led service quality monitoring system, using human centered design principles. | November 2020 | 2 days | Facility-based providers: 13 PLHIV networks/NGOs: 4 HZMTs: 8 PNLS: 2 IHAP-HK: 3 Total: 30 |
| 2.2.5: Community-led service quality monitoring | Train facility-based providers from 25 high-volume facilities on use of virtual client feedback suggestion box and system for integrating feedback into site-level quality improvement plans. | January 2021 | 1 day | Facility-based providers: 50 IHAP-HK: 4 Total: 54 |
| 2.2.5: Community-led service quality monitoring | Hold semi-annual meetings to review and discuss common themes emerging from PLHIV/clients' feedback, develop recommendations, and timeline for implementation. | Semi-annual | 1 day | Facility-based providers: 35 HZMTs: 8 PLHIV networks: 4 PNLS: 2 DPS: 1 IHAP-HK: 4 Total: 54 |
| 2.2.7: Continuous quality improvement | Hold semi-annual meetings with facility-based providers implementing the IQPM model to share lessons learned and best practices for scale and institutionalization across all facilities. | Semi-annual | 1 day | Facility-based providers: 48 HZMT: 8 PNLS: 2 IHAP-HK: 4 Total: 62 |

| Subject area of training | Training objective ⁱ | Anticipated month | Length of training | Participant type and number expected |
|---------------------------------------|---|-------------------|--------------------|--|
| 2.2.9: Continuous quality improvement | Hold annual CQI Forum for health zones, provincial-level entities, and DPS to harvest best practices shared within the IHAP-HK virtual QA/QI network for scale and institutionalization across all facilities. | Annual | 1 day | Facility-based providers: 4 HZMT: 10 PNLS: 2 PNLT: 1 PNSA: 1 PNMLS: 1 DPS: 1 IHAP-HK: 4 Total: 24 |
| Sub-objective 3.3 | | | | |
| | Hold refresher briefing for facility-based providers, laboratory technicians, and community health workers on updated HIV testing and diagnostic guidelines, including provision of HIV rapid screening and confirmatory testing at the community-level. <i>[Note: This will be split into four trainings, two in Lubumbashi, one in Kasumbalesa, and one in Likasi]</i> | | 2 days | Facility-based providers: 210 Community health workers/ReCos: 22 PNLS: 1 IHAP-HK: 5 Total: 238 |

Annex Six. IHAP-HK Fiscal Year 2021 Environmental Mitigation and Monitoring Plan

Please see attached.

Annex Seven. IHAP-HK Detailed Activity Timeline

Please see attached.

