Democratic Republic of the Congo

Operational Plan Report

FY 2010

Operating Unit Overview

OU Executive Summary

HIV/AIDS in the Democratic Republic of Congo

The Democratic Republic of Congo's (DRC) epidemic is considered generalized, but data from surveillance studies conducted over the past several years revealing high prevalence in various geographic areas across the country. According to the DRC 2008 Antenatal Surveillance Survey data, a prevalence of 4.3% among pregnant women attending antenatal care (ANC) sentinel sites was recorded, with prevalence as high as 8.7% in urban Kisangani (Oriental Province) and 16.3% in rural Kasumbalesa (Katanga Province).[1] ANC surveillance data for women ages 15-24 shows high prevalence is in several locations (Kasumbalesa, 14.2% and Kisangani, 7.6%). It should be noted that ANC Surveillance and Demographic and Health Survey (DHS) are both quoted, with the latter indicating prevalence of 1.3% in the general population. Nationally women continue to be more at risk than men and according to the DHS, the highest prevalence for women is between ages 40-44 (4.4%). For men, the highest prevalence occurs between 35-39 years (1.8%).[2] For women, those who are the most educated and wealthiest are at greatest risk (3.2 % and 2.3%, respectively). In relation to marital status, widowed women have the highest prevalence (9.3%).[3]

The political instability, violence, and hostilities increased the challenges, making it difficult to conduct effective and sustainable HIV/AIDS activities. The health sector has deteriorated over the past decades. Throughout the DRC, poorly paid health care workers are frequently on strike; demand unofficial payments to supplement non-existent salaries; and are frequently unable to provide basic care because health centers are poorly resourced. The cost of care and poor outcomes often deter clients from seeking care. Several factors fuel the spread of HIV/AIDS in the DRC, including movement of large numbers of internally displaced persons and soldiers, proximity to higher-prevalence countries in East and Southern Africa, scarcity and high cost of safe blood transfusion in rural areas, lack of knowledge regarding transmission and counseling, limited HIV testing sites, high level of untreated sexually transmitted infections (STIs) among sex workers and their clients, and low availability of condoms. A small percentage of the population knows their HIV status, approximately 9% for both men and women.[4]

The UNAIDS modeling program for HIV estimates (EPP Spectrum) suggest that almost 1.2 million Congolese will be infected with HIV by the end of 2010, and that almost 300,000 Congolese will be eligible for ART treatment by 2010.[5] However, even with Global Fund Round 8 support, only a projected 67,000 HIV positive people will be covered with treatment over the next 5 years. The DRC 2009 orphans and vulnerable children (OVC) Rapid Assessment, Analysis, and Action Plan (RAAAP) Situational Analysis estimates that there are 8.2 million OVC, and EPP Spectrum modeling suggests that over 1 million of these are orphaned due to HIV/AIDS.[6] Although there are several major HIV/AIDS efforts ongoing in DRC, progress on some key indicators has been slow. Only 5% of pregnant women nationally

[1] Rapport épidémiologique de surveillance du VIH chez les femmes enceintes fréquentant les structures de CPN 2008.
[2] Enquête Démographique et de Santé République Démocratique du Congo 2007, Ministère du Plan avec la collaboration du Ministère de la Santé, Kinshasa, République Démocratique du Congo, Macro International Inc., Calverton, Maryland, USA, Août 2008.
[3] Ibid.
[4] Ibid.
[5] Rapport épidémiologique de surveillance du VIH chez les femmes enceintes fréquentant les structures de CPN 2008.
[6] Ibid.

have access to prevention of mother to child transmission (PMTCT) services,[7] and fewer than 30% of people living with HIV/AIDS (PLWHAs) enrolled in ART programs are receiving some form of palliative care. Currently, the National Program (PNLS) estimates that 31,000 adults and children are enrolled on ART, which is only about 10% of those eligible,[8] primarily through Global Fund and the Clinton Foundation support.

The DRC Program, Country Ownership, and Sustainability

The USG, through the DRC President's Emergency Plan for AIDS Relief (PEPFAR) program, established a Partnership Framework and Implementation Plan with the host government outlining goals for HIV/AIDS interventions which contribute to National priorities over the following five years. The four goal areas are:

Goal 1: PREVENTION – To reduce new HIV infections in the DRC

Goal II: TREATMENT, CARE AND SUPPORT – To expand access to high quality care and treatment services to HIV+ Congolese

Goal III: CARE FOR ORPHANS AND VULNERABLE CHILDREN – To improve protection, care and welfare of OVC through a coordinated response.

Goal IV: HEALTH SYSTEMS STRENGTHENING – To strengthen coordination and management of HIV interventions through support to the following key areas: institutional capacity building and human resources, lab and infrastructure, logistics and pharmaceutical support, strategic information and health finance.

Recognizing the importance of country ownership and sustainability, the hallmark of the new partnership is joint decision-making in setting programming priorities for the HIV/AIDS sector, and joint commitment to greater transparency in reporting information. The GDRC and the USG intend to work together to review the feasibility and underlying funding assumptions linked to the achievement of these targets within the extremely difficult country context. To promote country ownership, the PEPFAR program is working with the GDRC to establish a Steering Committee to oversee implementation of the steps outlined in the Implementation Plan. The USG also plans to work directly with relevant sections of the GDRC to build capacity and sustainability. An example, of sustainability is the implementation of "The Champion Community model" in prevention, care and support. This model, adapted for the DRC context, helps communities set and meet prevention objectives in line with their own priorities. It enables programming to be responsive to the unique risk factors in the USG geographic focus areas and allows for adaptation and targeting of most at-risk population (MARP) communities in each area by increasing both the awareness, adoption of safer sex practices, and uptake of services. This approach is also unique in that it empowers and motivates communities to prevent sexual transmission.

[7] Plan Stratégique de Lutte Contre le VIH et le SIDA du secteur de la santé 2008-2012. Ministère de la Sante Publique. Secrétariat General. République Démocratique du Congo.
[8] Rapport 2008, Programme National de lute contre le VIH/sida et IST, Ministère de la santé publique, République Démocratique du Congo, and telephone interview with the Director of the PNLS.

Prevention

In FY 2010, the USG will continue to prioritize targeted, comprehensive prevention programs among persons engaging in high-risk behavior while also addressing risks for youth and the general population. The USG will make adjustments based on the results of the FY 2009 funded targeted research to better address the newly identified key at-risk exposed populations. These identified areas will likely include expansion to newly emerging hot-spots (like Kisangani), where the USG is not yet working and where HIV prevalence is a real concern. As part of activities to target these key at-risk populations, the Department of Defense (DOD) program will aim to increase personal risk perception and improve access to condoms among military personnel and their families in conjunction with HIV testing and counseling (HTC) scale-up efforts. These objectives will be achieved by training master trainers and peer educators, by “troop level” prevention education and by behavior change communication (BCC). The USG will use the results of the “Rien que la verite” (Nothing but the Truth) Campaign program evaluation to create a more comprehensive BCC integrated mass media program. The integration of HIV behavior change will continue and more youth in school will be reached through music, radio, and TV programs. Efforts will continue to ensure that prevention programming is appropriately integrated with OVC activities, as many OVCs are high-risk youth in need of comprehensive prevention services.

In 2010, PMTCT will be strengthened and expanded to increase the uptake and referral of pregnant women eligible for ART services provided by the Global Fund. PEPFAR will mobilize state-of-the-art PMTCT technical assistance to ensure quality HIV testing and counseling within the context of quality ANC, safe delivery, postnatal care, including STI and cervical screening, and family planning. Linkages will be strengthened between PMTCT, HTC and care and treatment, as well as promotion of increased male involvement in partner testing at PMTCT sites. Through PMTCT and other programs, the USG is also expanding prevention programming for discordant couples. The USG will continue to support a pilot training in couples HTC, which follows-up discordant couples.

Reducing biomedical transmission is an important aspect of the USG prevention program and will continue the Safe Blood for Africa public-private partnership to implement a blood safety program to strengthen voluntary blood donations in the 80-100 rural health zones where the new USAID Primary Health Care activities will be implemented. These activities will focus on three strategic areas: testing of all donated blood for transfusion-transmissible infections, blood group and compatibility; ensuring the availability and accessibility of safe blood to all patients requiring transfusion; prioritizing pregnant women and children; and reducing unnecessary transfusions. Injection safety activities will focus on institutionalizing improved waste management practices at the rural health zone level. This will include provision of polybags, waste containers, and sharps boxes as well a monitoring and supportive supervision to ensure the application of the Ministry of Health (MOH)’s Environmental and Waste Management Standards. Furthermore, CDC will implement a cooperative agreement with the DR Congo Ministry of Health to strengthen the capacity of the National Blood Transfusion Program (PNTS) to assure a safe and adequate blood supply for its population, particularly pregnant women, children, trauma victims, and other populations susceptible to contracting HIV and other blood-borne pathogens through blood transfusions.

Although there is high demand for testing and counseling in DRC, coverage remains low and services are not adequate to meet the need. PEPFAR, through HTC, aims to reduce risk behaviors through increased personal sero-status awareness and access to support services. PEPFAR partners will implement outreach strategies to engage high-risk communities to access testing and counseling services as a prevention strategy. A key strategy will be the social marketing of HTC services to target populations. Existing HTC services will continue in the USG-supported target areas. PEPFAR will catalyze local partnerships to support HTC and provide local organizational capacity-building to strengthen civil society. To establish support systems, the project will work with community groups to develop appropriate partnerships with local authorities that will allow for effective and responsive service delivery, and will work to ensure sustainability. This approach creates a formal partnership between communities, the private sector, NGOs, and government.

Notable opportunities for the prevention program reside in several special studies planned for 2010 and over the next several years. Continued collaboration with parastatal organizations to support ANC surveillance is planned, and will be complemented with special studies on DRC armed personnel and men who have sex with men, with subsequent years dependent on the program's need and guidance from GDRC (e.g. OVC, IDU, prison populations, Congo River populations, and survivors of gender-based violence). Key challenges that have complicated the provision of HIV prevention services include: stock outs in the supply chain that constantly disrupt service delivery, inadequate human resources for health, limited GDRC ability to expand and sustain basic health services in the provinces, and limited stakeholder coordination.

Care

The USG intends to build upon investments in existing activities to strengthen and broaden the linkages between prevention, care and support, and treatment services. The ongoing prevention activities, including HTC, PMTCT, and provided PITC in TB sites, offer an entry point for expanding care and support services. Various components of a comprehensive care program are being implemented. For instance nutritional support provided to OVCs, increased numbers of PLWHAs being screened for TB, as well as through limited home-based care services provided in Matadi, Bukavu, and Lubumbashi and the comprehensive continuum of HIV/AIDS care.

The FY 2010 overall goal of the USG's OVC program is to improve protection, care and welfare of OVC through a coordinated response. Strategies and activities will be based on the Rapid Assessment, Analysis and Action Plan (RAAAP) and will aim to support the following National Action Plan objectives: to increase access to a minimum package of OVC interventions, increase community mobilization to prevent and support OVC, and ensure a political and institutional environment that enables protection as well as the provision of holistic OVC care. The USG will engage the Ministry of Social Welfare (MINAS) in the implementation and further refinement of the OVC guidance and comprehensive support package while also capacity building at both the central and provincial level in order to build MINAS's ability to coordinate national efforts. In addition, in FY 2010 there will be more targeted, branded outreach activities focused on prevention and access to care for street children and other at risk youth groups. PEPFAR will primarily use HTC and PMTCT services as a means to identify OVC for support. Through the USAID maternal and child health (MCH) programs, HIV services will be integrated in ANC, malaria, and family planning activities, and through the social protection program efforts to reduce the number of separated and abandoned children as well as assist victims of gender-based violence in eastern DRC will be sought.

USG TB-HIV activities will continue to expand existing programs strengthening coordination between HIV and TB activities, building the capacity of the National TB program (PNT) and PNLS at both the national and provincial levels and expanding and strengthening PITC in USG-supported geographic areas. These strategies will contribute to building the capacity of national structures through the expansion of best practices. In particular, activities in Kinshasa will extend HTC and prophylaxis to family members of TB-HIV co-infected patients, improve or renovate selected facilities, and provide refresher trainings to health providers. Furthermore, services will continue to existing sites and efforts will strengthen infection control activities, including the creation of a TB infection control committee, elaboration and dissemination of national guidelines along with supporting job aids, and training of health providers on the application of TB infection control measures. The new Integrated HIV/AIDS Program will provide TB-HIV as part of its comprehensive HIV care strategy. Using TB earmark funds, the USG will continue to provide direct capacity building support to the PNT in addition to a comprehensive service package for Multi-Drug Resistant (MDR) case management, laboratory support, infection control, and community mobilization of former TB patients.

Notable opportunities for the care and support program are: building capacity including improving community and PLWHA engagement and capacity to promote ownership and delivery of quality preventive care services; and formalizing collaboration and systems to link facility and community care

providers in order to facilitate comprehensive, quality care. Key challenges that have complicated the care and support program include the large disparity existing between the number of healthcare providers of HIV/AIDS care, treatment, and support services and the number of people who need these services.

Treatment

In FY 2010, PEPFAR programs will provide assistance aimed to support the GDRC goal of providing over 300,000 PLWHAs with care, treatment, and support services by 2014. PEPFAR in partnership with the GDRC and in collaboration with other stakeholders, have identified five key areas that will need attention in FY 2010: 1) Comprehensive care programs including HIV counseling and testing, home-based care, positive living activities, IGA, staging for ART where appropriate (including CD4 testing), cotrimoxazole prophylaxis, TB screening, nutritional support, and prevention with positives (PwP) activities; 2) referrals and linkages between care and treatment services, especially those run by USG agencies; 3) expanding access to care and treatment services by providing care for the management of opportunistic infections; 4) laboratory support services for HIV diagnosis and disease monitoring; and 5) capacity building through training of healthcare and community care providers as well as provision of technical assistance for supply chain system. Efforts will be directed toward strengthening GDRC capacity to coordinate, monitor, and evaluate interventions, train healthcare providers in comprehensive care, and streamline the referral and enrollment of those who are ineligible for ART into comprehensive care programs. Activities will strengthen civil society's capacity to engage and mobilize communities and PLWHA to deliver effective palliative and home-base care interventions and will work toward developing networks of positives through PLWHA support groups to catalyze sustainable self-help activities and provide a comprehensive needs-based response.

With USG support, the Kalembe Lembe Pediatric Hospital in Kinshasa is in the process of becoming a Center of Excellence intended to train teams of healthcare workers in the provision of pediatric care and treatment services, including taking advantage of improved technology to create a telemedicine network and thereby increase access to training opportunities for clinicians outside of Kinshasa. Clinical care at the hospital includes prevention and treatment of opportunistic infections (OIs) and other HIV/AIDS-related complications including malaria and diarrhea. In addition, the hospital provides access to commodities such as pharmaceuticals, insecticide treated nets and related laboratory services, pain and symptom relief, and nutritional assessment and support including food. Non-clinical activities include: support groups targeting HIV positive children and their families led by trained volunteers and expert PLWHAs, home visits and follow-up for missed appointments, assessments and promotion of adherence to ARV treatment regimens, linkages to available psychosocial services, and instructions on home-based health care. Psychological support addresses coping with illness and care-giving, as well as the grieving process following the death of a family member.

Regarding the laboratory programs, the USG will continue to provide technical assistance for the development of national lab policies, norms, procedures and standards, and the development of a laboratory quality assurance program at the national, provincial and district hospitals as well as local clinics. With FY 2010 funds, additional resources will concentrate on quality assurance in provincial hospitals and key laboratory sites. This work will include revising the training curricula and subsequent training of provincial laboratory technicians. Funds will continue to be used to fill critical gaps in equipment purchases and reagents that are necessary for related laboratory testing. These efforts will promote the validation of new laboratory techniques. The USG will support in-service and pre-service training of HIV laboratory technicians based on standardized procedures. The USG will continue to strengthen laboratory capacity at health facilities based on patient care needs, cost, effectiveness and efficiency. Through the Integrated HIV/AIDS Program, funds will continue to support the provision of equipment and reagents, training of laboratory technicians, and establishment of quality assurance and supervision systems.

Notable opportunities for the treatment program include developing a cost-effective evidence-based

package of care and support, increasing the emphasis on positive living in support programs, developing appropriate nutrition messages, coordinating needs-based provision of high energy protein supplements and emergency food assistance and streamlining the referral and enrollment of those who are ineligible for ART into comprehensive care programs. Key challenges that have complicated the treatment program include the lack of health infrastructure and systems which are in decay and lack basic equipment in many circumstances. The supply chain of HIV commodities, including ARVs, remains weak, and stock outs are common. There is a lack of trained staff including clinicians and community-based staff, lab equipments and supplies for diagnostic tests and disease monitoring.

Other

Health Systems Strengthening

Through the Partnership Framework, the GDRC and PEPFAR have chosen to specifically focus on the following 5 areas of health systems strengthening: 1) developing laboratory systems for service delivery 2) strengthening strategic information capabilities 3) supporting logistics and pharmaceutical management 4) developing human and institutional capacity, and 5) [assuring sustainable financing for the GDRC health system.] Increased coordination with other donors and the GDRC through the Country Coordinating Mechanism (CCM), PEPFAR Steering Committee, and the USG team, will lead to improved cost-efficiencies through streamlined approaches and processes. These streamlined approaches will include information sharing and collaboration regarding the leveraging of services and improved referral systems at the decentralized level, coordinated procurements and supply chain activities, and increased dialogue to decrease the duplication of services and technical assistance. PEPFAR acknowledges that the GDRC has faced challenges in maintaining health worker motivation, primarily due to low and non-payment of salaries, which often leads to health worker strikes. One particular priority in the sector of capacity building is the development of a comprehensive approach to pre-service, in-service, and continuing education to provide quality HIV services. Additionally, technical assistance will be provided directly to the Global Fund (GF) through and with the support of the Global Fund liaison, who will identify technical assistance needs as the GDRC and other non-governmental entities plan to take over as Prime Recipient of GF funds from the United Nations Development Program (UNDP).

Key challenges and opportunities rest in the complicated health systems in the DRC, which are marred by inadequate resources, limited government capacity and workforce issues. Currently, there are efforts to build up the existing national systems and better coordinate donors working in health to build these systems. Increased coordination with other donors and the GDRC through the CCM, PEPFAR Steering Committee, and the USG team, will lead to improved cost-efficiencies through streamlined approaches and processes.

Strategic Information

In FY 2009, SI had several important successes. In pursuit of the “one monitoring system,” PEPFAR began the process of developing a national data monitoring and reporting system, which includes a centralized web-based database that will be used by all stakeholders nationally to store data that GDRC, PEPFAR and other major donors can extract for their specific use. In FY 2010, the USG will continue to promote strategic information (SI) as a foundation for planning and coordinating the national HIV response by identifying the following: epidemiologic priorities via ANC, BSS, AIDS Indicator Survey, targeted studies and the DHS survey; geographic distribution of HIV service sites by mapping exercises; quality and coverage of HIV service delivery via a national monitoring and evaluation (M&E) reporting system; and performance issues with HIV services and implementing partners’ performance via special studies. This SI strategy relies on a combination of program evaluations, public health evaluations, policy evaluations, monitoring of programs and policies, and different types of surveillance surveys to assess the progress of the strategies outlined in the PF. The PEPFAR Steering Committee, to be established under

the National Multisectoral AIDS Program (PNMLS), will monitor the implementation of the PF and evaluation plan. In FY 2010, the USG will work with the GDRC to support these research priorities when possible and will prioritize assisting the government to create a central database into which data from completed research can be entered. Research will be complemented by ensuring that care and treatment algorithms are structured to reduce the likelihood of antibiotic resistance, and ensuring that all programs are planned with an evidence base.

Key challenge in implementing evidence-based decision making is the poor quality of strategic information systems and data sources that provide information on HIV/AIDS service use patterns, quality of care, morbidity and mortality. In the last two decades, surveillance was often interrupted by conflict. The lack of surveillance coverage and data on specific populations creates a barrier to address the epidemic through evidence-based programming.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						

Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Clinic support for HIV prevention care and treatement in Matadi.			150,000	200,000	This program will follow-on activities from a previous two-year program that ended in September 2008 implemented by FHI. The GDA with MIDEMA has two goals: (1) the establishment high

					quality prevention and an Anti Retro Viral treatment center at the Matadi Clinic; and (2) the development of a global public-private alliance. This 3-year program will build on the past experience and pursue the same objectives to develop quality prevention care and treatment program in the Matadi clinic. MIDEMA will provide a minimum of $1 cash and in-kind cost-share for every USG $1 spent. Additionally, in 2009, MIDEMA contributed the Matadi clinic maternity building in support of the program. USG support will focus on strengthening technical capacity while MIDEMA support will continue to ensure the functionality of the clinic including

					provision of ARV, STI and OI drugs. For FY2010, PEPFAR will contribute $150,000 leveraged by a minimum private sector contribution of $200,000.
Development of an emergency blood transfusion program in 57 rural health zones supported by USAID in 4 provinces			300,000	477,357	The Global Development Alliance (GDA) with Safe Blood for Africa (SBFA) is a 4-year Cooperative Agreement which began on October 30, 2007. The program aims to strengthen blood safety for the 8 million Congolese in the 57 health zones supported through the USAID-funded Primary Health Care program (Project AXxes). This GDA with SBFA provides support to implement an effective National Transfusion Service and to build a safe and sustainable blood supply in the DRC. Specifically,

					this program provides expert guidance and technical assistance in the areas of policy and infrastructure development, training, blood collection and testing, quality management, transfusion and blood utilization as well as monitoring and evaluation. This project also strengthens the MoH capacity in quality assurance, development of a volunteer non-remunerated blood donation program and waste management. For FY2010, PEPFAR will contribute $300,000 leveraged by a minimum private sector contribution of $477,357.
Freeport McMoran/Tenke Fungurume Mining Company					In its first year of three years of implementation, the project will focus on

					reducing the incidence and prevalence of HIV and mitigating its impact on people living with HIV/AIDS and their families in the Fungurume Health Zone (FHZ)and along the trucking corridor between Fungurume and Kasumbalesa on the DRC and Zambia border. The indicators tracked during the life of the project will be: • Reference Hospital built and Reference Health Center built in Tenke with TFM funds • 25,000 individuals counseled and tested for HIV in FHZ and Kasumbalesa, with a focus on the most-at-risk populations of truckers and sex workers • Establishment of one Champion Community in FHZ • Prevention

					messages received by 35,000 truckers and associated populations • Prevention messages received by 1,800 sex workers via peer education • 100 health center staff trained in HIV continuum of care, including counseling, testing, and treatment
HIV behavior change communication program through hotline activity		Celtel, Foundation Femme Plus (FFP), Tigo, Vodacom	180,000	190,000	The USG developed a Behavior Change Communication (BCC) program through the “Ligne Verte” toll-free HIV/AIDS telephone hotline in Kinshasa. Callers receive comprehensive prevention information and are referred to HIV services available in their geographic area. Nationwide, youth and adults can call trained hotline counselors to ask questions and discuss personal risk

					reduction strategies, including abstinence, delayed sexual debut, and partner reduction, as well as obtain referrals to HIV services. The hotline receives 35,000 calls per month. This partnership has engaged private telecommunication companies to offer this toll-free hotline. A total of $180,000 of USG annual resources is leveraging a $130,000 financial contribution from the private sector. In addition, the private sector will contribute $30,000 in human capital and $30,000 to support a Microwave Unit, which unifies company calls. The World Bank is providing a one-off contribution of $180,000 in 2010.
Kinshasa School of Public Health		Becton Dickinson			To establish the Regional Laboratory

					Capacity Building Center at the Kinshasa School of Public Health and conduct training in Flow Cytometry, Safe Blood Collection, and other techniques and safety practices. The partnership will result in a Regional Centre of Excellence for Training in Good Laboratory Practice (GLP); develop capacity for HIV diagnosis; and develop a plan to sustain the laboratory system. $400,000 USG resources leverage $1,035,000 private sector contributions. This will be the 1st year of partnership and program activities begins with design, development , and implementation of training for CD4 monitoring, hematology, HIV

					serology and renovation of the KSPH training facility. Indicators tracked include: percent labs with satisfactory performance in external quality assurance/proficiency testing; percent HIV rapid tests facilities with satisfactory performance for HIV diagnostics; number of health care workers who successfully completed in-service training program.

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
2010 HIV Sentinel surveillance or pregnant women attending ANC sites	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Other
2011 HIV Sentinel surveillance of pregnant women attending ANC sites	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Other
HIV Drug resistance survey	HIV Drug Resistance	General Population	Development
HIV/STI Integrated Biological and Behavioral Surveillance - 2010	Behavioral Surveillance among	Female Commercial Sex Workers,	Development

	MARPS	Mobile Populations, Street Youth, Youth	
KAP study with PLWHA	Other	General Population	Planning
Male uncircumcised problematic	Qualitative Research	General Population	Planning
Risk behaviors among prisoners population	Behavioral Surveillance among MARPS	Other	Planning

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			1,395,294		**1,395,294**
HHS/CDC		2,415,000	8,546,150		**10,961,150**
State			70,000		**70,000**
State/AF			316,725		**316,725**
USAID			9,306,830	9,200,000	**18,506,830**
Total	**0**	**2,415,000**	**19,634,999**	**9,200,000**	**31,249,999**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency						Total
	State	DOD	HHS/CDC	State/AF	USAID	AllOther	
HBHC			481,159		1,431,012		**1,912,171**
HKID					2,716,352		**2,716,352**
HLAB			1,096,724		283,289		**1,380,013**
HMBL			750,000		300,000		**1,050,000**
HTXS			1,173,318		563,578		**1,736,896**
HVAB		110,950			1,679,511		**1,790,461**
HVCT		308,344	234,543		1,346,463		**1,889,350**
HVMS	70,000	175,000	3,030,912		1,734,999		**5,010,911**
HVOP		251,000	363,743	316,725	2,398,233		**3,329,701**
HVSI		400,000	937,803		209,116		**1,546,919**
HVTB			1,003,241		1,626,503		**2,629,744**
MTCT			849,252		2,060,705		**2,909,957**
OHSS		150,000	135,000		1,556,635		**1,841,635**
PDCS			236,804		600,434		**837,238**
PDTX			668,651				**668,651**

	70,000	**1,395,294**	**10,961,150**	**316,725**	**18,506,830**	**0**	**31,249,999**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

REDACTED

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,912,171	
HTXS	1,736,896	
Total Technical Area Planned Funding:	**3,649,067**	**0**

Summary:
Context and Background
The 2007 Demographic and Health Survey (DHS) for the Democratic Republic of Congo (DRC) estimates HIV prevalence in the general population at 1.3%, with rates of 1.9% in urban areas, 0.8% in rural areas; 1.6% among women and 0.9% for men. 2008 Antenatal Care Surveillance (ANC) data estimates the HIV prevalence rate at 4.3% among pregnant women, with the lowest prevalence found in urban areas and the highest prevalence found in rural areas. In contrast to the 2006 ANC report, the prevalence rates in 2008 had dramatically increased in some areas. For example, Kasumbalesa had a prevalence rate of 16.3%, followed by Kisangani (north central DRC) at 8.7%, and Lubumbashi (southeast DRC) at 6.3%. From 1990 to 2008, prevalence in Kasumbalesa has quadrupled, from 4.8% to 16.3%. Rural areas continue to show higher prevalence rates among pregnant women than urban areas. The prevalence of HIV among women 15-24 years of age is elevated but has remained stable since 2005 according to 2008 ANC data. The differences between the DHS and ANC estimates are typical due to the sampled populations. The need for increased surveillance of hidden, high-risk populations remains as more surveillance would facilitate a better resource-targeted and more effective response to the epidemic.

According to the 2008 National AIDS Control Program (PNLS)'s Annual Report, 24,245 people living with HIV/AIDS (PLWHA) received anti-retroviral therapy; 12,118 of PLWHAs received one palliative care service; 11,790 PLWHAs received one home visit; and 23,189 opportunistic infections (OIs) were treated. These beneficiaries are only a small percentage of those actually in need of services. For example, the PNLS estimated that approximately 220,766 people are eligible for ARVs, indicating that only 11% of those needing treatment are receiving it. Taking into consideration the new World Health Organization (WHO) guidance which recommends the initiation of anti-retroviral therapy (ART) with higher CD4 counts (350), the number of eligible people will significantly increase. The majority of DRC's 515 health zones (HZs) are not covered by appropriate care and treatment services: only 34% of HZs provide care and treatment for OIs, 33% provide anti-retrovirals (ARVs), and just 16% provide psychosocial support.

Overall, the coverage and quality of adult care, treatment, and support in the DRC is inadequate in terms of capacity and infrastructure. The health system overall is very weak following years of conflict and poor governance. Health infrastructure and systems are in decay and lack basic equipment in many circumstances. The supply chain of HIV commodities, including ARVs, remains weak, and stock outs are common. There is a lack of trained clinicians and community-based staff, lab equipment, and supplies for diagnostic tests and disease monitoring. Integration of nutritional support is weak and collaboration between health facilities and community-based organizations for patient referrals needs to be improved.

Given the limited USG funding in DRC, ARVs are procured through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and other donors. The USG is an important donor for adult care and support services; the DRC Partnership Framework and Implementation Plan are designed to strongly complement GF and World Bank (WB) programs. Both the GF and WB focus on providing adult ARVs and HIV commodities such as HIV rapid tests, reagents, CD4 tests, and OI medications. However, the reliability of the supply chain for HIV commodities, including ARVs, is problematic and stock outs occur frequently. Civil society provides home based and palliative care support primarily through home visits, advocacy, nutrition and income-generating activities (IGA), and support groups for PLWHAs. The Department for International Development (DFID) is also providing support to implement community-based care in geographic areas not supported by PEPFAR. Recently the PNLS secured support from Bristol-Myers Squibb (BMS), a private company, to develop guidance, training manuals and hand books for palliative care. The Integrated HIV/AID program is working closely with the PNLS to provide technical assistance and ensure these products are high quality and meet international standards. In addition, PEPFAR supports the training of laboratory, healthcare, and palliative care providers focusing on USG-supported geographic areas. The Government of DRC (GDRC) plans to support care and treatment activities by providing ARVs to all treatment sites and eligible patients through GF Round 7 and 8 grants. The recently-signed law protecting the rights of PLWHAs provides a legal framework for care and treatment services.

Currently, prevention with positives (PwP) activities are in their infancy in DRC. Nationally, no evidence-based guidelines for PwP exist, so although behavioral and biomedical interventions are being implemented, they are not uniform across programs or across the country. In ANC clinics, HIV positive pregnant women are counseled on how to prevent mother to child transmission (MTCT) through prophylactic ARVs for women and new-born infants, infant feeding practices, and family planning. In ANC, TB, and HIV care and treatment clinics, health care workers assure the management of sexually transmitted infections (STIs) and provide counseling of PLWHAs on serostatus disclosure, testing of partners and children, adherence to ARVs, and reducing risky sexual behaviors including multiple concurrent partners.

The interventions described above will compliment and build upon the goals and objectives of the Partnership Framework (PF) to increase access to quality care and treatment. The PF's care and treatment approach provides a value-added strategy working in collaboration with the GDRC and key stakeholders, including civil society and the private sector, to scale-up quality services in order to achieve three overarching goals: 1) reduce HIV incidence while minimizing negative impacts on individuals, families, and communities within the framework of poverty reduction; 2) improve the quality of life of PLWHAs; and 3) mitigate the socioeconomic impact of HIV/AIDS on vulnerable groups, including PLWHAs and their families.

Accomplishments in FY 2009

The USG care and treatment services in Kinshasa provide a comprehensive treatment services using a network of existing health facilities, including maternities, TB clinics, one pediatric hospital, and one primary health care clinic to identify potential clients. Services provided include: PMTCT (described under the PMTCT technical area narrative), post-birth monitoring and care of HIV positive women and newborns of yet-to-be-determined status. Family-based HIV services include diagnosis, cotrimoxazole prophylaxis, TB screening and treatment, OI identification and management, ART for eligible patients, psychosocial support, support groups, income generating activities, nutritional support for malnourished patients, and home visits for individuals who have missed clinic appointments. Finally, there are five laboratories which provide disease monitoring services for HIV: three in Kinshasa, one in Lubumbashi, and one in Matadi.

At the community level in Lubumbashi, Matadi, Bukavu, and in a limited manner in Kinshasa, PEPFAR provides social and palliative care services, which include nutritional support, legal aid, income generating activities, psychosocial support, support groups, and anti stigma activities, and limited clinical services

such as clinical monitoring and support to treatment adherence through health providers and home-based care volunteers. In addition, PEPFAR supports services to deliver prevention and care at the DRC/Rwanda and the DRC/Burundi borders focusing on underserved populations through local organizations. Services provided include HIV testing and counseling (HTC), psychosocial and nutritional support, anti-stigma activities and support group activities. Support is provided by both nurses and community volunteers. This program complements the Great Lakes Initiative against AIDS (GLIA) – a WB and GF program that provides additional services for PLWHAs including ART.

In FY09, PEPFAR provided 8,315 PLWHAs with HIV-related palliative care (a 27% increase from FY 2008), trained 724 individuals to provide HIV-related palliative care (a 61% increase from FY 2008), provided 1,640 people with ARVs (a 71% increase from FY 2008) and trained 164 individuals to administer ARVs (more than a 10-fold increase from FY 2008). In addition, the USG supported food and nutritional supplementation to 114 PLWHAs on ART with severe malnutrition with (a 28-fold increase from FY 2008). Four times the number of laboratory tests related to HIV care and treatment services were performed in USG-supported facilities in FY 2009 in comparison to FY 2008.

Through the PF and PFIP dialogue with the GDRC, several areas were identified for USG support, including the drafting and implementation of guidelines for PwP programs, revision of adult care and treatment policies, training curricula, and a standardized package of care and support to focus on positive living, and the strengthening of the pharmaceutical supply chain management system to decrease stock outs. In FY 2009, PEPFAR strengthened linkages between HIV care and treatment services and other related services including family planning, nutrition, HTC, and orphans and vulnerable children (OV) programs to help ensure that positive adults are connected with treatment sites and related care activities such as adherence support and community-based services.

Goals and strategies for FY 2010

In FY 2010, PEPFAR programs will provide assistance aimed to support the GDRC's ambitious national goal of providing over 300,000 PLWHAs with care, treatment, and support services by 2014. PEPFAR and the GDRC, in collaboration with other stakeholders, have identified five key areas in FY 2010: (1) comprehensive care programs including HTC, home-based care, positive living activities, IGA, staging for ART where appropriate (including CD4 testing), cotrimoxazole prophylaxis, TB screening, comprehensive nutrition, and PwP activities; (2) referrals and linkages between care and treatment services to ensure a needs-based continuum of care, especially among services supported by USG agencies; (3) expanding access to care and treatment services by providing care for the management of opportunistic infections; (4) laboratory support services for HIV diagnosis and disease monitoring; and (5) capacity building to improve quality of clinical and community based care as well as strengthen the commodity supply chain system.

GDRC capacity will be strengthened to coordinate, monitor, and evaluate interventions, train healthcare providers in comprehensive care, and streamline the referral and enrollment of those who are ineligible for ART into needs-based care programs. Activities will strengthen civil society's capacity to engage and mobilize communities and PLWHA to deliver effective palliative and home-base care interventions and will work toward developing PLWHA support group networks to catalyze sustainable self-help activities and provide a comprehensive needs-based response. Responses will include strengthening PLWHA networks, savings and internal lending communities, vocational training, and income-generating schemes. Nutrition services will be expanded to ensure dietary and nutrition assessment, counseling and monitoring, as well as needs-based access to transitional/temporary nutrient dense/fortified therapeutic and supplementary food, and multi-micronutrient supplementation, as well as food security, livelihood assistance and related micro-finance (seed and tool fairs, individual and community gardening, animal banks, etc.). These activities will be integrated within community and clinical services. These activities will improve self-sufficiency and resilience, permitting PLWHA to live positively. Linkages will be developed between USG funded primary health care activities and PEPFAR funded activities in order to

develop a strong referral network for people in need of care and treatment services.

In FY 2010, PEPFAR will also work towards developing a cost-effective evidence-based care and support menu, increase the emphasis on positive living, develop appropriate nutrition messages, coordinate needs-based provision of high energy protein supplements and emergency food assistance and streamline the referral and enrollment of those who are ineligible for ART into comprehensive care programs. Currently, because care and support services are housed discretely, referrals made for these services to PLWHAs often do not result in the individual actually accessing the service. Streamlining the referral and enrollment process should result in increasing the number of PLWHAs receiving care and support services.

In FY 2010, cooperative agreements will be made with the PNLS and National Blood Safety Program (PNTS) in order to build government capacity to provide adult care and treatment services as well as TB-HIV co-infection services. The Integrated HIV/AIDS Program began as planned in 2010 (with FY 2009 funds) and provides continued adult care and support services in Lubumbashi, Bukavu and Matadi and along a major trucking route such as Kasumbalesa, Kipushi and Kolwezi; activities will be further expanded to Kinshasa and Kisangani.

In FY 2010, PEPFAR will continue to coordinate with GF and other donors to improve the supply chain as well as patient access to ARVs. USG will strengthen the pharmaceutical system, establish an ARV buffer stock, build capacity, and develop related policies at the national level as well as improve referral and follow-up at the service delivery level. These efforts and activities will continue to be key components of the DRC's HIV response and will support the GDRC's efforts to expand quality care and treatment through the agreed upon strategies set forth in the PF.

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	1,050,000	
Total Technical Area Planned Funding:	**1,050,000**	**0**

Summary:

Context and Background

It is estimated that at least 5% of HIV infections in the Democratic Republic of Congo (DRC) occur through transfusion of contaminated blood or blood products, disproportionately affecting populations among whom transfusions are most common: pregnant women, children with life-threatening anemia, military, and trauma victims. In 2008, the National AIDS Control Program (PNTS) estimated that in 477 of 515 health zones (HZ), 235,945 blood transfusions were administered (averaging 495 per HZ). The current blood supply falls far short of the most conservative World Health Organization (WHO) estimated need for blood which is approximately 600,000 units. Of donated blood, 59% came from patients' family members. Donating family members do not receive payment for their blood donations, unlike remunerated voluntary donors who represent 35% of all donors. The average cost per person for a transfusion is $5.00, while the majority of Congolese live on less than $1.00 a day. The military health system depends completely on the PNTS blood safety network and is also at risk for unsecured transfusions. In August 2007, one of the biggest military hospitals located at Kamina base found that HIV prevalence among blood donors was 66.7%. The PNTS reports frequent stock-outs of HIV tests and other commodities, and a lack of available resources for the implementation of voluntary donor mobilization campaigns.

In general, minimal emphasis is placed on the seriousness of blood safety in DRC's response to HIV/AIDS. The DRC has poorly developed, fragmented blood safety practices. The blood transfusion system is predominantly hospital based and suffers from chronic staff shortages, lack of trained staff, and serious capacity limitations for pre-transfusion HIV testing. There is no reliable supply chain to meet current demands for universal precaution materials, lab reagents, and other basic supplies. These constraints, along with an acute shortage of blood, are the major challenges to minimizing medical transmission of HIV/AIDS. Key priorities include: provision of technical assistance to strengthen the supply chain; establishment of standardized training curricula; and safe blood supply management. Cost recovery/affordability of service remains an obstacle to access. For example, all health services in the military are free of charge, yet the military must pay for safe blood from the PNTS network or from other civilian health structures.

With USG support, the Kinshasa School of Public Health (KSPH) conducted an evaluation of the PNTS in 2006. The evaluation included an organizational audit and assessments of stock management service coverage, and a SWOT (strengths, weaknesses, opportunities, threats) analysis for safe blood services nationwide. The evaluation found that program activities are appropriate but only the provincial capitals and Kinshasa actually receive effective coverage. Coverage outside of the provincial capitals is scarce, partial and incomplete; furthermore, untrained hospital staff complete blood transfusions with limited capacity in safe blood procedures. Overall, insufficient attention is placed on the risk of HIV infection during invasive medical procedures. Insufficient levels of training and an unreliable supply chain for universal precaution materials capable of meeting current demand are major constraints to minimizing medical transmission of HIV/AIDS. The USG assisted the PNTS to establish ongoing volunteer blood donor groups; however, results were limited as most volunteers donate blood irregularly or infrequently. The USG also provided support for the establishment of the National Blood Safety Training Center which includes the auditorium, the teaching laboratory and the library with internet access in order to strengthen capacity.

An appropriate and effective blood service will strengthen the capacity of the DRC to collect and utilize surveillance data and to manage the national HIV/AIDS program with cross-cutting benefits to primary prevention of HIV as well as benefiting Adult and Pediatric Treatment, Testing and Counseling programs and Laboratory Infrastructure. In order to meet the estimated need for blood, a fully capacitated Blood Service should provide a total of at least 600,000 units of safe blood per year to the health service, which represents at least 700,000 counseling and testing interactions for blood donors per year.

The USG PEPFAR Bio-Medical Prevention programming has focused on increasing access to safe blood, ensuring that all blood transfusions are being tested for HIV and proper disposal systems for medical waste are in place. PEPFAR will continue to mobilize technical assistance to support the DRC National Blood Safety Program (PNTS) in the areas of policy and infrastructure development, blood collection, testing, quality management, transfusion and blood utilization, injection safety, training, and monitoring and evaluation. Effective financial and administrative systems will be strengthened. Technical assistance to develop and disseminate the Blood Safety Strategic Plan as well as the Volunteer Non Remunerated Blood Donor (VNBD), Quality Assurance, and National Injection Safety Strategy policies will continue to be provided.

Accomplishments in FY 2009

In FY 2009, 15 national level master trainers were trained in voluntary blood donor recruitment, who in turn trained an additional 230 health facility staff in 57 health zones in the four target provinces. Blood transfusion screening, testing, and quality assurance training was provided to 151 laboratory technicians. Test kits were provided at facilities at risk of stock-outs for HIV, Hepatitis C and B, as well as syphilis. Five managers attended an international training on management and quality matters. Trainings and test kit distribution were followed-up through 16 supervision visits. In FY 2009, 28,776 blood transfusions (99.97%) were tested for HIV out of 28,784 total transfusions in the 57 focus rural HZs. HIV prevalence

among tested blood was about 2.6%. With USG support, the KSPH collaborated with the Belgian Red Cross to set up a pediatric blood bank at Kalembe Lembe Pediatric Hospital in Kinshasa, where the USG is implementing HIV care for pediatric patients.

The KSPH with USG support is also assessing the incidence of accidental blood exposure. With USG funding, a survey in medical transmission safety was conducted in Kinshasa to determine the extent of the problem, causes, and possible remedial actions. The results of this study provided specific information for health care provider professional associations to assist in their efforts to reduce accidental medical transmission of HIV. Additionally, technical assistance was provided to associations of physicians, nurses, lab technicians, and dentists on risk reduction to in order to develop information packages for their members. The KSPH developed a policy document on injection safety and biomedical waste management with the subsequent training modules. Those modules were used for training of trainers in Kinshasa and Kananga (Kasai Occidental).

The USG is working with the Ministry of Health (MOH) on policy-level changes in injection safety with the goal of creating policies that decrease demand for injections. In FY09, USG supported workshops with the MOH's Family Health and Specific Groups Division to develop a list of environmental and waste management objectives for rural health zones; a poster of key policies, procedures, and interventions for rural hospitals and health centers; and, a checklist of procedures to verify and undertake in each facility which were approved for publishing and dissemination to rural health zones. Material was reproduced for about 1,000 health centers and 70 reference hospitals. Joint field teams were formed and visited six health districts (Lodja, Kananga, Mbuji Mayi, Kamina, Kolwelzi and Bukavu) for debriefing and dissemination of information to representatives of all 57 health zones. Additionally, 151 health care providers were trained in phlebotomy and injection safety.

Goals and Strategies for FY 2010

A new five year cooperative agreement with the National Blood Safety Program (PNTS) will begin in the second half of FY10 and will be coordinated with the other USG Biomedical Prevention Programs in addressing gaps and building national capacity of the PNTS. This new activity will contribute to strengthening the capacity of the PNTS in the areas of laboratory infrastructure related to blood services, blood collection and testing, blood transfusion, training, and monitoring and evaluation. Technical assistance will be provided to the PNTS to develop strategies ensuring the application of blood safety standards to blood collection, testing, and transfusion and that the supply is adequate, particularly for pregnant women, children, trauma victims, and other populations susceptible to contracting HIV and other blood-borne pathogens through blood transfusions. This direct collaboration with the PNTS will also strengthen the capacity of the targeted provincial Blood Safety Centers. A joint quality control and quality assurance system that include the National AIDS Control Program (PNLS), the National TB Program and the National Blood Safety program will be implemented to harmonize HIV diagnosis quality.

Quality management systems, including regional blood collection and processing facilities, laboratory testing equipment and supplies, standard laboratory equipment and reagents including testing for transfusion-transmitted infections and blood grouping and cross matching are critical pieces of the USG's blood safety interventions. Supported activities will also include the development of a blood collection strategy for obtaining, handling and storing, transporting, and distributing blood for use at health facilities. This will require the establishment and maintenance of a blood cold chain, developing and maintaining a network of blood donor recruiters and counselors, and encouraging repeat blood donors.

With FY 2010 funds, the USG will continue the Global Development Alliance with Safe Blood For Africa (SBFA) to implement a blood safety program to strengthen voluntary blood donations in the 57 rural health zones. SBFA will continue to work with the flagship USAID Primary Health Care program to improve blood safety services including HIV test kit distribution, training of providers on the use of the test kits, quality assurance, and support the non-remunerated and volunteer blood donation program. These activities will focus on three strategic areas: testing of all donated blood for transfusion-transmissible infections, blood group and compatibility, ensuring the availability and accessibility of safe blood to all

patients requiring transfusion, prioritizing pregnant women and children, and reducing unnecessary transfusions.

With FY 2010 funds, there will be expanded efforts to provide testing for major transfusion-transmissible diseases in accordance with national policies and PEPFAR blood safety guidance as well as sensitization campaign related to blood donors. Training will continue to be provided to health zone teams to recruit and retain low-risk blood donors, especially volunteer, non-remunerated blood donors from low-risk populations

Technical assistance in policy and programming will continue in 2010 in collaboration with the PNTS. Support for the PNTS will be leveraged by conducting an assessment and by expanding on KSPH's work to include a strategic plan, a policy matrix, a review of blood safety norms and standards, laboratory protocols, equipment standardization, maintenance, training materials, and planned human resource capacity development. Experts will also assess and provide recommendations regarding recurrent stock management, equipment and human investments, commodity procurement/supply chain, and quality control of laboratory services. This assessment will address issues such as appropriate use of blood transfusions and recommend a policy statement to reduce blood transfusions, especially among women and young children under the age of five. National program staff will be assisted in determining medium and long term planning objectives. In FY 2010, there will be additional training and dissemination of these assessment results and national guidelines.

Additionally, the KSPH will provide technical assistance to the PNLS to develop guidelines and training manuals for universal precautions. A training session for trainers will be conducted.

Regarding Injection safety activities in FY10, activities will focus on institutionalizing improved waste management practices at the rural health zone level. This will include provision of polybags, waste containers, and sharps boxes as well a monitoring and supportive supervision to ensure the application of the MOH's Environmental and Waste Management Standards.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	1,889,350	
Total Technical Area Planned Funding:	**1,889,350**	**0**

Summary:
Overview and Background
According to the 2007 Demographic and Health Survey (DHS), 86% of people who tested positive for HIV did not know their status because they have either never been tested (82%) or they were tested but did not receive the results of their last test (3%). In 2008, HIV prevalence in HIV testing and counseling (HTC) centers was 9.7% (compared to 10.3% in 2007). The 2006 BSS indicated that only 8% of youth 15 -24 have ever been tested for HIV. This is particularly worrisome given that the National AIDS Control Program (PNLS) 2007 annual report on HIV/AIDS issued by the Government of the Democratic Republic of Congo (GDRC) indicated there was an increase in HIV infection among youth under 24 years of age.

Since 2002, the USG has assisted the PNLS in establishing an evidenced-based HTC program. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and other major initiatives including the World Bank Multi-country HIV/AIDS Program (WB/MAP) have adopted the USG model for HTC. USG provided technical assistance to strengthen the national guidelines for HTC testing algorithms, standardized

training and reporting, and supervision. Currently the GF remains the major source of HTC funding to ensure implementation of the revised HTC testing and counseling guidelines. Round 07 funds (covering 7% of the total approved budget) supports 215 HTC sites. Round 08 resources (3% of the total approved budget) will ensure quality HTC services in 706 HTC sites including 436 sites supported under the expired Round 03 grant as well as 270 new HTC centers. The USG also leverages Department for International Development (DFID) support for the "ABCD Nothing But the Truth" behavior change communication campaign, which uses multi-media (audio, video, graphic, and brochures) to promote of knowing one's sero-status by testing for HIV.

There is an enormous need for HTC services in the DRC. The DRC does not have enough resources to ensure universal access. An evaluation is needed to assess the current HTC capacity and coverage, as well as better understand service gaps for people needing follow-up. Partner sero-status disclosure is another major issue. Overall, male involvement in both the clinical and community based programs is weak. Furthermore, couples testing and counseling is severely limited. Provider-initiated Testing and Counseling (PITC) has begun through a few pilot projects, and has recently been incorporated as a component of national guidelines with support from the USG. Some testing sites have closed due to lack of test kits resulting from chronic breaks in the supply chain that disrupt service.

The number of HTC sites decreased from 525 (342 hospital based and 183 community based) in 2007 to 317 testing sites (248 sites linked to hospitals and 69 community based) in 2008. Of the 317 sites, the USG is currently supporting 23 HTC in addition to HIV testing at 14 TB sites. This decrease is attributed to the lack of resources to continue activities. Despite the decreased number of HTCs in 2008, 177,450 people were counseled (compared to 166,081 in 2007), 162,976 tested and 156,081 received their test results. This situation may be attributable to low uptake at closed sites and/or improved reporting among remaining sites. Weaknesses in the health and reporting systems as well as delays in fund disbursements from the GF have severely affected testing and counseling services. Despite these challenges, the USG team, with other donor support, is strengthening HTC programs as well as supporting their continued growth in scale and coverage. As a result of the promotion of HTC services and knowing ones status, there appears to be an increase in both the acceptance rate of HIV testing and an increase in post-test attendance.

Accomplishments in FY 2009
HIV Testing and Counseling aims to reduce risk behaviors through increased personal sero-status awareness and access to support services. PEPFAR partners implemented outreach strategies to engage high-risk communities through prevention messages to access testing and counseling services to strengthen the prevention strategy.

Through the FHI RESA+ supported PEPFAR program, the USG has supported a mix of community-based HTC centers and facility-based services with rapid tests at 16 sites. Community HTC sites include mobile testing units, which target high-risk populations that typically do not use facility-based services. This approach targets men, as men are more likely to access mobile services. In addition, the USG has begun integrating HTC within TB and family planning services. Youth-friendly HTC sites are also supported. The strategic mix of sites established in each city is determined according to the epidemiology and local context. Support has included training and supervision of counselors, procurement of essential commodities, dissemination of prevention messages, and provision of care and treatment services. This program ended in December 2009 and a five-year follow-on integrated HIV program has taken over activities. The new program is being implemented in Matadi (Boma and Lukula), Bukavu (and Uvira), Lubumbashi (including Kasumbalesa, Likasi, Kipushi, Kolwezi) and Kinshasa (in the area of Masina and Ndjili) where the behavior change communication (BCC) program currently exists so that referral to other services such as additional prevention counseling, HIV positive care and support, and TB services are ensured. In FY10, activities will be expanded to Kisangani. The USG is coordinating additional joint planning exercises among partners and the USG will continue to facilitate the ongoing integration of

prevention messaging as well as testing and counseling guidelines.

In line with the national HIV/AIDS strategy, the integrated HIV program is implementing a balanced approach of both of client oriented counseling and testing (mobile and community HTC centers) and provider initiated counseling and testing. In this program, PEPFAR catalyzes local partnerships to support HTC and provide local organizational capacity building to strengthen civil society. Grants are competitively awarded to community-based organizations (CBOs) and non-government organizations (NGOs) to support management and increase uptake of HTC. Using the "Champion Community strategy," support is provided to community groups to develop appropriate partnerships with local authorities. Permanent trained staff (e.g., clinicians, nurses, and aides) will provide the clinical and laboratory component of managing and running centers, including the testing and monitoring of results, assuring internal quality control. Blood samples are routinely collected at each HCT center and sent to the national HIV laboratory for external quality control. This strategy allows for effective and responsive service delivery that assures quality services while fostering sustainability. The program trains community counselors to work at the HTC centers and in the community to conduct mobilization, referrals, and outreach, as well as pre- and post-test counseling. Training includes basic HIV information, counseling and communication skills, HTC, and other counseling activities. Standardized tools have been developed and/or adapted for use by the communities, volunteers, and health facility workers. HTC activities have been embedded within a local structure through the granting process, engaging other community actors to participate in HTC activities, and creating a strong referral and linkages system that uses HTC as a springboard for entering into the continuum of care. The program optimizes mobile HTC units by scheduling coordinated activities at gathering places for high-risk groups to maximize uptake including TB clinics, and linking with SGBV organizations to support testing of survivors. To increase outreach to PLWHA households, community counselors visit PLWHA families several days before mobile HTC is scheduled to reinforce prevention messages stressing the importance of condom usage with discordant couples and continued annual HIV testing for the negative partner, children are tested as appropriate.

PITC programming in existing USG-supported HTC facilities began last year. An assessment of these services will be used to inform strategic adjustments next year. The project has worked alongside the National TB Program (PNT) and PNLS to integrate TB and HIV testing, providing counseling and treatment to ensure consistent HIV testing among TB patients and TB testing among people living with HIV/AIDS (PLWHA), or referral for testing when necessary. The USG supports ongoing quality improvement at integrated sites.

The USG has provided technical support to the GDRC to update the national TC guidance in 2009, which includes all the training materials for TC and the integration of PITC in health care facilities including guidance on couples' counseling and testing. Finger-prick testing is currently being rolled out by USG partners and is now a component of the national guidelines, which are currently being disseminated. Corresponding counselor handbooks and the training manuals, including quality assurance norms, will be finalized in March 2010. The roll-out of the couples counseling and testing training, using the trainers from the Project San Francisco in Rwanda to provide a master trainer training in PITC and subsequent cascade training is planned for April 2010.

The USG continues to support HTC programs among military personnel in conjunction with the DRC Armed Forces (FARDC) prevention program. Currently this program is implemented in Kinshasa, Lubumbashi and Mbuji Mayi. It anticipated that the HTC program will be extended into a fourth site (Bukavu). The HTC program is coupled with the USG's BCC prevention program and focuses on increasing access to and use of HTC services among military personnel and their families. It also has increased the capacity of the military to conduct large-scale HIV testing. In addition to the facility-based strategy, the PEPFAR military program is establishing mobile TC units to extend the TC services to soldiers at the battalion and company level as well as to their family members, the surrounding communities that will be attached to the fixed sites to ensure a follow-up and continuum of care. These

activities are undertaken in partnership with NGOs and the FARDC.

The USG strategy continues to encourage HIV testing and to create a demand for these services. The HIV resource centers, the HIV telephone hotline and the social marketing of condoms will all be linked (HIV awareness and prevention to HTC centers to clinical services). USG-supported BCC activities using music and videos from "ABCD Nothing But the Truth" are ongoing. Multimedia events feature famous Congolese musicians that highlight prevention messages as well as the importance of knowing one's status. Live events with the musicians are coordinated with mobile testing and counseling.

Goals and Strategies for FY 2010
The new integrated HIV bilateral program will continue to support scale-up of HTC efforts through multiple approaches and venues, increasing the number of HTCs receiving support. Dissemination of policy updates will be supported by the USG implementing partners as well as through the partnership with the GF and World Bank/MAP. Illustrative policies include technical guidelines such as PITC, finger-prick testing, and couples' counseling. FY 2010 funds will allow maintaining a more comprehensive HIV program specifically regarding quality HTC services and improving follow-on care services, which is a priority articulated by the MOH. This model program aims for comprehensive health care at the site level and linkages to strengthen the continuum of care between health facilities and the communities. The PEPFAR team will also coordinate with GF activities to identify and fill any gaps in the existing package of available services. Expansion to other 'hotspot' areas and most at-risk populations (MARPs) will be determined by the availability of funding through the Partnership Framework (PF) and by the HIV prevalence data.

The USG will continue to increase TC programming among military personnel in conjunction with an FARDC prevention program and by expanding HTC services to a fourth military site as described above. The USG will also pursue efforts to enable the military health network to conduct PITC and couple HIV testing and counseling as well as routine testing at the four PEPFAR military sites.

As previously discussed, disclosure rates of HIV positive status to sexual partners are very low with only 24 of the known 125 discordant couples in the Kinshasa maternity clinics sharing their status with one another. Since this is a gender related issue, the USG partners will coach HIV positive women and girls to encourage safe disclosure to their partners; efforts will be made to provide alternative methods of partner disclosure, such as having both partners come in to be test "for the first time" together. Furthermore, efforts will continue to increase partner participation by expanding services to accommodate men's availability in the evenings and on weekends; providing all female clients with invitations for their male sexual partners; community outreach activities to reduce stigma and discrimination, enhancing counselor communication skills; engaging the FB community, quality assurance, and ensuring the availability and use of HIV rapid tests. In addition, condoms will be actively and generously distributed to all HIV clients.

HTC efforts will be linked to prevention and treatment programs for individuals that have tested HIV positive. Of critical concern is the lack of sufficient stock of anti-retroviral therapy and opportunistic infection medications to provide treatment to all eligible PLHIV. USG will also work closely with GF, World Bank and other donors to leverage continuous access to these drugs and minimizing stock shortages.

Regardless of the type of testing, USG efforts will focus on encouraging individuals to know their HIV status and to be able to take appropriate steps to maintain sero-negativity or to seek HIV services in order to live positively.

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	1,841,635	
Total Technical Area Planned Funding:	**1,841,635**	**0**

Summary:
Overarching approach to HSS
Health Systems in the Democratic Republic of Congo (DRC) are weak and face many challenges. They are challenged by inadequate resources, limited government capacity and workforce issues. In many cases, non government organizations (NGOs) support health professionals as the government has limited ability to hire, train and pay through government finances, creating a donor dependent system that is not necessarily integrated. Currently, there are efforts to build national systems and better coordinate donors working in health to build these systems. The HSS response in DRC has been discussed throughout various Technical Area Narratives (TANs) as PEPFAR's approach will continue to focus on working with and through national structures to improve overall systems for delivery of quality HIV/AIDS services. The narrative below highlights some of the efforts discussed in the FY 2010 and the new areas of emphasis for FY 2010.

HSS assessments
Various aspects of the health system in DRC have been assessed with USG support, such as the Kinshasa School of Public Health (KSPH) mapping survey of HIV services (discussed in the Strategic Information TAN) and the more recent KSPH assessment of the data collection methods and burden at health facilities in DRC. KSPH is in the process of using the data from the more recent assessment to write a national plan for harmonizing data collection nationwide and reducing the burden of data collection at the health facility level.

The South African Development Community (SADC) finished an analysis of the capacity building needs for an improved HIV/AIDS response in the DRC in November 2009. They found six main problem areas that reflect issues discussed throughout the goal areas if the Partnership Framework Implementation Plan (PFIP): 1) leadership, governance, and organization of the health system, 2) coordination of response between the USG, the GDRC, civil society, and private sector, 3) management and M&E capacity, 4) human resources, 5) health systems financing, and 6) the capacity of civil society. SADC identified several priorities similar to those that the GDRC and the USG have discussed, such as training in management and M&E at all levels of the health system, improving coordination, increasing the GDRC health budget, and creating a single national reporting system for health data. SADC suggested that the DRC could benefit from synergistic relationships with other countries in Southern Africa with HIV/AIDS epidemics through sharing research protocols, technologies relevant to HIV/AIDS (e.g. equipment maintenance, cold chain), and lessons learned.

Health System Strengthening Efforts
To address the weaknesses highlighted through these assessments, the GDRC has placed increased focus on the importance of an integrated health system and has made systems strengthening a key strategic priority. The GDRC aims to address this priority through national leadership coupled with strong technical assistance from NGOs, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and other donors. The GDRC strengthens the health system through training and providing staff for health facilities and laboratories at the central, provincial, and health zone level.

GF Round 09 approved the DRC TB and HSS proposals that will allow the GDRC to secure $306,794,264 of which $178,065,469 is for HSS. The Global Alliance for Vaccines and Immunizations (GAVI) secured funding to support health systems strengthening in DRC in response to a national Health

Systems Strengthening Strategy, published in 2006. As of August 2009, due to delays in the financial management process, activities detailed in the proposal have not begun although GAVI has initiated health zone level planning in 65 health zones in which activities will take place. Projected activities focus on 5 key areas: the Health Systems Strengthening Strategy (HSSS) National Steering Committee, HSSS Provincial Steering Committees, development of health zones, development of human resources, and technical support.

Other donors have contributed to HSS strategies through working with national structures to improve policies, guidance's, protocols and capacities to provide quality services. PEPFAR has majorly contributed through working with the Ministry of Health (MOH), the National AIDS Control Program (PNLS), the National Multi-Sectoral AIDS Program (PNMLS), the Ministry of Social Affairs (MINAS), and other national organizations.

HSS Accomplishments
USG support focuses on integrating quality HIV service delivery into the existing health care system, an MOH priority, and promoting a National HIV Strategic Framework that uses data for decision making and institutionalizes the national response. This approach will reduce duplication of efforts and minimize ad hoc approaches to human resource development and supply/distribution systems. The USG contributed technical expertise to develop the MOH 2008-2013 National HIV Strategic Framework, completed in June 2008, and the PNMLS HIV Multi-Sector Strategic Framework, completed in 2009.

The USG continues to be actively engaged in the development, dissemination, and implementation of other key HIV documents which will serve as the foundation for strengthening health systems. The USG military gave technical assistance and funding to the PNMLS World Bank Multi-country HIV/AIDS (WB-MAP) program to develop the PALS and its three-year sectional strategic plan covering 2007-2009; MINAS completed a Rapid Country Assessment, Analysis, and Action Plan (RAAAP) in 2009 with USG technical assistance; and the PMTCT Protocol Revision from single dose Nevirapine to triple therapy was adopted by the PMTCT Task Force and the DRC MOH.

In October 2008, USG conducted an assessment on the DRC pharmaceutical and logistics system. Preliminary findings reveal that pharmaceutical products enter DRC through numerous channels including private wholesalers, local drug manufacturers, NGOs, FBOs, and donors; however, none of these channels work effectively. Stock-outs of critical products are commonplace. Private wholesalers are the main source of pharmaceutical products, but there are several problems with private wholesalers: limited private vendors to procure certain drugs, limited vendors approved by the GDRC to supply these drugs, and drugs of variable quality. Most donors supply pharmaceutical products through their own channels, but these are disparate and uncoordinated.

USG also funded Strengthening Pharmaceutical Systems (SPS) to support and strengthen the logistic and pharmaceutical system in DRC beginning in May 2009. Most of the FY09 activities focused on assisting GF principal recipients to finalize the Procurement and Supply Management (PSM) plan for Round 08 malaria and HIV/AIDS grants; developing the procedures manual for medicine procurement and distribution for the malaria and HIV/AIDS components; and initiating discussion with PNLS to identify the different areas for strengthening the HIV/AIDS related-system. Four principal recipients, PSI, SANRU, CORDAID and UNDP (United Nations Development Fund) (through the GDRC) were selected to implement GF Round 8 grant. PNLS identified key gap areas with the support of SPS were identified and a work plan was developed to address them. These activities include strengthening the data collection for HIV/AIDS related commodities and on patient follow up, coordination of the supply chain management, and development of HIV/AIDS commodity management guidelines.

In 2007, the GDRC initiated the National Health Accounts (NASA) through Health System 20/20 (HS 20/20) to collect information on AIDS resources spending for 2005 and 2006. The same process was

conducted in 2008 to collect data for 2007. Both the 2007 and 2008 NASA results were not published by the PNMLS due to the quality of the information gathered. In 2009 UNAIDS provided technical assistance to the PNMLS to develop and improve the methodology that facilitated data collection through easy-to-use data collection forms and with participation of key partners and donors. The 2009 NASA will collect the information on HIV/AIDS spending for 2008.

The NHA methodology was harmonized with the NASA study (through PNMLS) and the MICS 3 (through UNICEF) to ensure more synergy, complementarity, and effectiveness. An institutional survey that collects source of health and HIV/AIDS spending is underway.

System Barriers to Accomplishing 3-12-12 and 140,000 Health Workers Goals
This has been addressed under the HRH TAN.

Areas of Focus
In the PFIP, the PEPFAR team has chosen to specifically focus on the following 5 areas of health systems strengthening: 1) developing laboratory systems for service delivery, 2) strengthening strategic information capabilities, 3) supporting logistics and pharmaceutical management, 4) developing human and institutional capacity, and 5) assuring sustainable financing for the GDRC health system.

Laboratory systems for service delivery
Discussed under the Laboratory Infrastructure TAN.

Strengthening strategic information capabilities
PEPFAR has developed a contract which will be awarded in FY10 to create one national monitoring and reporting system. The CDC and the Kinshasa School of Public Health (KSPH) will jointly supervise the initial phases of the contract, and assuming no major problems arise, after approximately two years, the hardware and software will come under the purview of KSPH. The system is planned as a web-based reporting system that has been developed in collaboration with the Strategic Information Taskforce,.

Strengthening logistics and pharmaceutical management
Based on the recommendations of the October 2008 USG assessment of the DRC pharmaceutical and logistics system, the USG plans to build a program to strengthen the DRC pharmaceutical system. In regards to USG-funded SPS support for the DRC's logistic and pharmaceutical system, the Procurement and Supply Manangement (PSM) procedures manual will be finalized after due discussion with the GFATM and the key gap areas identified by PNLS and SPS will be addressed in the coming years according to the work plan developed.

Developing human and institutional capacity
The USG continues to be actively engaged in the development, dissemination, and implementation of other key HIV documents which will serve as the foundation for strengthening health systems. Documents in various stages of progress are detailed below.

USG will provide technical assistance to the DRC Ministry of Defense to create and implement a comprehensive HIV management policy. Funds will be used to sponsor the attendance of military commanders at regional military conferences on HIV/AIDS policies to address HIV stigma and discrimination. PEPFAR provided technical assistance (to who) to develop the Provider Initiated Counseling and Testing & Couple Counseling and Testing Policy. Development of The Policy on Sustainable Financing of ART is in progress. Discussions regarding the developing of a Policy for ART interruption have been initiated.

Assuring sustainable financing for the GDRC health system
Donor support at present continues to be the foundation of nearly all HIV/AIDS services in DRC. In

addition to GF, HIV/AIDS support from bilateral donors such as the USG, WB, and Canadian Cooperation continues to grow. Overall, stated commitments by both the GDRC and the donor community indicate continued growth in expenditures on HIV and other health issues; however, recent national-level data on health expenditures (institutional and household) are not available, necessitating the implementation of a representative National Health Accounts (NHA) as well as a targeted PLWHA survey to complete HIV/AIDS subaccounts to inform policy and decision makers.

Expected NHA results include: greater awareness and understanding of resource flows in DRC and in particular the burden of financing on households to pay for health care; accurate information on health financing to inform government, donor, and civil society actions to improve the DR Congo's health system; incrementally improved transparency and accountability in the health sector; strengthened national capacity to undertake NHA estimations; and use of results to inform national health policy development and dialogue with major partners and stakeholders.

Intentional Spillovers and Targeted Leveraging among the Functional Areas
The USG will advocate for dialogue among public and private partners to engage civil society. This approach will create a platform for policy implementation and a national HIV response. USG is helping to open up the public dialogue through innovative mass media channels. Radio call-in shows and televised interviews with well-known Congolese provide an opportunity to reach large audiences with appropriate HIV prevention and testing promotion messages. These mass media approaches also provide opportunities to increase public awareness and an understanding of Living Positively while reducing the stigma of HIV. These efforts complement and reinforce USG supported BCC programming.

Monitoring and evaluation of HSS activities
Plans to monitor HSS as it relates to human resources, strategic information, and laboratory infrastructure are discussed in their respective TANs.

Logistics and pharmaceutical support: in light of the variety and breadth of issues identified in the recent SPS, evaluation will be limited to a program evaluation in 2012 of all programs put in place to address system weaknesses, such as frequent stock outs and ruptures in supply chain of HIV/AIDS commodities, lack of buffer stocks of HIV/AIDS commodities, and absence of a central supply chain management mechanism. There will be one policy evaluation in 2013 to evaluate the implementation of supply chain management policy under development.

Sustainable financing: financial contributions to GDRC HIV/AIDS programming will be monitored bi-annually using the NASA and NHA. Data from NASA will be used to install a continuous financial information system within the national monitoring and evaluation framework. Information from NASA may be used to monitor the implementation of the National Strategic Plan and monitor advances towards national and PEPFAR specific goals. This information will be complemented by the data collected through the HS20/20 supported NHA process.

Increased coordination with other donors and the GDRC through the CCM, PEPFAR Steering Committee and the USG team, will lead to improved cost-efficiencies through streamlined approaches and processes. These streamlined approaches will include information sharing and collaboration regarding the leveraging of services and improved referral systems at the decentralized level, coordinated procurements and supply chain activities, and increased dialogue to decrease the duplication of services and technical assistance.

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount

HLAB	1,380,013	
Total Technical Area Planned Funding:	**1,380,013**	**0**

Summary:
Context and background
HIV/AIDS laboratory infrastructure is organized at three levels in the Democratic Republic of Congo (DRC): the central or national level, containing one major reference laboratory at the National AIDS Control Program (PNLS); the provincial level with 11 reference laboratories, one per province, although only five are currently operational; and the health zone level, with 15 laboratories generally set within hospitals. Overall, the laboratory infrastructure cannot support all the HIV/AIDS laboratory services necessary for testing and disease monitoring because of sub-standard facilities and the lack of trained personnel, required equipment, and necessary reagents.

The USG works synergistically with other donors to promote quality laboratory services to ensure effective diagnosis and treatment, safe blood services, and accurate epidemiologic surveillance. The Global Fund to Fight AIDS, Malaria, and TB (GF), the European Union, and non-governmental organizations such as the Clinton Foundation (CF) provide equipment and reagents at various operational levels and in different geographic areas. The CF's emphasis is mainly on pediatric HIV; therefore, they provide laboratory commodities at several levels and areas. The Government of DRC (GDRC) provides the physical structures, personnel, salaries for personnel, as well as educational programs at the high-school and university levels for laboratory staff. The USG supports laboratory infrastructure programs in the DRC through projects managed by the Kinshasa School of Public Health (KSPH) and other USG partners. Through training and technical assistance, the KSPH supports the reinforcement of the National Laboratory network as well as HIV surveillance. PEPFAR also provides technical assistance to the GDRC for policy development and implementation, quality assurance, practice guidelines, and reporting systems.

General national laboratory policies exist; however, there are no official national policies for HIV specifically. National laboratory policies do include standard operating procedures and guidelines for HIV laboratory services. The majority of laboratory tests related to HIV are performed by laboratory staff, excepting HIV rapid tests, which can be performed by clinical professionals, like nurses. Currently, HIV testing is not routine.

In theory, laboratory services related to HIV are intended to be free of charge, although ad-hoc fees are common. The GF supported an anti-retroviral drug (ARV) assessment in September 2006, which identified laboratory service fees as a barrier to treatment. The same evaluation was planned in early 2009 including new sites supported through the GF Phase 2 Round 3, but this has as yet to take place.

In order to scale up HIV/AIDS laboratory services, a bare minimum of 5 laboratory staff for each of the 515 health zones are necessary; 10 staff per laboratory would be preferable. While there are sufficient numbers of trained staff in Kinshasa, Lubumbashi, and Kisangani, this is not the case for the majority of the country.

Accomplishments in FY 2009
Since FY 2009, the KSPH team participated in nine meetings of the HIV Laboratory Task Force, led by the PNLS, which dealt primarily with the identification and standardization of equipment needs and HIV reagents. The Task Force made concrete suggestions about the type and quality of laboratory needs throughout the country and made recommendations on quality assurance and sustainability. The Surveillance Task Force met on 14 occasions to discuss the results of the 2007 and 2008 Antenatal Care

Surveillance (ANC) and the proposal for the 2009 ANC.

The groundwork was laid for the implementation and assessment of early infant diagnosis (EID). The PNLS National Laboratory reported the creation of sufficient systems in terms of laboratory requisitions and tracking tools to support a widespread testing program. USG partners are liaising with the HIV Laboratory Task Force and are informed of the progress. The CF provided testing supplies in the form of Dried Blood Spot (DBS) kits. The CF is also procuring reagents for the polymerase chain reaction (PCR) machines used to perform EID. At this point, the PNLS National Laboratory is equipped, CDC/Atlanta EID experts trained four trainers, and 250 EID samples are awaiting analysis. After Kinshasa, sites identified for the implementation of EID activities are Lubumbashi, Kisangani, and Bukavu.

PEPFAR funded five labs with the capacity to perform HIV and CD4 tests and/or lymphocyte tests, trained 334 people in the provision of lab-related activities, and supported almost 183,000 HIV-related laboratory tests. Other activities focused on supporting laboratory protocols including infection and quality control of laboratory services, equipment, lab reagents, and other basic supplies.

Challenges in improving laboratory infrastructure include availability of reagents, the frequency of strikes among laboratory personnel, and related to the strikes, the unpredictable and inadequate payment of salaries. This past year, strikes at customs also contributed to delays in shipments of reagents or laboratory equipment.

Goals and strategies for FY 2010
In FY 2010, the USG will continue to provide technical assistance for the development of national laboratory policy, norms, procedures and standards, and the development of a laboratory quality assurance program at the national, provincial and district hospitals as well as local clinics. However, the USG will focus its support in four cities prioritized in the Partnership Framework and the Partnership Framework Implementation Plan (Kinshasa, Lubumbashi, Matadi and Bukavu).

In FY 2010, the National Blood Safety Program (PNTS) will be awarded a five-year cooperative agreement that contains components focused on strengthening laboratory infrastructure. As part of the cooperative agreement, PNTS will assess current lab infrastructure needs for a country-wide, regionalized blood transfusion system, including laboratory testing equipment and supplies, and provide standard blood collection and laboratory equipment and reagents to regional collection facilities to collect blood and perform necessary tests. The USG will continue to support an HIV laboratory training site at the KSPH that conducts pre-service and in-service training in HIV laboratory techniques and procedures for students enrolled at the Laboratory Technician Institute, KSPH and the University of Kinshasa Medical School. Student laboratory technicians, nurses, and physicians receive training at these sites and constitute the 2,000 individuals trained pre-service mentioned in the HRH TAN.

In 2007, a laboratory equipment needs survey was conducted by the KSPH. This survey identified specific laboratory needs including equipment required to implement essential HIV services. Provincial laboratories needing equipment were prioritized according to USG geographic zones as defined in the national Five-Year HIV Strategy and Partnership Framework and through input from collaborative partners such as the CF. As a result, through the KSPH, the USG will provide the provincial hospital in Bukavu with laboratory equipment and staff training and the provincial hospital in Matadi with equipment (Matadi staff were trained in FY 2009). Jason Sendwe Provincial Hospital in Lubumbashi and Kalembe Lembe Pediatric Hospital in Kinshasa were the first two facilities to receive equipment and training.

In 2006, the HIV quality control/quality assurance plan was finalized, and in FY 2010, using dried blood spot samples and the PNLS National Laboratory as a reference laboratory, the USG aims to support the government in scaling up the program from 35 sites to 55 sites, approximately 5 sites per province. The USG will also fund two partners to provide technical assistance for the integration of this quality

control/quality assurance system into the PNTS and National TB Control Program's laboratories.

With FY 2010 funds, additional resources will concentrate on quality assurance in provincial hospitals and key laboratory sites. This work will include revising the training curricula and subsequent training of provincial laboratory technicians. Funds will continue to be used to fill critical gaps in equipment purchases and reagents that are necessary for related laboratory testing. These efforts will promote the validation of new laboratory techniques. The USG will support in-service and pre-service training of HIV laboratory technicians based on standardized procedures. The USG will continue to strengthen laboratory capacity at health facilities based on patient care needs, cost, effectiveness and efficiency. Through the Integrated HIV/AIDS program FY 2010 funds will continue to support the provision of equipment and reagents, training of laboratory technicians, and establishing quality assurance and supervision systems (especially in Lubumbashi).

Laboratory infrastructure activities related to TB-HIV, Counseling and Testing, PMTCT, Adult Care and Support, Adult Treatment, Pediatric Care and Support and Pediatric Treatment have been described under those technical area narratives.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	5,010,906	
Total Technical Area Planned Funding:	**5,010,906**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	2,716,352	
Total Technical Area Planned Funding:	**2,716,352**	**0**

Summary:
Context and Background
In the Democratic Republic of Congo (DRC), there are an estimated 8.2 million orphans and vulnerable children (OVC) due to all causes, according to the 2009 National OVC Action Plan. While there is no estimate of the number of OVC due to HIV/AIDS there are approximately 930,000 children whom have lost one or both of their parents to HIV/AIDS. Data have shown that HIV/AIDS in a family is a major source of vulnerability and poses several child protection challenges.

An OVC technical working group with a monitoring and evaluation (M&E) sub-group was established in 2006 by the National Multi-sectoral AIDS Program (PNMLS) and the Ministry of Social Affairs (MINAS) with the participation of the USG, UNICEF, and World Food Program (WFP). In September 2006, the OVC technical working group initiated a Rapid Country Assessment, Analysis, and Action Plan (RAAAP) process with technical and financial support from the USG and UNICEF. In March 2008, MINAS signed a

ministerial directive creating a national OVC task force and an inter-ministerial committee on OVC to improve coordination among stakeholders under the government's leadership. In 2009, MINAS completed the National OVC Action Plan with technical support from USG, UNICEF, and the PNMLS.

Donors also provide a significant amount of support at the operational level. UNICEF is providing technical assistance to MINAS for the expansion of community-based activities including school support, vocational training, referral for medical care, support for income generating activities (IGA), psychosocial and recreational clubs and nutritional support, and community sensitization and advocacy related to social protection and inheritance. UNICEF is also providing limited assistance to 110,000 OVC, focusing on school-based OVC support and protection issues. The DRC plans to use the Global Fund to Fight AIDS, Tuberculosis, and Malaria financing to support 55,165 OVCs while covering approximately 35% of health zones with funding from the approved Round 8 grant. The Department for International Development is supporting a five year program (2006-2011) which includes the provision of basic services to OVC and to persons living with HIV/AIDS (PLWHA). The World Bank has recently announced a $5 million project which will work with street people, especially women and girls, with an additional $1 million to support OVC school fees. Finally, the French and Belgian governments are currently developing plans to support the health and social service sectors.

With the completion of the RAAAP, the development of the National Action Plan, and the growing commitment of the GDRC and other donors to addressing the needs of OVC, stakeholders are placing a greater emphasis on OVC programming. This is consistent with the goals of the DRC Partnership Framework and should result in increased comprehensive and quality services to children realized through improved national level systems and policies as well as community-level service delivery.

Accomplishments in FY 2009

In FY 2009, the USG's OVC programs employed innovative activities, including Community Care Coalitions, to promote stigma reduction by involving youth and men in home based care activities. Community-level OVC activities were strengthened by building the capacity of community and faith leaders to respond to the needs of people affected by HIV while improving the resilience of OVC and their households. By September 30, 2008, the USG had provided support to 7,558 children in Bukavu, Matadi, and Lubumbashi in the form of educational assistance, vocational training, nutritional support, economic strengthening support including IGA, and psychosocial support. Approximately 1390 (89%) of students receiving educational support passed their year-end exams and will advance to the next level for the 2009-2010 school year. Additional OVC program outputs in FY 2009 include 36,706 home visits, 2,740 material kits, 162 OVC families who received IGA support, and 503 OVC nutritional support kits.

The USG's activities also focused on community-based care interventions for PLWHA and OVC, which include the following package of direct OVC services: assistance for education (payment of school fees), vocational training and job recruitment, referral for medical care, support in starting IGA, referrals for spiritual support if desired, nutritional support, and community sensitization about OVC needs, rights, birth registration, inheritance and other issues. Programming has also focused on providing psychological support for coping with illness and care-giving as well as the grieving process following the death of a family member. In addition, OVC programs strengthened referrals and leveraged other USG programming. For example, at-risk youth in OVC programs were identified for prevention linkages and were referred to HIV testing and counseling (HTC).

Through the implementation of comprehensive OVC programs, the USG has aimed to inform the OVC National Action Plan while demonstrating a model that other donors can adopt and scale-up. The program model has been refined by continued and on-going incorporation of the findings of the RAAAP as well as by integrating guidance of the MINAS, the PNMLS, and the OVC National Action Plan. Through assistance from the USG and other donors, the National OVC Plan and corresponding budget was completed in July 2009 and now serves as the key reference document for all donors working with

OVC. The document is now being used as an advocacy tool to help the MINAS direct interested donors and other GDRC stakeholders towards supporting OVC activities.

Through the USG-supported Integrated HIV/AIDS Program, awarded in September 2009, activities have been undertaken to strengthen service linkages between health facilities and communities. OVC needs will be more comprehensively addressed through this approach, and better coverage of OVCs will be achieved with the expansion of new activities to Kinshasa and Kisangani. The program promotes a needs-based menu of quality services at both the facility and community levels.

Goals and strategies for FY 2010
OVC activities supported by PEPFAR target OVC in high HIV prevalence areas to maximize synergies and economies of scale to achieve the greatest impact. To ensure a more comprehensive understanding of the needs of OVC and their families and better target responses, activities support the National OVC Action Plan. As in FY 2009, the FY 2010 overall goal of the USG's OVC programming is to improve protection, care, and welfare of OVC through a coordinated response. In FY 2010, efforts to reach these goals will be strengthened as OVC support is highlighted as one of four critical goal areas of the Partnership Framework. Strategies and activities aim to support the following National Action Plan objectives: increase access to a menu of services, increase community mobilization to prevent and support OVC, and ensure a political and institutional environment that enables protection as well as the provision of holistic OVC care. The USG will engage MINAS to develop OVC norms and guidelines which will facilitate the delivery of a comprehensive menu of services. Additionally, MINAS will be supported to develop the capacity building at both the central and provincial levels to manage data as well as coordinate, monitor, supervise and guide program implementation.
In addition, in FY 2010 there will be more targeted, branded outreach activities focused on prevention and access to care for street children and other at-risk youth groups. PEPFAR will primarily use HTC and prevention of mother to child transmission (PMTCT) services as a means to identify OVC for support.
In FY 2010, the initial year of the Partnership Framework, there will be a particular focus on continued support to OVC in Matadi, Lubumbashi, and Bukavu, with expansion to Kinshasa and Kisangani, to consolidate a holistic, needs-based approach which includes food and nutritional support, shelter and care, protection, general health care for OVCs including HIV+ children (excluding treatment and care relative to being HIV+), psychosocial support, education and vocational training, and economic opportunity/strengthening. For example, the University of North Carolina intends to identify children who are already receiving HIV care and treatment services at their PMTCT, TB-HIV, and HIV care and treatment program sites who would benefit from nutritional, educational, and psychosocial support and provide these services at the same sites at which the child receives care and treatment.

Quality assurance and monitoring systems, including use of the Child Status Index and OVC well-being tools, will be introduced in FY 2010 in USG-supported areas. IGA and nutrition activities will be strengthened for OVCs and their families, helping to ensure long-term care-taking. Technical assistance will be mobilized to support social protection and inheritance advocacy activities. OVCs will be provided with access to health services, including free consultations and referrals, school-fee waivers, and provision of educational materials to increase access to education, if needed.

Priority Actions
Support evidence-based strategic planning
The USG will engage MINAS and other stakeholders to develop a need-based comprehensive standard OVC assessment and response and roll out the Child Status Index and OVC well-being tools. The Child Status Index and the OVC well-being tools will track beneficiaries and quality of life improvements among participating OVC in USG-supported areas.

The 2007 Demographic and Health Survey was a key reference document for the recently completed OVC RAAAP and subsequent National Action Plan development. However, the lack of routine data

collection and analysis systems impedes the quantitative monitoring of implementation progress and related decision making at all levels. Also contributing to this problem is the lack of standardized program evaluation criteria to objectively assess best practices and cost-effectiveness for future program design. A key role for MINAS is to follow-up data collection, create a national database, and amass evaluative evidence to strategically guide future OVC investments including community-based insurance schemes, school enrollment approaches, family/community IGA, and volunteer mobilization.

Improve quality of programming
The Integrated HIV/AIDS program will provide technical assistance to ensure comprehensive, quality training on OVC service components as well as regular supportive supervision to volunteer OVC caregivers with the aim of achieving positive outcomes in child wellbeing. The USG partners will increase the measurement of outcomes. OVC support will be integrated with PLWHA support and prevention activities to achieve a holistic and solution-orientated approach.

Promote coordination of care at all levels
Weak or non-existent capacity and coordination/oversight mechanisms at the provincial level impede GDRC ownership and monitoring of OVC social services. To improve efficiencies and reinforce GDRC capacity, the USG will engage existing coordinating bodies, including the PNMLS and National OVC Task Force, to fulfill the key GDRC role to establish adequate structures, appropriate human resources, and effective systems to monitor and supervise OVC programs. A key role for the USG will be to provide technical assistance to strengthen capacity of the PNMLS and MINAS for improved OVC coordination and oversight at the national and provincial levels. In USG-targeted geographic areas, PEPFAR implementing partners will work closely with MINAS to foster integration and institutionalization of OVC activities into provincial social and health systems, including support to engage counterparts in activity monitoring to improve performance and results while building capacity. The strengthening of effective referral systems between facilities and communities and the coordination of home visitors and home-based care providers will be prioritized, and a multi-sectoral approach will be used to provide an effective mix of child-centered and family support services.

Address policy issues and strengthen national and local social service systems and related ministries
The RAAAP fostered the establishment of a permanent OVC management unit within the MINAS to oversee the implementation of the National OVC Action Plan. The USG will meet regularly with the OVC management group and other relevant GDRC structures to monitor the OVC-specific areas of the prevention policy reform agenda, the operationalization of the child protection law, which the President just signed into effect, and the National Action Plan - including implementation guidelines, quality care standards, and community engagement and the adoption of new or revised OVC policies.

Comprehensive Nutrition Services: Nutrition activities will be expanded to ensure dietary and nutrition assessment, counseling and monitoring, transitional/temporary nutrient dense/fortified therapeutic and supplementary food, and multi-micronutrient supplementation, as well as food security, livelihood assistance and related micro-finance (seed and tool fairs, individual and community gardening, animal banks, etc.) to promote positive living and self-reliance.

Address human resource needs
A major weakness restraining OVC services is inadequate human resources, especially at the provincial level, to implement the National Action Plan. Furthermore, this issue encumbers the GDRC's ability to accumulate experience and lessons learned needed to coordinate and promote the most effective approaches across various donor-supported activities. A gap analysis will be undertaken with MINAS at both central and provincial levels. Findings will inform the development of a capacity-building plan. The plan will support the OVC Steering Committee, the Department of Child Protection Services, and the Department of Research and Planning to refine national OVC norms and guidelines based on the new national strategy and the Action Plan.

Finally, civil society capacity is limited and needs development. The USG will play a key role to strengthen local non-governmental organization (NGO) and community capacity to plan, implement, and evaluate OVC activities through sub-grants. Local NGOs will be invited for training to prepare budgets and proposals, strengthening their technical and organizational skills. NGOs demonstrating their capacity and potential will be further trained in OVC technical approaches, budget, and administration to prepare them to manage local grants for selected HIV services and activities. Technical specialists, grants managers, and M&E specialists will accompany grantees throughout over the life of the Partnership Framework to ensure compliance and achievement of agreed-upon deliverables.

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	837,238	
PDTX	668,651	
Total Technical Area Planned Funding:	**1,505,889**	**0**

Summary:
Context and background
In the Democratic Republic of Congo (DRC), young children ages 0-4 years bear the burden of pediatric HIV infection. The UNAIDS Estimation and Projection Package and Spectrum analysis projected that in 2009, 109,250 children under the age of 15 were living with HIV, of which 41,603 needed anti-retroviral drugs (ARVs) and 227,542 needed cotrimoxazole (CTX) prophylaxis. In addition, 30,868 new pediatric HIV cases are projected in 2010. However, the need is significantly greater than the available services. In 2008, the National AIDS Control Program (PNLS) reported that 4,053 children received ARVs, a coverage rate of less than 10% (Antenatal Care Surveillance Report, 2008). Approximately 4,000 children were receiving CTX prophylaxis yielding a coverage rate of less than 2% (DRC Country Operational Plan, 2008).

Access and adherence to anti-retroviral therapy (ART) for HIV positive (HIV+) children can substantially mitigate the pediatric pandemic. Unfortunately, pediatric care and treatment in DRC is characterized by limited pediatric HIV expertise and scarce clinical and laboratory facilities for early diagnosis and monitoring of pediatric HIV. In addition, poor coordination and referral systems between prevention of mother to child transmission (PMTCT) programs and care and treatment programs result in lost opportunities for HIV prevention and early HIV treatment and increased risk for related complications. Other barriers to effective HIV pediatric care include:
• Procurement of ARVs, drugs for opportunistic infections (OI), and other HIV commodities for infants
• Low retention of children in clinical care following birth
• Malnutrition and ART dosing
• Cost and obtaining assent for HIV testing and disclosure to children
• Stigma, discrimination, and ill-treatment of HIV+ children by parents and guardians

In addition to the barriers mentioned above, cultural norms which establish women as the sole caregivers to the exclusion of men hinder the opportunity for a family-centered approach to reach HIV+ children.

The government of DRC (GDRC) depends on participation and support of all development partners, including the private sector, non-governmental organizations (NGOs), faith-based organizations (FBOs) and other bi- and multi-lateral partners in order to provide pediatric care and treatment services. The

Clinton Foundation (CF) provides pediatric ARVs, although there is some concern as to whether they will continue to focus on procuring pediatric commodities after 2010 as there are currently insufficient levels of pediatric ARVs provided to cover the needs described above. The CF also supports the transportation of Dried Blood Spot (DBS) samples used in early infant diagnosis (EID) from PMTCT sites to the PNLS National Laboratory, provides the necessary reagents, as well as training for field staff taking samples. The GDRC, with support from the GF round 7 and 8 grants, plans to support care and treatment activities through the provision of ARVs and will implement a new policy regarding EID for HIV-exposed children in order to improve access to care and treatment services.

The Partnership Framework approach to pediatric care and treatment services is the same as the approach for adult care and treatment services. PEPFAR, in collaboration with the GDRC and key stakeholders, including civil society and the private sector, will contribute to achieving national goals through the scale-up of quality services. However, before scale up can be achieved stock-outs of essential pediatric HIV commodities and the availability of nutritional support must be addressed.

Accomplishments in FY 2009
In Kinshasa, PEPFAR funds support for pediatric care and support services to HIV+ children and their first-line family members as well as community-based HIV support groups for families of infected children. With PEPFAR support, Kalembe Lembe Pediatric Hospital (KLL) is in the process of becoming a Center of Excellence intended to train teams of healthcare workers in the provision of pediatric care and treatment services. As previously mentioned, the lack of clinical pediatric HIV/AIDS management expertise is a critical gap to fill in order to scale up service delivery. Clinical care at KLL includes prevention and treatment of OIs and other HIV/AIDS-related complications including malaria and diarrhea. In addition, KLL provides access to pharmaceuticals, insecticide-treated nets, laboratory services, pain and symptom relief, and nutritional assessment and support including food. Non-clinical activities include:
• Support groups targeting HIV+ children and their families led by trained volunteers, who include persons living with HIV/AIDS (PLWHAs)
• Home visits and follow-up for those who miss appointments
• Assessments and promotion of adherence to ART regimens
• Linkages to available psychosocial services and instructions on home-based health care (psychological support (PSS) is provided on coping with illness and care-giving as well as the grieving process following the death of a family member)

PSS is focused on participant-centered support groups which provide opportunities for individuals to meet and discuss coping mechanisms with trained community outreach workers. Disclosure support is provided to parents or caregivers of HIV+ children and adolescents who receive counseling and support throughout the disclosure process. The USG-supported model of care is family-centered and is intended to serve as a model for new programs instituted across the country in order to attain pediatric care and treatment goals and improve male partner involvement and gender equity.

In collaboration with UNICEF and the CF, PEPFAR is providing technical assistance and support to the PNLS National Laboratory for the implementation of EID. UNICEF supports the cold chain system for reagents and CF provides training for field staff, EID reagents, and transport of DBS samples from the field. PEPFAR has previously provided the PNLS National Laboratory with two functional polymerase chain reaction (PCR) machines (EID-specific equipment) and trained laboratory technicians to process the backlog of EID specimens.

In FY 2009, PEPFAR expanded access to care and treatment services for children. A total of 1590 children were provided with various care and support services including PSS and nutritional support in Kinshasa. Of the 1590 children provided with care and support services, 52% were female and 48% male. Six-hundred and forty-seven children under the age of 15 were provided with ART, a 28% increase from FY 2008; of these 647 children, 49% were female and 51% male. In terms of nutritional support,

Plumpy'nut is being provided to severely and acutely malnourished children through an expanded partnership and other partners are providing daily breakfast to pediatric patients coming in for care at KLL. In FY 2009, KLL started serving as a reference and training site for pediatric HIV care and treatment for other providers, and PEPFAR will support KLL in the process of becoming a Center of Excellence that will offer training services and materials in the next year. PEPFAR strives to link exposed children identified at PMTCT sites to maternal and child health (MCH) interventions provided through USAID's rural health program.

Goals and strategies for FY 2010
In FY 2010, PEPFAR plans to continue supporting activities from FY 2009. Pediatric care and treatment services will follow the model that has already been established. At program enrollment, each patient will undergo a comprehensive baseline assessment including the collection of personal information, clinical examination, nutritional screening, TB screening, laboratory assessment and psychosocial evaluation. HIV disease staging by clinical assessment and CD4 testing will determine the schedule of routine follow-up visits for the patient. ARV eligibility will be assessed according to age and WHO recommendations. Patients will be seen every month for the first three months of participation and then every three months thereafter. Patients who are seen every three months will continue to be assessed by a nurse dispensarist who monitors weight, ARV dosing, and drug adherence by administering a questionnaire and comparing responses to a pill count which is tracked in a pharmacy database. Adherence will be monitored on a monthly basis. At each visit, counseling on treatment adherence will be conducted, along with toxicity assessment. Nutritional support will be provided to patients to ensure adherence, and providers will be trained in proper nutrition for pediatric patients on ART. Outreach workers will assist with patient tracking to improve adherence.

PEPFAR will provide technical support to the PNLS National Laboratory, which is now equipped to perform EID. PEPFAR pediatric care and treatment efforts will prioritize implementation of EID for early identification of HIV-exposed infants born from HIV positive mothers. The capacity to perform EID will help to assess the efficacy of mothers' and infants' prophylactic ART regimens. As well, for sick infants presenting without a direct connection to a known HIV+ mother, initiatives to identify potential HIV+ infants using clinical signs and symptoms who would be eligible for EID will be supported to reduce the number of missed opportunities for timely HIV diagnosis. The program will initiate ART for those less than 18 months of age to reduce disease progression and death in infants.

To help assure the sustainability of HIV services, PEPFAR plans to expand and improve the capacity of staff to adequately respond to increases in HIV service uptake through trainings, workshops and intensive supervision to assure an increased number of clients, adequate pharmaceuticals and laboratory supplies and other commodities through stock management and forecasting needs. In addition, activities will support increased efforts to support administrative and managerial record maintenance regarding services provided, personnel records including training conducted, and procurement records.

KLL provides a unique opportunity to leverage the increased EID capacity of the PNLS National Laboratory. KLL has a high caseload of pediatric patients because it currently serves as the main tertiary level institution for pediatric care and treatment in Kinshasa. MCH facilities at primary and secondary levels refer sick patients, including HIV+ patients, to KLL for appropriate care. In addition, opt-out testing for all hospitalized children was initiated in the past year, increasing the opportunities for HIV testing in general. The USG plans to benefit from this policy and the expanded capacity for EID for HIV-exposed children and suspected-HIV+ sick children referred from elsewhere in the health system.

As a means of concentrating pediatric care and treatment expertise in one location that can serve as a reference and resource for pediatric patients, health care professionals, paraprofessionals and community health workers in PEPFAR targeted areas, the USG is supporting the development of a Center of Excellence at KLL. At the Center of Excellence, which is centrally located in Kinshasa, clinicians will

consult with other HIV providers on their cases and provide expert opinion on clinical care management and best practices in pediatric ART treatment.

A flagship project of the Center of Excellence will be the creation and maintenance of a telemedicine system to allow consultation of expert clinicians outside of Kinshasa as well as to mentor and provide access to information to clinicians outside of Kinshasa. The project includes the creation of an internet-wired and better equipped conference room, which will also enable the center to host medical case conferences and host clinicians who are coming for preceptorship and mentorship opportunities. For example, staff from ten centers that currently provide pediatric services in Kinshasa will receive training in pediatric HIV services at the Center of Excellence. Concurrently, the centers will be equipped to provide HIV care and treatment to children referred from PMTCT and TB sites.

Linkages will be developed between USG funded primary health care activities and PEPFAR funded activities in order to develop a strong referral network for infants and children in need of care and treatment services. Children will also benefit from community based care efforts. Activities will strengthen civil society's capacity to engage and mobilize communities and PLWHA to deliver effective palliative and home-based care interventions and will work toward developing networks of PLWHAs through support groups to catalyze sustainable self-help activities and provide a comprehensive needs-based response. Responses will include focusing on strengthening PLWHA networks, savings and internal lending communities, vocational training, income-generating activities (IGA), livelihoods and gardening.

Support groups continue to be very popular and in great demand. Discussion topics include disclosure, financial problem-solving, staying healthy, positive prevention, self-esteem, and sharing experiences with others. Decentralization of community-based support groups will continue with FY 2010 funds.

FY 2010 funds will support the expansion of the Lubumbashi HIV/AIDS program to Kasumbalesa, Kolwezi, and Liksai through the Integrated HIV/AIDS Program, which will maintain a pediatric care and treatment component. These cities are located outside of Lubumbashi at the Zambia border along a major trucking route which starts in South Africa and travels north through Zimbabwe and Zambia into Lubumbashi through Kasumbalesa. Provider-Initiated Testing and Counseling and finger-prick techniques will continue to be implemented in HIV testing and counseling services using the family centered approach, and a functioning referral system will be established to increase access to comprehensive care and treatment for both HIV+ children and their parents.

Overall, FY 2010 funds will sustain a more comprehensive program and improve care services as articulated by the DRC Ministry of Health, which envisions comprehensive health care at the site level and linkages to strengthen the continuum of care between health facilities and the communities that they serve. PEPFAR will continue to coordinate with Global Fund to Fight AIDS, Malaria, and TB and the CF to fill gaps in the existing package of services available, paying particular attention to pediatric ARVs and laboratory services.

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	2,909,957	
Total Technical Area Planned Funding:	**2,909,957**	**0**

Summary:

Context and Background
In certain geographic areas of the Democratic Republic of Congo (DRC), up to 88% of women access antenatal care services; however, prevention of mother to child transmission (PMTCT) and counseling and testing services are minimal to nonexistent in many parts of the country. There are only 512 facilities which offer PMTCT services to pregnant women across a very large country of 66 million people. Of these 512 PMTCT sites, the majority of them are located in 228 health zones out of 515, leaving more than 50% of health zones without PMTCT services. Furthermore, in sites with existing PMTCT services, frequent stock outs of supplies occur and services are not offered consistently due to limited financial and human resources.

The 2007 EPP-Spectrum model estimated that 141,500 HIV+ women in DRC delivered 42,450 children infected through mother to child transmission (MTCT). In 2007, despite the estimated 134,000 women in need of services, the National AIDS Control Program (PNLS) estimates that only 1, 776 (1.4 %) HIV positive pregnant women and 1,790 (1.2%) of newborns received Nevirapine (NVP). In the 2008 ANC Surveillance survey, nine of the 31 sentinel sites offered PMTCT services. Data from the same nine PMTCT sites will be captured in the 2009 ANC surveillance survey; however, the majority of these sites are only able to intermittently offer PMTCT services or testing and counseling (TC) programs for the reasons mentioned above. The Demographic and Health Survey (DHS) 2007 data show that 28% of all deliveries take place at home (of which 72% received no antenatal care), with 50% of women giving birth at a public facility and 21% giving birth at a private facility. Also related to MTCT, 55% of women and 53% of men know that HIV can be transmitted by breastfeeding, and 14% of women and 15% of men know that the risk of MTCT can be reduced by taking anti-retrovirals (ARVs) during pregnancy.

Program coordination is critical to ensure that families receive a continuum of care. The USG supported PMTCT program collaborates with other partners to address infants who become infected. The Clinton Foundation is working in the seven largest Congolese cities to implement a pediatric AIDS program with a target of enrolling all HIV infected children on ART by the end 2010. The USG will partner with the Clinton Foundation to provide a continuity of care for pediatric AIDS cases. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) is providing support to PMTCT in 193 of the planned 300 PMTCT sites nationwide using Round 3 funds and increased efforts to scale up are expected from the approved Round 7 and 8 funding. USG partners are working to ensure continuity of services to Kinshasa's largest maternities. UNICEF is a key PMTCT partner, providing direct support to the PNLS for the dissemination and the implementation of the new PMTCT protocol. In health zones where the USG is implementing the Ministry of Health (MOH)'s primary health care package, the prevention activities are integrated to ensure access to comprehensive services such as malaria prevention care and treatment, maternal and child health, as well as family planning and immunization services. The USG intends to support national scale-up in currently supported geographic areas through the mechanisms described under "goals and strategies for the coming year," which are based on the Partnership Framework Implementation Plan (PFIP).

There are significant barriers to scaling up the PMTCT program which include: low uptake and poor quality of ANC services, limited access to rural facilities, lack of trained human resources in services, unreliable supply chains, fragmented and inefficient collection of essential data, stigma, reluctance to test, non-return, loss-to-follow up, and women's inferior legal and cultural status. In Kinshasa alone, where access to health facilities is better than in most areas of the country, 40% of HIV positive women do not return to maternity wards for delivery. Still maternity wards are overburdened and HIV test results are not provided the same day as the test. Challenges at the program level include lack of involvement of male partners, insufficient follow-up of and support to HIV positive mothers and their infants, disclosure among partners, and poor psychosocial support to HIV positive and discordant couples. Insufficient nutritional support for the mother and her infant, especially after weaning at six months pose additional programmatic challenges.

Funding constraints inhibit PEPFAR PMTCT activities in several ways, such as not procuring ARVs. Although GF and the Clinton Foundation supply ARVs, weak supply chain systems and delays in GF disbursements cause frequent stock-outs of ARVs. PMTCT sites are often limited in the services they can provide due to shortages of ARVs. This will continue to be challenging as programs switch from the single-dose Nevirapine (NVP) protocol to the complex ARV regimen recommended by the World Health Organization. Per the PNLS recommendation, every new PMTCT site should implement the new policy and the previous sites using NVP will progressively change to the new protocol. Originally, the PNLS provided single-dose NVP for mothers and infants free of charge through Axios International. The new protocol assumes that the prescribed complex ARV regimen for mothers and infants will be provided through GF, though they do not deliver ARVs to all PMTCT programs. Relying on other donors to provide ARVs in DRC also presents an obstacle to the scale-up of PMTCT programs due to the lack of reliable supply chains. Additionally, limited funding prevents PEPFAR from scaling up direct relief of the financial barriers women experience when accessing PMTCT services, such as the cost of delivering at a maternity.

Accomplishments in FY 2009

The PNLS has prioritized the scale-up of PMTCT and aimed to provide universal access to PMTCT with anti-retroviral therapy (ART) services for pregnant women by 2009. This goal was revised because only 5% of eligible pregnant women have access to PMTCT services (2008 ANC report). The GDRC, with support from its partners, held an interagency team visit in 2009 (WHO, USG, FHI, UNICEF, etc.) to assess the status of the PMTCT implementation scale up plan and to develop a feasible work plan to address the bottlenecks. The PNLS is leading the follow-up activities based on recommendations made during the visit through the PMTCT technical working group. Efforts are currently underway to scale up the number of PMTCT sites throughout the country, focusing initially on current ANC sites and anticipated ANC sites where PMTCT services do not currently exist. The goal is to integrate all national ANC sites with PMTCT services over time.

The USG and UNICEF supported PMTCT policy reform efforts by collaborating with the PNLS to update national PMTCT guidelines, promote comprehensive services that include primary prevention for women of reproductive age, prevention of unwanted pregnancies for HIV positive women, prevention of HIV infection from mothers to newborns, treatment and care for HIV positive mothers, infants and family members, including the provider initiated testing and counseling (PITC) and the revision of the National PMTCT Protocol from single dose NVP to ARV combination therapy for HIV positive mothers and their new born babies. In 2010, efforts will be focused on the dissemination of the new policy. Finally, with USG support the new HTC guidance was revised and includes a PMTCT counseling component.

In 2009, the USG continued to support PMTCT programs in DRC through expanding PMTCT activities in Kinshasa. The main objectives of the expanded PMTCT activities were to provide support to improve access to PMTCT services in 40 USG-supported rural health zones. Furthermore, the USG supported 130 PMTCT sites in rural health zones and 36 sites in Kinshasa, providing 98,333 pregnant women with HIV counseling and testing and their results, 923 women with ARV prophylaxis, and 356 pregnant or lactating women with food and nutritional supplementation. All of the 36 sites in Kinshasa are now using rapid testing as the preferred method for HIV testing, increasing the percentage of pregnant women and their male partners receiving test results.

Major weaknesses in routine ANC were identified in a survey of 18 ANC clinics in Kinshasa in 2003. Therefore, PMTCT is integrated into an approach which promotes ANC through a minimum package of services including appropriate management of pregnancy-related complications; TB screening and case management; sulfadoxine-pyrimethamine for presumptive malaria treatment and promotion of insecticide treated bed net use; tetanus vaccinations; routine iron and folate supplementation; and family planning counseling. Health workers also received training through a "training of trainers" program including two leaders of support groups on nutritional care and food security for people living with HIV/AIDS (PLWHA).

HIV positive women from the participating maternities are encouraged to join one of the psychosocial support groups connected with this program. The support groups meet monthly, and cover a variety of topics such as: the importance of seeking and receiving support, the differences between being HIV positive and AIDS, food security, nutritional needs of people living with HIV, adherence to treatment, personal well-being while living with HIV, and other issues that are brought up by the members.

Goals and strategies for FY 2010
In the Partnership Framework, the USG committed to providing comprehensive PMTCT services aimed at reducing vertical transmission and achieving the national goal to reduce the number of new adult and infant HIV infections from 181,000 per year in 2009 to 90,500 per year by 2014. The national goal is to prevent an estimated total of 253,400 infections over five years. In 2010, PMTCT will be strengthened and expanded to increase the uptake and referral of pregnant women eligible for ART services provided by GF. The USG will mobilize state-of-the-art PMTCT technical assistance to ensure quality HIV testing and counseling within the context of quality ANC, safe delivery, postnatal care, including sexually transmitted infection (STI) and cervical screening, and family planning. Linkages will be strengthened between PMTCT, HTC and care and treatment, as well as promotion of increased male involvement in partner testing at PMTCT sites. Furthermore, the USG has started to ensure that HIV programs, such as PMTCT and TB-HIV are integrated into the maternal and child health (MCH) portfolio.

In FY 2010, two new programs will begin to provide PMTCT services in addition to the existing PMTCT activities. The new programs will focus on an integrated HIV/AIDS approach in South Kivu (Bukavu-Uvira), Bas-Congo (Matadi-Boma), Katanga (Lubumbashi, Kasumbalesa, Likasi, Kipushi, Kolwezi) transport corridors, and expand to Kisangani in the Province Orientale. In Kinshasa, new activities will complement existing services by targeting clinics sponsored by private companies rather than public or faith-based facilities.

Evidence based strategies to overcome barriers to uptake of PMTCT services at all levels of care will be developed and implemented. Maternity services will be improved to care for HIV-positive women identified during pregnancy, delivery, and post-delivery. PEPFAR will support the transition to the new triple therapy protocol where feasible and appropriate. Counseling and rapid testing at labor and delivery for women of unknown sero-status will be strengthened. Most importantly, in order to decrease financial barriers to delivery at maternities, the USG will cover the costs of delivery for HIV-positive women.

Implementation of CD4 testing at ten ANC care sites before referral to care and treatment centers is also planned for FY 2010, with the hope that a decentralized approach to CD4 testing and a strengthened counseling approach will improve referral uptake. Counseling and education will include a motivational interviewing approach, and will build on existing education modules used in the clinics. Nurses, physicians and midwives will be trained on the rationale and importance of CD4 collection, and taught the motivational interviewing approach. The support groups will also be used to bridge some of the continuing barriers to care seeking that were identified: denial, fear of stigmatization, fear of disclosure to partner and family, cultural norms that discourage a woman from traveling far from home with a child less three months old. Since lack of money for transport was identified as a barrier, a bus transportation stipend to eligible patients might be provided.

Gender is a fundamental component in the PMTCT program and women will be able to access gender-sensitive care and support services. With the newly established PNLS Early Infant Diagnosis program supported jointly by PEPFAR, UNICEF and the Clinton Foundation, infants will be followed up to ensure identification of HIV-exposed infants for testing and ongoing care including opportunistic infection prophylaxis. Loss of mother-baby pairs will be reduced by reinforcing the importance of follow-up at the facility during counseling at maternities, strengthening existing internal and external referral networks, developing tracking systems for mother-baby pairs who are absent for follow-up visits, and conducting

counselor-led home visits. These actions will foster the integration of mothers and infants into support programs.

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	1,790,461	
HVOP	3,329,701	
Total Technical Area Planned Funding:	**5,120,162**	**0**

Summary:
Context and Background
According to the 2007 Demographic and Health Survey (DHS) and the 2008 Antenatal Care Surveillance (ANC) report, the Democratic Republic of Congo (DRC) has a generalized HIV/AIDS epidemic. However, recent data reveal areas of high prevalence in various hotspots across the country. The 2007 DHS estimates that the HIV prevalence in the general population is 1.3%, with higher prevalence among women (1.6%) and in urban areas (1.9%). ANC data, collected annually since 2004, suggests that HIV prevalence is rising across the country with rural rates (4.6%) surpassing urban rates (3.7% in Kinshasa and 4.2% in other urban areas). ANC data from 2008 reveals an HIV prevalence of 4.3% among pregnant women with prevalence as high as 8.7% in urban Kisangani (Oriental Province) and 16.3% in rural Kasumbalesa (Katanga Province).

DHS 2007 data shows that prevalence is higher among women (1.6%) than men (0.9%). For women, those who are the most educated and wealthiest are at greatest risk (3.2% and 2.3%, respectively); widowed women have the highest prevalence (9.3%). While nearly all women and men have heard of AIDS, only 15% of women and 22% of men 15-49 years of age have complete knowledge of HIV/AIDS transmission and prevention methods. The 2008 ANC data shows that HIV prevalence is highest among educated women (4.3% versus 3.4%) but no difference based on wealth. ANC data also shows higher prevalence in united couples (4.4%) versus separated couples (3.4%). Differences in DHS and ANC estimates are typical due to the different populations sampled; overall, these data suggest that the epidemic may be evolving with three key trends: 1) the number of infected women is increasing; 2) the epidemic is spreading to rural areas with highest prevalence rates among pregnant women in Kasumbalesa, Neisu, Lodja and Kasongo; and 3) the majority of new cases are diagnosed among people less than 15 years of age. It is increasingly evident that although the DRC is classified as a low prevalence country, there are concentrated epidemics in geographic 'hotspots' and among specific sub-populations throughout the country. The provincial capitals of Kasai Oriental, Katanga and Kinshasa show prevalence rates among commercial sex workers (CSWs) of 24.5%, 23.3% and 18.4%, respectively. According to the 2008 situational analysis for HIV strategic planning by the National Multisector AIDS Program (PNMLS) and the 2008 HIV prevalence study among DRC Armed Forces (FARDC), uniformed women are twice as vulnerable as their male counterparts.

Many hotspots are in areas where higher risk populations often congregate: border crossings, transport corridors, ports, and regions with a large military presence. The National AIDS Control Program (PNLS) reports that HIV prevalence among commercial sex workers is 16.9%. Nationally, truckers have 3.3% prevalence, but in Katanga (a USG focus province), long-haul truckers from southern African countries have 7.8% prevalence. The need for increased surveillance of hidden, high-risk populations remains; improved surveillance would facilitate resource targeting and effective responses to the epidemic. Although there is limited surveillance data on high-risk groups, behavioral data supports a strategic focus

on prevention with high-risk groups. Working with high-risk populations helps the USG assure measurable impact on prevention in a resource-limited environment.
Multiple, concurrent sex partners are common. The Behavioral Surveillance Survey Plus (BSS+) indicates 37.3% of truckers reported having sex with non-regular, non-cohabitating partners in the past 12 months. Miners are another high-risk group with 55% reporting two or more sex partners in the last 12 months. Among the military, 32.9% report two or more sex partners in the last 12 months. HIV prevalence rates among street children are unknown; however the proportions with multiple partners are shockingly high: the BSS+ survey revealed that 75.1% of street boys and 81.1% of street girls report two or more sexual partners.

Rates of exchanging sex for money are high, while rates of condom use are relatively low. About half of transient men surveyed said they had paid for sex in the past year. Condom use is low, with 26% reporting condom use during the last sexual encounter with a CSW, 14% with occasional partners, and 4% with regular partners. Among truckers, condom use with non-regular partners is nearly 45%, but condom use with regular partners remains under 10% for both groups. The BSS+ survey reports that 72% of CSWs acknowledged using a condom with their last client. According to the military survey, the use of condoms with occasional partners is 32.3%.

Women and girls represent 53% of all HIV infections in DRC. Gender inequities, war, and instability have resulted in widespread rape, sexual violence, and abuse. According to USG supported primary health care projects, the level of violence against women in eastern DRC is estimated to be around 20% of women and may be linked to overall gender norms in Congolese society. Addressing male norms, behaviors towards women, gender-based violence, and social norms related to multiple, concurrent partnerships and transactional sex are key priorities for preventing new infections.

Among youth, 61% of young women and 56% of young men between 15-24 years of age have had sex before their 18th birthday. Of young women between 15-24 years old, 35% report having had high-risk sex in the past year; only 17% reported using a condom. Among young men, 82% reported having had high-risk sex in the past year and of those only 27% used a condom. Cross-generational sex is cited as a common occurrence in DRC with 13% of girls between 15-19 years of age reported having sex in the past year with a man ten or more years older. Prevention programs in general lack adequate investment and coverage. BSS data indicates a need for increased attention to high-risk behaviors in the general population. Key priorities include promoting the delay of sexual debut, reducing multiple and concurrent partners, and addressing other social norms that increase HIV risk.

All PEPFAR programming complements the Government of DRC (GDRC) and other donors' interventions at national and provincial levels. USG sexual prevention activities support the health sector PNLS Plan for 2008-2012 and the PNMLS Plan for 2010-2014. The PNLS Plan's first strategic axis is to reduce transmission of sexually transmitted infections (STIs) and HIV, and both the PNLS and PNMLS five year strategies have established ambitious goals to reduce HIV and mitigate its impact. The GDRC Poverty Reduction Strategic Plan also highlights quality HIV interventions as a clear agenda item. The Department of Defense (DOD) through an initiative of the Defense Institute of International Legal Studies (DIILS) and the DRC Ministry of Defense (MOD/DRC) are hosting training sessions for FARDC personnel on military justice with a special emphasis on gender based violence (GBV). This contributes to the implementation of the GBV and anti-trafficking law recently signed by the President of the DRC. In addition, PNMLS is developing a condom policy, a prevention policy and a communication strategy.

USG funding complements and leverages other donors' investments. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and the World Bank Multi-country HIV/AIDS Program (WB/MAP) support USG partners working with high-risk groups and behavioral change communication (BCC) partners. The GF supports STI drugs, condoms, mass media strategic messaging campaigns, prevention for positives, discordant couple's activities and HIV counseling and testing (HTC). The programs target sex workers,

truck drivers, prison populations, youth, and people living with HIV (PLHIV). UN agencies are targeting most at-risk populations (MARPs) with prevention messages and provision of condoms along major transportation corridors. WB/MAP is supporting a comprehensive prevention package similar to the GF in their designated health zones, including mass media campaigns, peer education and condoms. The USG also works with the Department for International Development (DFID) on their BCC programming in Kinshasa.

Accomplishments in FY 2009
With prevalence and behavioral data delineating prevention needs among high-risk groups, the USG will continue to target persons engaging in high-risk behavior for prevention efforts. In FY 2009, much of the programming focused on disseminating balanced prevention messages that focused on both Abstinence and Being Faithful (AB) and other prevention (OP) as well as discussing social norms that increase the spread of HIV. The USG BCC programming being implemented in Matadi, Bukavu and Uvira, Lubumbashi, Mbuji-Mayi and Kinshasa has worked to promote, supply, and socially market condoms. BCC components have increased the adoption of safer sexual behaviors. These programs targets young adults (15-24 years), sexually active adult men and women in the general population (24-49 years), MARPs (CSWs, and other high-risk populations identified in DRC such as truckers, military & police, miners, mobile populations) and PLHIV. They focus on: 1) promoting primary and secondary abstinence; 2) partner reduction and fidelity; 3) risk reduction; 4) increasing condom use; and 5) HTC promotion. Social marketing efforts have linked prevention with testing and counseling by increasing HTC promotion, motivating one to know their sero-status.

In FY 2009, the USG also began implementing an Integrated HIV program which uses an innovative strategy and approach "The Champion Community model." This model, adapted for the DRC context, helps communities set and meet prevention objectives in line with their own priorities. It enables programming to be responsive to the unique risk factors in the USG geographic focus areas and allows for adaptation and targeting of MARP communities in each area by increasing both the awareness, adoption of safer sex practices, and uptake of services. This approach is also unique in that it empowers and motivates communities to prevent sexual transmission.

Through HTC, PMTCT, and home-based care programs, the USG is also expanding prevention programming for discordant couples. The USG will continue to support a pilot training in couples HTC, which follows-up discordant couples. In FY 2009, efforts began to ensure that prevention programming is appropriately integrated with orphans and vulnerable children (OVC) activities, as many OVCs are high-risk youth in need of comprehensive prevention services. Finally, other non-health USG programs implement in common geographic areas such as the USAID-funded social protection program that aims to reduce the number of separated and abandoned children as well as assist victims of GBV in eastern DRC. PEPFAR is leveraging these programs by sharing best practices, tools, lessons learned, coordinating to avoid overlap to achieve greater coverage and impact with limited resources.

USG Public Diplomacy's Congo American Language Institute, has trained 700 secondary school English teachers from five cities in HIV/AIDS awareness. These teachers will reach 350,000 students. The USG also drew in top Congolese musicians to create a music CD and related documentary entitled "ABCD-Nothing but the Truth") and sparked much needed public dialogue on HIV/AIDS.

Beyond the focus cities, the USG has also increased access to a toll-free HIV/AIDS Hotline for HIV information and referrals. Trained hotline counselors answer questions and discuss personal risk reduction strategies. The hotline receives 40,000 calls per month. The USG has also accomplished expanded outreach to Congolese military personnel and their families through community outreach and MVUs. Programming has focused on peer education programs to promote reduced sexual coercion including GBV, reduction of sexual partners, correct and consistent condom use, transactional sex, and alcohol and drug abuse. These programs have also been linked to the USAID funded activities and have

leveraged WB/MAP and GF activities for care and treatment services as appropriate.

Key weaknesses that have complicated the provision of HIV prevention services include: supply chain breaks which constantly disrupt service delivery; inadequate human resources for health; limited GDRC ability to expand and sustain basic health services in the provinces; limited stakeholder coordination; and lack of quality strategic information systems. More behavioral surveillance studies and operational research are needed to better identify and target most-at-risk populations, and inform strategy and messaging. The last key challenge is that weak civil society and social taboos limit opportunities for organizations to engage in community dialogues around harmful social norms and risky behaviors.

Goals and Strategies for FY 2010
Given the limited funds for prevention in DRC and the prevalence and behavioral data presented above, the USG will continue to prioritize targeted, comprehensive prevention programs among high-risk behavior groups, with a secondary focus on youth and the general population. FY 2010 programming will strive to continue and enhance collaboration with the GDRC and other donors to facilitate the expansion of accomplishments discussed above and to implement the Partnership Framework goals.

FY 2010 funds will continue to provide services to MARPs and other high-risk groups with expansion of behavior change communication and social marketing of condoms to Kinshasa and Kisangani. In addition, the USG will make adjustments based on results of FY 2009 targeted research to better address emerging high risk groups.

The USG will assess results of "Nothing But the Truth" to develop a more robust BCC integrated mass media program. Integration of HIV behavior change with English training will continue and more youth in school will be reached through a music CD and TV series. FY 2010 funds will support training of journalists to better report on sexual prevention issues and will continue to support the HIV Hotline and update the referral directory service. DOD prevention programs will be expanded to extend the reach of behavior change messages and address GBV and alcohol abuse among the military. DOD aims to increase personal risk perception and improve access and use of condoms among military personnel and their families in conjunction with increased access to HTC. Training master trainers and peer educators will achieve these objectives through "troop level" prevention education and BCC. Finally, the USG will continue to support the GDRC in its efforts to roll out and implement new national strategies and further advance strategic documents under development including the condom policy, prevention policy and the communication strategy.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	1,546,919	
Total Technical Area Planned Funding:	**1,546,919**	**0**

Summary:
Context and Background
Implementing HIV/AIDS programs in the Democratic Republic of Congo (DRC) is challenging due to the poor quality and availability of strategic information (SI), including current data. The DRC's sheer size, approximately equal to the United States west of the Mississippi River, coupled with limited transportation and communications infrastructures pose major logistical challenges for any data collection and associated quality monitoring. Furthermore, conflict and insecurity have interrupted SI activities over the past two decades and contributed to the deterioration of SI systems and human capacity throughout the

country. Nevertheless, there is slow and steady progress as the government of DRC (GDRC) is emphasizing the need for SI and many of the line ministries have developed objectives and national plans to address inadequacies. The most notable plans are:
• The Ministry of Health National AIDS Control Program (PNLS) 2008-2012 strategic plan for HIV/AIDS
• The National Multi-sectoral AIDS Program (PNMLS) 2010-2014 multi-sectoral HIV/AIDS strategic plan
• The Ministry of Social Affairs (MINAS) 2010-2014 National OVC Action Plan
• The Partnership Framework (PF), which is structured around the goals of these national strategic plans and will contribute to the national targets.

Since 2004, Antenatal Care Surveillance (ANC) has been completed annually, and data from 2004-2008 are available. The first Demographic and Health Survey (DHS) was undertaken and published in 2008 with the help of several donor agencies, although the GDRC prefers to use the ANC data because ANC data typically indicate a higher prevalence, which may be partially attributable to changing nature of the epidemic as well as the nature of the survey methodology. A mapping of HIV services nationwide was undertaken from 2006-2007 by the Kinshasa School of Public Health (KSPH). A Behavioral Surveillance Survey (BSS) was done in 2005-2006, and two more Behavioral Surveillance Survey Plus (BSS+) are planned in the next four years, alternating with special studies for most-at-risk-populations (MARPs) and other sub-populations for which relevant data are needed.

Monitoring and evaluation (M&E) capacity needs improvement, at both the national and local levels. The World Bank Multi-Country HIV/AIDS Program (MAP) is entering its last year and funds available to support the PNMLS are beginning to taper off. Therefore, the capacity of the M&E unit of the PNMLS to support its current staff and carry out the current portfolio is reduced. In addition, the above-mentioned mapping activity indicated a low capacity to collect, manage, and use data for program decision-making, especially among local community organizations. The PNMLS developed an M&E plan several years ago; however, this plan was not implemented due to lack of funding.

Currently, there are several disparate and disconnected HIV/AIDS health management information systems (HMIS) housed within implementing partners or sub-partners. No single system exists to aggregate and then analyze the data submitted from various partners at decentralized levels. Consequently, it is difficult to accurately report on existing HIV/AIDS programs and design new evidenced-based programming. In order to achieve one national, agreed-upon M&E system (one of the "Three Ones"), PEPFAR provided funding for technical assistance for the UNAIDS Country Harmonization Alignment Tool (CHAT) exercise and serves on the steering committee charged with implementing the CHAT protocol.

Accomplishments in FY 2009
In FY 2009, SI had several important successes. In pursuit of the "Three Ones," PEPFAR began the process of developing a national, agreed-upon M&E system, which includes a centralized web-based database that will be used by all stakeholders nationally to store data that GDRC, PEPFAR and other major donors can extract for their specific use. The Information Technology (IT) infrastructure that will be installed will provide online availability of validated data. Authorized users and decision makers will use various software interfaces to access the system and store, retrieve, aggregate, report, monitor or analyze HIV validated data. This system will allow for harmonized data to be reported in a timely manner. Currently, the contract to solicit bids for this project is being finalized with input from the PNMLS, the PNLS, and the PNMLS-managed SI working group. The system database will include indicators drawn from PEPFAR Next Generation, PNLS, and PNMLS indicators. A contract is expected to be awarded in the second half of FY 2010, and a data management specialist was hired to support this effort. PEPFAR will house the system for the first few years before physically moving the hardware to a government institution.

PEPFAR continued to support KSPH's Center for HIV/AIDS Strategic Information (CISSIDA) to

strengthen national HIV/AIDS information coordination, collection, and use in FY 2009. CISSIDA provides SI technical assistance and training to national institutions such as the PNMLS, the PNLS, the National Blood Safety Program (PNTS), the National TB Control Program (PNT), local organizations, and international partners. The KSPH organized six M&E trainings in Kinshasa, Bukavu, Goma, Mbuji-Mayi and Lubumbashi. The training content included the guiding principles in M&E, indicators, data management software, and SI methods. One-hundred fifteen people were trained through this mechanism.

Finally, PEPFAR supported the 2008 ANC survey conducted by KSPH. Data were collected from 31 sites nationwide, and results were recently published. There were 465 people trained in surveillance as a result of the survey. The protocol for the 2009 ANC survey has been submitted to CDC/Atlanta and KSPH, and data collection will most likely begin in January 2010. Overall in FY 2009, 2,000 local organizations were provided technical assistance and 888 individuals were trained (PEPFAR Annual Progress Report, November 2009).

Goals and strategies for FY 2010

The Partnership Framework Implementation Plan (PFIP) sets out a five-year SI strategy to evaluate PF activities and commitments based on indicators and targets drawn from the PNMLS and PNLS national strategic plans. This SI strategy relies on a combination of program evaluations, public health evaluations, policy evaluations, monitoring of programs and policies, and different types of surveillance surveys in order to assess the progress of the PF. A PEPFAR National Steering Committee will be established under the PNMLS to monitor the implementation of the PF and evaluation plan. The Steering Committee will also review project reports and other assessments including BSSs, Knowledge, Attitudes, and Practices Surveys, and the annual national ANC survey.

In FY 2010, PEPFAR will continue to promote SI as a foundation for planning and coordinating the national HIV response by identifying the following: epidemiologic priorities via ANC surveys, BSSs, the AIDS Indicator Survey, targeted studies and the DHS survey; geographic distribution of HIV service sites by mapping exercises; quality and coverage of HIV service delivery via a national M&E reporting system; and performance issues with HIV services and implementing partners' performance via special studies.

PEPFAR and the GDRC, in collaboration with other stakeholders, will work toward furthering a common research agenda and developing a system to coordinate strategic information. The PNLS and PNMLS strategic plans identified priority research areas that will encompass the evaluation of program impacts and operations.

Anticipated research includes the following: behavioral determinants of the most vulnerable groups to HIV/AIDS and the best communication channels and strategies to use in interventions, cohort monitoring and analysis, and research on ARV resistant strains of HIV, antibiotic resistance, and treatment adherence.

Additionally, the PNLS outlined the need to determine a methodology for identifying MARPs in DRC. The current annual surveillance tool, the ANC survey, does not adequately capture this information, although it is informative in providing a broader perspective on the epidemic. Once the research agenda for MARPs is clarified, small studies can be developed that will further inform effective programming. In FY 2010, PEPFAR will work with the GDRC to support these research priorities when possible and will prioritize assisting the GDRC to create a central database into which data from completed research can be entered. Research will be complemented by ensuring that care and treatment algorithms are structured to reduce the likelihood of antibiotic resistance and that all programs are planned with an evidence base.

As part of the Integrated HIV/AIDS program, MINAS and civil society partners will be trained in and roll-out the Child Status Index and other tools that measure the well-being of Orphans and Vulnerable

Children (OVC) in USG-supported areas. These monitoring tools will track beneficiaries and quality of life improvements among participating OVC. These field-tested instruments are easy-to-use tools that assess children's needs along all PEPFAR dimensions, monitor improvements and track overall child well-being, and identify areas of concern to inform program implementation.

At a program level, PEPFAR partners have several evaluations planned for FY 2010 in addition to the standard monitoring and evaluation of program activities. These evaluations will address the training of HIV professionals on pediatric HIV/AIDS care and treatment, training of TB healthcare workers on TB/HIV co-infection activities, and the effect of distributing Spirulina micro-algae to TB/HIV co-infected patients. The results of the evaluation of the training of TB health workers in TB/HIV co-infection activities will help guide the transfer of responsibility for these activities from PEPFAR and USG partners to national and provincial programs.

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	2,629,744	
Total Technical Area Planned Funding:	**2,629,744**	**0**

Summary:

Context and Background

The Democratic Republic of Congo (DRC) ranks tenth among the world's 22 high-burden TB countries and 4th among those in Africa. The estimated incidence of TB was 392 cases per 100,000, according to the World Health Organization (WHO) Global TB Control Report, 2009. The National TB Control Program (PNT) reports a national TB case detection rate of 69% and a cure rate of 83% (2008). The proportion of all TB cases with multi-drug resistance (MDR) is estimated at 2.8% (Global TB Control WHO Report, 2009). The UNAIDS Estimation and Project Package (EPP) and Spectrum analysis estimates that there are 131,400 HIV-TB co-infected individuals. HIV prevalence in adult-incident TB patients was 17% in USG-supported clinics in Kinshasa. Throughout the country, the PNT has a network of about 1339 TB diagnostic and treatment centers (CSDT) equipped with mycobacterium microscopy and trained providers to administer Directly Observed Therapy-short course (DOTS). CSDTs counsel and test clients for HIV if they are properly equipped in accordance with the new Provider Initiated Testing and Counseling (PITC) protocols. HIV positive (HIV+) individuals are provided with cotrimoxazole (CTX) prophylaxis and referred for follow-up care and treatment services.

In all HIV care and treatment sites, it is expected that HIV+ patients will be screened for TB using a checklist jointly developed by the PNT and the National AIDS Control Program (PNLS). Suspected TB cases are referred for diagnosis and treatment if those services are not co-located. Cascade training will facilitate dissemination and use of the checklist among health care providers.

Collaboration between the PNT and the PNLS remains challenging, and many TB and HIV services continue to be separately administered. Healthcare providers refer patients; however there is limited or no follow-up to verify if patients are accessing services. The USG supports joint activity planning, coordination meetings, trainings, and supervision visits to strengthen collaboration and referrals. Additionally, the USG supported the development and adoption of the TB-HIV management guide and service provider training module. Another challenge to service delivery is ruptures in supply chains and the lack of anti-retroviral drugs (ARVs) and other commodities.

Due to gaps in the implementation of DOTS, Isoniazid Preventive Therapy (IPT) has not yet been

adopted by the PNT. With TB earmarked funds, the USG is supporting intensified case finding in Kinshasa and upgrades to the Lubumbashi regional mycobacterium culture laboratory through the WHO. The USG continues to support capacity building with the PNT, a comprehensive service package for MDR TB case management, TB infection control, operational research, and community mobilization of former TB patients in underperforming areas of East Equator, South Kivu, Maniema, and the East and West Kasai provinces.

Accomplishments in FY 2009
In FY 2009, the USG supported the national TB response on many levels. Funds were used to provide technical assistance and build the capacity of the PNLS and the PNT to coordinate TB-HIV activities. Through the TB Control Assistance Program (TB CAP), PEPFAR worked to strengthen coordination of TB-HIV activities at the national and provincial levels. Prioritized activities included:
• Implementation of the TB-HIV strategic plan,
• Development of a joint annual PNT-PNLS operational plan with joint supervision and joint annual reviews
• Development and adoption of the TB-HIV management guide and service provider training module
• Continued support for the development of TB-HIV counselors
• PITC for TB patients in CSDTs; management of HIV-TB patients, case identification among persons living with HIV/AIDS (PLWHA), management of opportunistic infections (OI), and referrals.

In FY 2009, PEPFAR supported the provision of TB-HIV services in 17 CSDTs in Kinshasa through the Integrated TB Anti-retroviral Treatment (ITART) program. At these USG-supported CSDTs, HIV counseling and testing services are offered and co-infected individuals are provided with CTX prophylaxis, CD4 screening, clinical staging, ARV initiation, and psychosocial support (PSS). All TB-HIV co-infected patients are referred to a PSS group, where they can receive information regarding treatment adherence, nutritional management during common illnesses (such as diarrhea and vomiting), and HIV transmission prevention methods. Home visits are made in the ITART program to strengthen and monitor adherence and to link and refer family members into the program. At the completion of TB treatment, patients are either referred to an ART clinic or continue to receive ART at a USG-supported CSDT. Refresher training courses regarding issues specific to co-infected patients are held regularly each year for both providers and PSS group leaders. All of these activities are monitored regularly by program staff through direct observation and review of patient registers and questionnaires.

Overall, PEPFAR partners provided 984 TB-HIV co-infected patients with HIV-related palliative care, and all TB-HIV co-infected patients were referred to a PSS group to receive information regarding treatment adherence, nutritional management assistance, and information on transmission prevention methods.

TB CAP also supports 14 CSDTs in underperforming areas within South Kivu, West and East Kasai provinces where TB patients benefit from HIV testing and counseling (HTC) and support group activities. The number of TB patients tested for HIV and received their test results increased from 3,830 in FY 2008 to 4,188 in FY 2009.

Goals and Strategies for FY 2010
In FY 2010, USG strategies and emphasis for TB-HIV co-infection activities contribute to the goals and objectives of the Partnership Framework in building the capacity of national structures through the expansion of best practices.

PEPFAR TB-HIV programming in DR Congo will continue to benefit from a wraparound with USG TB earmark funds used to provide direct capacity building support to the PNT, in addition to providing a comprehensive service package for MDR case management, laboratory support, infection control, operations research, and community mobilization of former TB patients. TB CAP will continue to provide services to existing sites as well as strengthen infection control activities, including the creation of a TB

infection control committee, elaboration and dissemination of national guidelines along with supporting job aids, and training of health providers on the application of TB infection control measures. Additionally, two primary MDR treatment facilities will be equipped with environmental and personal protection measures.

At the national level, the TB CAP program will reinforce collaborative efforts between the PNT and PNLS through ongoing support for regular stakeholder coordination meetings at the national and provincial levels, technical coaching/strengthening of TB capacity within the PNLS (national and provincial levels) to expand TB-HIV activities including TB screening during HTC and adoption of PITC in health facilities as appropriate, and support for dissemination and training in national TB-HIV guidelines and monitoring tools. The ITART program will intensify technical assistance for the PNT by developing simplified database and data collection forms for the use of the PNT and USG partners, expanding supportive supervision activities to assist the PNT expand its HIV testing activities, and providing program evaluation for the PNT.

TB-HIV co-infection activities in Kinshasa will continue according to the ITART program model described above. In FY 2010, because household members of HIV-TB co-infected patients are at high risk for HIV infection and for developing active TB in the near future, the program will plan to extend HTC and CTX prophylaxis for some family members of these patients; selected facilities will receive improvements or renovations; and PSS staff and providers of TB-HIV co-infection services will continue to receive refresher trainings on an annual basis. Data will be reviewed for a final program evaluation towards the end of FY 2010, and based on data from this evaluation, the ITART program will support a rapid skills transfer to local healthcare personnel at the five existing USG-supported HIV care and treatment sites to facilitate transition from USG management to local staff management.

REDACTED. In FY 2010, this partner will introduce PITC in 20 CSDTs in Kinshasa, provide CTX prophylaxis, HIV staging to assess ART eligibility, and make referrals for PSS groups and to ART clinics for treatment if eligible. This partner will also provide TB laboratory support to six laboratories located in six referral centers in Kinshasa, including Bomoi Health Center and Kalembe Lembe Pediatric Hospital (KLL), which serve as sites for other PEPFAR-supported programs, in order to increase access to lab services necessary for HIV-TB co-infection disease management and monitoring. Finally, the partner will ensure that the referral centers receiving laboratory support also have HIV care and treatment services, except for Bomoi and KLL which are already providing these services for adult and pediatric patients.

TB-HIV activities will also be a component of the Integrated HIV program that supports HIV activities the high-prevalence sites of Matadi, Bukavu, Lubumbashi, Kasumbalesa, Kolwezi, Kipushi and Likasi. TB-HIV activities will be extended to Kinshasa and Kisangani in FY 2010. Activities at these sites include the implementation of PITC in TB CSDTs, TB screening among PLWHA, TB infection control including renovation of ARV settings, administrative, environmental and personal protection, surveillance, laboratory quality assurance, and support for monitoring and evaluation.

In high-prevalence but under-performing areas of South Kivu, West Kasai and East Kasai, the TB CAP program will improve and expand quality TB-HIV services in at least 25 TB CSDTs, including quality assurance, post test clubs, referral systems for wraparound services, management coaching, and monitoring and evaluation.

In Kisangani, an easily accessible city not currently supported by the USG but recently identified by the 2008 ANC as having a high HIV prevalence, the USG will conduct a feasibility assessment of initiating PITC in Kisangani CSDTs and strengthening linkages to neighboring HIV treatment centers for TB-HIV co-infected patients. Pending a favorable assessment outcome, the USG will develop a plan at identified sites for PITC, patient assessment, and HIV treatment referral. This plan will include didactic trainings and follow-up supervision at the CSDTs. Program evaluation will consist of documentation of acquired

training knowledge through pre and post test results, clinical skills observation checklists, and periodic quality assurance panel testing.

Finally, the USG will disseminate, train, and facilitate implementation of the new national policy on TB infection control including the creation of infection control committees and provision of materials and supplies.

Technical Area Summary Indicators and Targets

REDACTED

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7498	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (USAID)	400,000
7500	Program for Appropriate Technology in Health	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	9,071,831
10491	Safe Blood for Africa Foundation	NGO	U.S. Agency for International Development	GHCS (State)	300,000
10492	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
10610	University of North Carolina	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP, GHCS (State)	2,595,600
10612	Kinshasa School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,666,227
12029	TBD	TBD	U.S. Department of Health and Human	Redacted	Redacted

			Services/Centers for Disease Control and Prevention		
12030	Programme National de Lutte contre le VIH/SIDA et IST	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	300,000
12031	Programme National de Transfusion et Sécurité Sanguine	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	750,000
12032	Tulane University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	268,411
12033	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	500,000
12034	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12035	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12036	TBD	TBD	U.S. Agency for International	Redacted	Redacted

			Development		
12037	Population Services International	NGO	U.S. Agency for International Development	GHCS (State)	2,500,000
12038	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
12039	Population Services International	NGO	U.S. Department of Defense	GHCS (State)	670,294
12040	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
12041	TBD	TBD	U.S. Department of State/Bureau of African Affairs	Redacted	Redacted
12042	TBD	TBD	U.S. Department of State/Bureau of African Affairs	Redacted	Redacted
12043	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	700,000
12044	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12045	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	100,000
12046	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease	Redacted	Redacted

			Control and Prevention		

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7498	**Mechanism Name: Strengthening Pharmaceutical Systems**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHCS (USAID)	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Strengthening Pharmaceutical Systems program mandate is to build capacity within developing countries to effectively manage pharmaceutical systems, successfully implement USAID priority services, and ultimately save lives and protect the public's health by improving access to and use of medicines of assured quality

In FY08, SPS received HIV/AIDS funding in DR Congo for the first time. During initial discussions with the National HIV/AIDS program (PNLS), several priority issues were identified and activities planned and recently initiated. Due to the cross-cutting nature of pharmaceutical management and the existence of field support funding from other funding sources (i.e. malaria, TB, water, and population/RH) SPS support for HIV/AIDS activities is very often integrated with support for other disease areas. Primary HIV/AIDS activities for FY10 will follow from those activities and needs identified together with the PNLS and the pharmacy program and regulatory authority. These activities will include continued capacity building on quantification and rational medicines use for HIV test kits, ARVs and OI medicines. Another critical area is information systems for HIV/AIDS activities related to HIV/AIDS medicines and related commodities as well as program beneficiaries.

The primary target population for SPS technical assistance is the cadre of health care workers involved in the management and dispensing of HIV/AIDS medicines and related commodities in testing sites and treatment centers in DRC. As SPS is mandated to support USAID DRC service delivery implementing partners working in the Kasai Oriental and Occidental, Katanga and South Kivu provinces. SPS will also work in these provinces on HIV/AIDS activities. Additional provinces may include Kinshasa and Bas Congo.

In FY08 and FY09 SPS also received funds from the following sources: malaria, TB, POP/RH, MCH and Water. As previously mentioned, as pharmaceutical management is cross-cutting activities to build capacity and strengthen the DRC pharmaceutical management system at the national, provincial and health zone levels is funded by this combination of funds. Therefore the funds from these other sources are in effect leveraging the HIV/AIDS resources and vice versa. SPS expects to leverage funds in a similar fashion in FY10 and as several of these funding sources are also identified as key priority issues for FY10 we would expect that child survival activities, family planning, malaria and TB would be integrated as wrap around activities. SPS's primary work and assistance is aimed at strengthening the health system through strengthening the pharmaceutical management system and improving the availability of and access to essential medicines, including HIV/AIDS medicines and related commodities, in the targeted health zones and service delivery points. SPS works closely with ministry of health counterparts at all levels to build capacity to improve coordination for pharmaceutical management, improve skills for medicines management, dispensing and reporting, and improve supervision of these aspects for continuous improvement of services.

Cross-cutting areas that will be covered in the SPS HIV/AIDS activities will include human resources for health and potentially construction/renovation if needs are identified for improving storage facilities for pharmaceuticals at the regional, health zone or health facility level. Wraparound programs that will leverage HIV/AIDS funds and vice versa will very likely include child survival activities, family planning, malaria and TB. Activities to strengthen the capacity of DRC MOH pharmaceutical management stakeholders and national programs at the central and provincial levels to improve coordination for pharmaceutical management, improve quantification and supportive supervision of pharmaceutical management will benefit all of the above listed programs as they are applicable for medicines and related commodities of all of the programs. Similarly, technical assistance at the health zone and facility level to strengthen estimation of needs/ordering, management of medicines, reporting and promote rational medicines use will benefit across all programs.

SPS works very closely with MOH counterparts at all levels to build capacity for eventual integration of longer term activities such as coordination for pharmaceutical management, supervision and monitoring and evaluation into MOH annual workplans. Through our provincial representatives SPS will be able to

provide directed technical assistance to MOH, other USAID implementing partners and other stakeholders working in pharmaceutical management at the provincial and health zone levels. All SPS HIV/AIDS activities were developed in collaboration with the PNLS as well as the MOH pharmaceutical management stakeholders (PNAM and DPM) and are in line with the DRC national harmonized procurement plan for HIV/AIDS medicines and laboratory materials.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Malaria (PMI)
Child Survival Activities
TB
Family Planning

Budget Code Information

Mechanism ID:	**7498**		
Mechanism Name:	**Strengthening Pharmaceutical Systems**		
Prime Partner Name:	**Management Sciences for Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	400,000	

Narrative:

SPS FY10 HIV/AIDS activities will focus on systems strengthening and capacity building at the national, provincial and health zone and facility levels.

At the national level SPS will work with MOH pharmaceutical management stakeholders and the PNLS to establish a pharmaceutical management coordination mechanism to ensure that all activities and funding (external and internal) are coordinated with respect to HIV/AIDS medicines and related commodities. Additional support will include pharmaceutical legal and policy documents to improve the standardization of pharmaceutical services and governance within the DRC pharmaceutical management system. SPS

will also work, as needed, with the aforementioned parties as well as Global Fund principal recipients and other implementing partners to quantify needs of HIV/AIDS medicines and related commodities. Information systems for pharmaceutical management information will also be a critical area as there is currently a dearth of information related to HIV/AIDS medicines and related commodities in DRC. At the provincial level SPS will continue to work with the MOH national program (PNLS, PNT etc) representatives as well as the pharmaceutical management representatives at this level to build capacity and improve coordination among the key players at this level. Additional TA will include quantification and rational medicines use as well as pharmaceutical management information systems. SPS will work at this level to establish and integrate regular supportive supervision activities to ensure that pharmaceutical management at the health zone and service delivery point is regularly monitored. At the health zone and service delivery point (HGR, CS and other facilities providing HIV/AIDS services) SPS will work to build the capacity of health care workers to effectively manage and dispense medicines, including HIV/AIDS related medicines. Quantification, rational medicines use and pharmaceutical management reporting will be primary areas for strengthening at this level as they've been identified as weak points.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7500	**Mechanism Name: AIDS Support and Technical Resources (AIDSTAR) - INTEGRATED HIV/AIDS PROGRAM IN DRC (ProVIC: Program de VIH Intégré au Congo)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 9,071,831	
Funding Source	**Funding Amount**
GHCS (State)	271,831

GHCS (USAID)	8,800,000

Sub Partner Name(s)

Avenir Meilleur pour les Orphelins au Congo	Bureau Diocesain des Oeuvre Medicales-Comite Diocesain de Lutte contre le VIH Sida	Catholic Relief Services
Centre de Santé de Reference Nvuzi	Chemonics International	Eglise de Christ au Congo
Elizabeth Glaser Pediatric AIDS Foundation	Fondation Femmes Plus	Hopital General de Reference KIAMVU
Hopital General de Reference Nyantende	Hopital General de Reference PANDA	Hopital General de Reference-Kenya
International HIV/AIDS Alliance	Seaboard - Corporate Commitment for Local Development	WORLD PRODUCTION
World Vision International		

Overview Narrative

Overview Narrative: Please describe the technical and programmatic plans for your program. This should include comprehensive goals and objectives, geographic coverage, target population, key contributions to health systems strengthening (if appropriate), description of cross-cussing programs and key issues (if selected), strategy to become more efficient over time, and M&E plans. (Limit: 5,500 characters)

The integrated HIV/AIDS project's objective is to reduce incidence and prevalence of HIV and mitigate its impact on PLWHA and their families. We will achieve this objective by working towards achieving three intermediate results:

- HCT and Prevention services expanded and improved in targeted areas: In line with the national strategy against HIV/AIDS, we recognize that community engagement is an important element in increasing the effectiveness of HCT and prevention services. Accordingly, we plan to mobilize communities to set and meet prevention objectives in line with their own priorities. Recognizing that each of the four regions (Kinshasa, Matadi, Lubumbashi, and Bukavu) where the project will intervene, presents unique risk factors that contribute to the spread of HIV, we will adapt and target MARP communities in each zone. In order to increase the uptake of testing services, we will bring HCT services closer to the community-level and coordinate with other projects to use BCC messaging to encourage

testing and other prevention strategies. Finally, we will draw on EGPAF's international experience to enhance PMTCT services currently offered by the AXxess project.

- Care, support, and treatment for PLWHA and OVC improved in targeted areas: The project will target PLWHA, OVCs and their communities in this component and will involve them in every step of implementation. Activities will be centered around the community and we will adopt the USG's strategy of integrating palliative care into the framework of the Family-Centered Continuum of HIV services. We will support PNLS and MINAS in developing and disseminating standard packages of services. For people living with HIV/AIDS, we will both improve the clinical aspects of palliative care and provide a holistic package of care and support interventions that improve not only their health but also their social and economic status. This includes interventions such as the positive living strategy, improvements to nutrition, legal rights, income-generating activities, etc. In addition, the project will develop a new comprehensive package of support for OVCs using the same holistic approach to ensure all aspects of the child's well-being are improved.

- Strengthening of health systems supported: In order to achieve the project results of improving prevention, and care, support, and treatment services, we must also build the capacity of governmental and non-governmental service providers. This project will play a supporting role in strengthening health systems at the central and provincial levels to better coordinate, plan, manage, and monitor health services in their areas with a particular emphasis on strengthening the flow and use of strategic information.

Our approach will increase efficiencies over time by working with existing local partners who are delivering critical HIV/AIDS services already and will build on the existing work that consortium members CRS and EGPAF are currently undertaking in country, by further refining their models and expanding their coverage. In addition, we will reach out to other partners also working in HIV/AIDS such as the Global Fund, PSI, AXxes, MSH, and others to leverage their resources and create more integrated services at the community level.

We will also focus on capacity-building to facilitate Congolese leadership and expand partners. The project will strengthen the capacity of government, civil society, and communities to deliver services and implement national strategies and protocols. Working with central and provincial PNLMS, PNLS, and MINAS to develop and disseminate norms and guidelines, the project will support them in their coordination and supervision role while also ensuring that our partners and services are in line with national guidelines.

Cross-cutting issues including the following:

- Food and Nutrition: Policy tools and service delivery: The project will be working with local partners to ensure PLWHA and OVC receive necessary food and nutrition support
- Economic strengthening: PLWHA and OVC will receive support in income generating activities as part of their comprehensive care and support packages
- Education: The project will be supporting the education of selected OVC as part of their support
- Gender: The project will design a project-wide gender integration strategy that takes into account gender-specific vulnerabilities to HIV/AIDS and integrates specific interventions across the spectrum of services such as accessibility of HCT to both men and women, male involvement in PMTCT, education for female OVCs in particular and other integrated activities.

Our project monitoring and evaluation system will collect data on project outputs and trends and will also engage in evaluation of project approaches to determine their relative success and impact. We will design innovative approaches to collect data at the community level, and build the capacity of community, NGO, and government partners to collect, manage, and use data collected.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Military Population
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**7500**		
Mechanism Name:	**AIDS Support and Technical Resources (AIDSTAR) - INTEGRATED HIV/AIDS PROGRAM IN DRC (ProVIC: Program de VIH Intégré au Congo)**		
Prime Partner Name:	**Program for Appropriate Technology in Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,086,012	

Narrative:

The project will continue partnerships with partners from the previous project such as AMO Congo, Foundation Femmes Plus, and the Bureau Diocésain des Oeuvres Médicales (BDOM), among others, and will ensure they can continue providing care and support services to PLWHA and OVC.

Following this, the project will develop and implement a need-based package of care for PLWHA. The package will increase access to quality community- and home-based care and support and will be implemented in partnership with local partners.. Elements of the package will include:

• Home-based care kits to reduce opportunistic infections
• Psychosocial support
• Food and nutrition support
• Income generating activities
• Human rights and protection

The package will be implemented through local organizations following a competitive RFA process and the organizations will receive technical support from project staff and consultants. In addition, the project will expand and improve facility based services in palliative care through the following methods:

• Training of community providers or caregivers in prevention of opportunistic infections
• Put in place a rapid communication system between health facilities and community providers
• Ensure high quality palliative care kits are available to PLHIV
• Train health facility staff to provide nutritional education
• Work closely with the zones de santé teams to strengthen their ability to provide supervision and support to their staff.
• Ensure PLWHA have access to TB testing and treatment

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HKID	2,116,352	

Narrative:

The project will provide support to orphans and vulnerable children. The project will develop a care and support package for OVC that will include the some or all of the following elements to be determined following a needs assessment process. It will be implemented in partnership with local partners.

• Education support
• Income generating activities
• Food and nutrition support, including kitchen gardens
• Child protection
• Health
• Psychosocial support

The package will be implemented through local organizations following a competitive RFA process and the organizations will receive technical support from project staff and consultants.

The project will also build the capacity of MINAS to implement the national OVC action plan and will engage them extensively in the implementation of the community based package.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	553,578	

Narrative:

The procurement of ARV by the project is to be done according to standards and norms agreed upon by WHO and USAID

The project will provide ARV for pregnant women n the four sites (Kinshasa, Bas Congo, Katanga and Sud Kivu). Collaboration mechanism will be established between other partners such as Clinton Foundation, Global Fund, and MAP to ensure that eligible persons under project targets are receiving ARV on a regular basis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,346,463	

Narrative:

First, the project will assume responsibility for HCT centers funded by the previous project and provide bridge funding so they can continue providing HCT services.

Next, the project will evaluate quality of existing HCT services in DRC and make recommendations for improvements that will be incorporated into the project's strategy. Improvements will be rolled out through a training of trainers approach in partnership with PNLS and other HCT providers.

The project will directly support the opening of new HCT centers through both the Champion Community approach whereby communities identify new sites for HCT services and also through a separate RFA process specifically intended to fund new HCT centers.

The project will also create links and synergies between TB testing and treatment and HIV testing and treatment by integrating TB and HIV testing, counseling and treatment. We will use the provider-initiated counseling and testing approach (PICT) to ensure that TB patients are tested consistently for HIV and that PLHIV are tested for TB. Where services are already integrated, we will support these sites through continuous capacity building and by helping them mobilize those in the community with tuberculosis to also get HIV testing.

To ensure continuous supply of commodities, the project will first conduct an assessment of the commodities needs for HCT and determine the best method for procuring them including how to partner with other organizations and leverage their systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	465,434	

Narrative:

The program will improve basic pediatric care through training of service providers to follow protocols including screening, testing, nutrition, etc. where feasible and appropriate. Linkages will be developed between USG funded primary health care activities and PEPFAR funded activities in order to develop a strong referral network for infants and children in need of care and treatment services. Children will also benefit from community based care efforts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	209,116	

Narrative:

Quality, routine monitoring and evaluation will be improved by training and coaching key MOH staff in order to support data for decision making as well as the national M&E system. The program will support improved administrative and managerial record maintenance regarding services provided (M&E), personnel records including training conducted, and procurement records

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	OHSS	206,635	

Narrative:

The project will support health system strengthening through supporting the increased capacity of provincial governments primarily in the areas of coordination, monitoring, supervision, and data collection and analysis. Additionally, we will provide assistance in training them in national norms and guidelines that flow down to the provincial level.

The project will also work to improve the capacity of NGO service providers by strengthening their skills in delivering standard care, support, and treatment packages. We will also build their capacity in grants management and reporting so that they are effective local partners for this project and build their capacity to implement projects in the long term.

Finally, we have developed activities aimed at strengthening strategic information systems at the community and facility level so that there is sufficient information to allow evidence-based programming and policy-making. We will support facilities, provincial governments, and the central government in improving data quality, data analysis and its use in decision making.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	464,511	

Narrative:

The project will establish collaboration mechanism with selected schools in the target areas to identify or develop youth clubs or associations "Life Club" which can be used to increase AB behaviours among these specific groups (Kinshasa 6, Bas Congo 5, Katanga 5, Kinshasa 6, Sud Kivu 4, total 26 for the 1st year). For each existing or to be created club, a series of activities aimed at developing and reinforcing skills based sexuality, knowledge, fidelity practices and norms for mutual respect and open sexual communication. Each member of the club will receive a kit that contains: HIV visual aids, flyers, pamphlets , any other items

For young men and women not attending school and street kids affected or infected by HIV, the project will collaborate with NGOs, churches and other community associations involved in care, support and treatment for OVC in project sites. The project will reinforce the capacity of these NGOs/Churches/community associations to identify emerging leaders among HIV infected or affected street kids, sharpen their skills based sexuality, improve their knowledge about HIV and responsible sexual behaviours and promote fidelity practices, mutual respect and open sexual communication. Participating partners will provide each member of the "Hope Club" (Kinshasa 4, Bas Congo 3, Katanga

3, Sud Kivu 3) with a kit that contains items described above.

With regards to couples, the project will collaborate with selected Churches and other organizations (Kinshasa 6 , Bas Congo 4 , Katanga 5 , Sud Kivu 4) involved in providing programs and services to couples to promote mutual fidelity and respect, open sexual communication, to discourage multiple partnership, sexual violences, provide information and knowledge on HIV-AIDS. The project will reinforce the capacity of these organizations by providing them with materials, training modules and skills needed to achieve the stated activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	568,233	

Narrative:

We will use our community mobilization approach, Champion Communities, to develop and implement cost-effective and successful prevention strategies. The model will bring communities together to set objectives related to HIV/AIDS prevention, care and support such as defining most as risk populations in their community, determining key issues or messages that will be instrumental in reducing HIV incidence in their community, etc.

To implement the approach, the project will select 40 communities (10 in each of the four geographical areas) in addition to 3-4 communities of MARPS such as uniformed personnel, truck drivers, sex workers, or miners. Working through local NGO partners, the project will first work closely with officials in local government to get their buy-in and support, and then conduct trainings with the communities, facilitating their goal-setting process and setting out a time-bound work plan for achieving the results. The project will also train peer educators at the community level in implementing the prevention methodologies that are selected, distributing relevant BCC materials, and performing other HIV/AIDS prevention education activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	775,705	

Narrative:

Identify PMTCT service gaps, technical assistance needs, and new sites. The project will assess the state of PMTCT in DRC, including a mapping exercise of both AXxes sites and any public, private, faith-based, or community-based sites. The mapping exercise will identify potential sites from these groups that should be targeted by project technical assistance.

Provide comprehensive PMTCT services to address services gaps. The project will conduct a rapid

diagnosis of AXxes-supported PMTCT centers, develop capacity-building plans, and implement plans in all AXxes zones de santé through a cascade training approach (i.e., TOT to PNLS and the AXxes teams, who will then train services providers). The project will also identify other partners from the mapping exercise that have already begun to integrate PMTCT into their services and others that have not done so but meet certain defined criteria as an eligible site, such as having a high volume of pregnant women or a high MARP population. The project will then design and conduct the same rapid assessment planned as part of the support to AXxes sites. This will lead to the development of capacity building plans for these sites which will be implemented using a cascade training approach.

Increase uptake of comprehensive PMTCT services and referral of pregnant women eligible for ART services. The project will focus on addressing the main barriers to uptake of PMTCT services at all levels of care. We will first increase ANC attendance (PMTCT services' entry point) through the Champion Community approach. We will involve community counsellors to increase the number of HIV+ women who return to PMTCT maternities to deliver. We will introduce counselling and rapid testing at labour and delivery for women of unknown sero-status. Finally, we will ensure follow-up of mothers and infants after birth: developing tracking systems for mother-baby pairs who are absent for follow-up visits, and conducting counsellor-led home visits.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	268,289	

Narrative:

The program will support the provision of equipment and reagents, training of laboratory technicians, and establishing quality assurance and supervision systems (especially in Lubumbashi).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	1,011,503	

Narrative:

The project will work with PNT and PNLS, to identify gaps in order to create links and synergies between TB and HIV counseling, testing and treatment. Once the gaps are identified, the project will reinforce the capacity of the above structures in its intervention sites. This will include among other training of service providers, supply of commodities and test kits, referral and counter referral services, and M&E. The ultimate goal is to have a complete HIV package of services integrated in each in each PNT sites (CSDT). The project will use the provider-initiated counseling and testing approach (PICT) to ensure that TB patients are consistently tested for HIV and that PLWHA are tested for TB. Where services are already integrated, the project will provide continuous capacity building activities and community mobilization for infected TB patients to be HIV tested.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10491	**Mechanism Name: BIOMEDICAL PREVENTION/BLOOD SAFETY**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Safe Blood for Africa Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Blood for Africa Foundation (SBFA)

Safe Blood for Africa Foundation (SBFA), is a U.S. based non-profit 501 (c) (3) with headquarters in Johannesburg, South Africa and national offices across the Continent, including one in Kinshasa, the Democratic Republic of Congo (DRC). SBFA has initiated important measures for establishing safe and adequate blood supplies in the eastern provinces of the DRC through a contract with U.S. Agency for International Development (USAID) that provides effective simple rapid HIV Test reagents to ensure that all donated blood is screened prior to transfusion to prevent the transmission of HIV through blood. In addition, SBFA provides training on issues in support of blood safety including Voluntary Non Remunerated Blood Donation, Quality Assurance in transfusion services, the appropriate utilization of blood, the appropriate use of rapid test kits for the detection of Transfusion Transmitted Infections (TTI's), and development of blood safety policies to support centralized blood services in compliance with international standards. SBFA's intervention and support cover 57 eastern health zones in conjunction with the existing AXxes program. This initiative is a pragmatic solution that saves lives in the absence of

infrastructure, while capacity is developed to support a fully functional national blood service.
Over the past two years, the program has made major progress in blood safety for the 57 AXxes health zones by conducting the following activities:

• Training in blood safety (overview on quality matters, safety, phlebotomy, usage of rapid tests etc.) and voluntary blood donor recruiting.
• Distribution of test kits for HIV ½, Hepatitis B and C and Syphilis
• Distribution of training materials including modules, SOPs, Registers and posters or handouts.
• Conducted supervision visits.
• Reviewed and prepared a National Strategic Blood safety plan for the CNTS.
• Supported the CNTS in training their senior staff locally and abroad (1 trained in voluntary blood donation in Cameron during FY08, 5 trained in management and quality matters in Malawi during FY09, and 7 out of the 15 trained as trainers in voluntary blood donation in the DRC during FY09).
• Supported participation of 1 senior CNTS staff in an international conference organized by the African Society for Blood Transfusion in Kenya.
• Supported training of 10 CNTS provincial staffs as trainers in voluntary blood donation
• Supported transport of CNTS blood safety supplies to provinces.
• Provided multiple (quadruple) pediatric blood bags to CNTS (for training purposes).

SBFA has a Cooperative Agreement to manage the CDC's Regional Training Program for blood safety, which provides for training support in PEPFAR non-focus countries, and thus receive little external assistance for blood safety. This program has already provided focused training, in key or priority blood safety skills, to over 8,000 healthcare professionals from 30 countries in sub Saharan Africa.

The Need

The World Health Organization (WHO) estimates that 5-10% of new HIV infections worldwide are due to contaminated blood and blood products. The difficulty in recruiting a repeat voluntary blood donor base, in addition to raising the risk of transmitting HIV and other transfusion transmissible infections through the blood supply, also results in an inadequate blood supply. Inadequate blood supplies impose a great financial burden to the healthcare system(s) by causing prolonged hospital stays, sub-optimal clinical outcomes and health care inefficiency.

An appropriate and effective blood service will strengthen the capacity of the Democratic Republic of Congo to collect and utilize surveillance data and to manage the national HIV/AIDS program, with cross-cutting benefits to primary prevention of HIV, as well as benefiting Adult and Pediatric Treatment, Counseling and Testing programs, and Laboratory Infrastructure. A fully capacitated Blood Service, which will meet the estimated need for blood in the Democratic Republic of Congo and should provide a

total of at least 600,000 units of safe blood per annum to the health service, and this represents at least 700,000 counseling and testing interactions for blood donors per
year.

The Democratic Republic of Congo's health service is compromised by a chronic shortage of safe blood for transfusion. The blood services in DRC collect approximately 239,000 units per annum. The current blood supply falls far short of the most conservative estimated need for blood in the Democratic Republic of Congo estimated to be at least 600,000. These estimates have been made using World Health Organization guidelines.

Training addresses these challenges by developing skills and facilitating strategies for blood service personnel to increase the voluntary blood donor pool, and to test, process, store, distribute, and use the blood supply guided by best practices and procedures. Workshops and other follow up activities are conducted by SBFA in each of the key areas of blood safety, including: Strategic Plan Development, Recruitment and retention of voluntary non-remunerated blood donors (VNRBD), Quality Assurance, Testing, and Blood Utilization.

Cross-Cutting Budget Attribution(s)

Education	273,000
Human Resources for Health	27,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10491**		
Mechanism Name:	**BIOMEDICAL PREVENTION/BLOOD SAFETY**		
Prime Partner Name:	**Safe Blood for Africa Foundation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	300,000	
Narrative:			

The following activities are included under this budget code: 1) Voluntary blood donor recruitment (training and follow-up); 2) Quality assurance training; 3) Blood utilization training; 4) Training on the appropriate use of rapid test kits for the detection of TTIs; 5) Technical assistance for strategic plan development; 6) Supervision and data collection; and 7) the provision of test kits. Collaboration with key partners SBFA will pursue and maintain relationships and collaboration with key partners (USAID, CDC, AXxes, MoH, CNTS, Red Cross, WHO etc.) through meetings, visits, joint activities like training and supervision, and correspondence.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10492	**Mechanism Name: Integrated Health Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Overview Narrative:

I. Comprehensive Goals and Objectives:

The Integrated Health Services Project (Project AXxes) is a three-year $42 million dollar USAID-financed primary health care project designed to revitalize health zones across the DRC. Implementing Partners include IMA World Health (IMA) as prime recipient for AXxes collaborates with three implementing partners: World Vision (WV), The Protestant Church of Congo (ECC) and Catholic Relief Services (CRS). The main goal of AXxes is to provide integrated development assistance for primary health care health systems strengthening based on the "Appui Global" strategy of the Ministry of Health. (expanded below)

II. Geographic coverage and Target Population:
The project assists fifty-seven (57) health zones in four provinces of eastern and southern DR Congo (Kasai East, Kasai West, Katanga, and South Kivu) with a catchment population of 8.2 million persons.

III. Expanded Objectives (A) and Key Contributions to Health Systems Strengthening (B,C)
AXxes provides health zone development assistance through three major components:
Component A: (Increase access to, quality of, and demand for multi-sectoral, integrated PHC):
Component A or AXxes assistance to 57 health zones includes the MOH priority package of PHC interventions, e.g., the Minimum Package of Activities. This includes reinforcement of vaccination services, provision of pharmaceuticals and supplies to hospitals and health centers, provision of a full complement of maternal and child health services including family planning, PMTCT and newborn and postpartum care, vitamin A and Zinc supplementation, prevention of HIV/AIDS and STIs, malaria diagnosis and treatment and prevention, nutrition support, management of re-emerging diseases such as tuberculosis, and elaboration of water, sanitation. Support systems on the national, provincial, and health zone level include planning and management, health facility rehabilitation, training and supervision, supply line and cost recovery, and information and surveillance systems.

Component B: (Increased Capacity of Health Zones and Referral System)
Component B of Project AXxes targets the reinforcement of Health Zone support systems that are essential to the provision of primary health care services and long-term program sustainability. Two areas of particular emphasis are 1) improved health zone planning, governance, transparency and accountability and 2) improved health zone support systems.

Component C: (Increased capacity of national health programs & Province/Districts)
Component C provides technical assistance and support at the national and intermediary levels (provincial and district) to increase the capacity for planning, supervision, and monitoring the delivery of primary health care services.

IV. Cross –Cutting Areas

Section IV above discusses the key components of this primary health care project. In addition the following (cross cutting) components, funded in part with Child Survival (USAID) and PEPFAR monies, are attributes of both the HIV-related PEPFAR activities and the larger clinical components of this project

1. Human Resources for Health: Current FY 10 includes training of health zone clinical and management staff in cross cutting areas such as: Integrated Management of Childhood Illnesses, data collection (SNIS), PMTCT updates, management of HC resources, techniques in safe motherhood and newborn care, use of micronutrients, prevention of gender-based violence (GBV) through integration into 'minimum package of activity' and funding of local HZ NGOs, Communication for change (health facility and community promoter levels) and quarterly reviews of family planning and PMTCT clinics.
2. Construction/Renovation: REDACTED.
3. Food and Nutrition: Roll out of Vitamin A and Zinc use in the DRC health facilities is a new and cross cutting intervention in maternal and child health. A total of REDACTED has been allocated per health zone for support of treatment campaigns and routine use of micronutrients in the management of key diseases.
4. Water: Provision of clean and potable water improves significantly the health and livelihood of women and children in the DRC. Current FY 10 funding (total REDACTED per HZ) will provide clean water sources (capped springs), cisterns, filtration systems, and support sanitation and environmental support such as latrines and certification of clean villages.
5. Gender: The prevention and management of GBV and integration of strategies into the routine health system is a key and cross cutting component. Current FY funding (REDACTED per HZ) includes media campaigns, training, provision of medicine for treatment of STIs, and direct support for treatment for fistula prevention and care (surgery).

V. Enhancing Sustainability

In the context of ongoing conflict, failed states, staggering morbidity and mortality rates, and lack of infrastructure, the concept of sustainability is far-reaching though attainable. Project AXxes implements this project through over 5000 health care workers, all employed by the DRC government but trained and supplied (tools) by the project. By strengthening personnel and intuitions, developing guidelines, protocols, and strategies, along with the establishment of supply-chain structures (CDRs) concrete steps are being taken to develop both competence and sustainability

Project AXxes also funds self capacity NGOs (promising partner grants) that have showed capacity of sustainability and delivery of project supported health services to our target population. PEPFAR funding is used in all of these endeavors.

VI. M/E and Program Performance Indicators

The AXxes project is an integrated health project and as such works with the DRC government in recording and attaining health indicators. Project consultants (JHU and HISP) have worked extensively with project personnel, implementing partners, and the MOH to implement an M/E dashboard and data collecting system to evaluate program performance. Project indicators are reviewed, analyzed, and presented quarterly.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Safe Motherhood

Budget Code Information

Mechanism ID:	**10492**		
Mechanism Name:	**Integrated Health Program**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted
Narrative:			
Overall Goals and Objectives: Project AXxes supports 130 PMTCT clinics in 40 of its 57 health zones. Target Population:			

The project targets pregnant women who attend prenatal clinics in select project-supported sites. All women who enter antenatal care are offered HIV counseling and screening and those who are serapositive, confidential entrance into a PMTCT program. In the previous four quarters 70,164 women presented to prenatal clinics offering PMTCT services. Out of those, 56.012 received HIV counseling and 53,093 agreed to testing (did not opt-out). Mechanisms of Assistance PMTCT assistance supported by PEPFAR funding includes: 1. Training of Ministry of Health personnel in the implementation and monitoring of PMTCT sites. 2. Training of health care workers in counseling, testing, delivery of services, and monitoring and evaluation. 3. Provision of supplies to PMTCT sites including needles, gauze, alcohol, HIV testing material, treatment of STIs, provision of ARV and prophylactic drugs such as cotrimoxazole , multivitamins, etc. 4. Supply chain and drug stock management. 5. Data and record collection. 6. Supervision of laboratory testing (rapid testing). 7. 'Waste management. 8. Monitoring, evaluation, and reporting. 9. Counseling and provision of family planning commodities post delivery. 10. Counseling and testing of partners.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10610	**Mechanism Name: Delivery and Evaluation HIV Care and Treatment Services / Providing AIDS Care & Treatment (PACT)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of North Carolina	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,595,600	
Funding Source	**Funding Amount**
GAP	2,415,000
GHCS (State)	180,600

Sub Partner Name(s)

Kinshasa School of Public Health		

Overview Narrative

In 2006, an estimated 1 million people were living with HIV/AIDS in the Democratic Republic of Congo (DRC); only 5% of people needing treatment had access to anti-retrovirals (ARVs), while 2% of HIV+ pregnant women had access to prevention of mother to child transmission (PMTCT) methods. Most of the capital's, Kinshasa, estimated 6+ million residents have insufficient access to HIV services. The overall goals of the University of North Carolina's (UNC) Providing AIDS Care and Treatment (PACT) project are to increase access to quality services and improve health outcomes of project beneficiaries by strengthening capacity at health care facilities for HIV testing and counseling (CT) and family-centered HIV prevention, care and treatment in Kinshasa. In FY 2010, UNC will provide technical assistance to continuum of care services including PMTCT, post-delivery monitoring and care of HIV+ women and their newborns of undetermined status, TB/HIV co-infection support, and family-based HIV treatment services including diagnosis, care, antiretroviral therapy (ART) and community and clinic-based psychosocial support (PSS). In each participating facility, information on family planning options, tuberculosis (TB), and malaria prevention and treatment will be provided to patients. Women seeking care at participating maternities will receive information on safe motherhood. Efforts will be made to encourage men to undergo testing and change discriminatory behaviors and beliefs. UNC will strengthen the referral system between maternities and treatment centers to improve retention of pregnant women and their children, expand PMTCT services to eight new maternities, and cover delivery costs to increase the number of HIV+ women that return to PACT maternities for delivery. UNC will continue to distribute water disinfectant to patients, begin nutritional aid, and maintain PSS groups for those affected by HIV/AIDS. Staff at 36 maternities, 17 TB clinics, a primary health center (Bomoi Health Center), and a pediatric hospital (Kalembe Lembe Pediatric Hospital, KLL) will receive training on topics such as ART, nutrition, family planning, prevention methods, HIV testing methods, and PMTCT. The establishment of Bomoi and KLL as centers of excellence, with use of summary patient sheets and simplified databases, creation and maintenance of a telemedicine system, increased staff training, and infrastructure improvements and expansion, will be initiated for the facilities to become training centers for other healthcare professionals

to develop HIV/AIDS expertise. Distribution of complex ARV regimens for pregnant women will be pursued, contingent on reliable access of ARVs. UNC will provide technical assistance and collaborate with the National TB Program (PNLT), the National HIV/AIDS Control Program (PNLS), the National Nutrition Program (PRONANUT), and the National Reproductive Health Program (PNSR) to strengthen national HIV efforts. UNC works closely with PNLT to support CT at 17 TB clinics. UNC works closely with PNSR to keep national PMTCT guidelines current and ensure quality information about HIV prevention, care, and proper nutrition is provided to pregnant women at PACT maternities. UNC works with other organizations active in Kinshasa, i.e. the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) which provides financial and technical support for UNC's PMTCT activities and nutritional programming and Action Contre la Faim (ACF) for patient referral to nutritional support. The Clinton Foundation (CF) funds clinical supplies for pediatric testing and care and supplies at the PNLS National Laboratory. UNC will continue to work with international partners such as the World Health Organization (WHO), Family Health International, Global Fund (GF), United Nations Populations Fund (UNFPA), and United Nations Children's Fund to procure the following program commodities: ARVs, antenatal vitamins, nutritional supplements, impregnated bed nets, and water purification powder. UNC attributes $1,106,000 to salary support, in-service trainings, performance assessment and service quality improvements, and volunteer programs; REDACTED to site infrastructure improvements and renovations; $11,200 to cover policy tools and service delivery for nutritional aid; $112,000 for nutritional commodities; and $98,300 to educational programs. UNC will be supporting child survival programming at Bomoi health clinic and KLL. UNC promotes sustainability of HIV services through capacity strengthening in service provision, organizational and management support, monitoring and evaluation (M&E), and generation and use of strategic information. M&E efforts will track program effectiveness and review certain aspects on a periodic and ongoing basis. In example, UNC performs regular site visits, monitors the quality of treatment and care activities, trains health care workers, and promotes quality improvement at all participating health care centers. Additionally, UNC shares information on the quality of HIV-related diagnosis, care and treatment services and management of these services with national experts. UNC will pay particular attention to the expansion of PMTCT services to eight new maternities and the quality of services delivered therein, the increased use of volunteers to assist in tracking and retaining patients, and ensuring all pregnant women and their children receive full services throughout the continuum of care in FY 2010.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Education	107,298
Food and Nutrition: Commodities	112,000

Food and Nutrition: Policy, Tools, and Service Delivery	11,200
Human Resources for Health	1,297,798

Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**10610**		
Mechanism Name:	**Delivery and Evaluation HIV Care and Treatment Services / Providing AIDS Care & Treatment (PACT)**		
Prime Partner Name:	**University of North Carolina**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	242,959	

Narrative:

HIV+ pregnant women, TB co-infected adults, and other HIV+ adult referrals are the target population for these activities. UNC managed activities at 7 care and treatment sites: Bomoi Health Center, KLL, and 5 TB clinics. New participants receive comprehensive primary HIV care, including: clinical follow-up with CD4 testing, prevention and treatment of opportunistic infections, malaria prevention and treatment, ART, sexual and reproductive health services including family planning, nutritional support and counseling, PSS, testing of family members and sexual partners. A total of 3,060 HIV+ individuals were provided HIV-related palliative care in the previous program year. In FY10, infrastructure improvements, such as construction of CT and exam rooms and a pharmacy, will be made at Bomoi Health Center and KLL to improve care delivery. UNC will develop training materials to train providers who provide care to HIV+ individuals and their families. UNC will continue to develop a mentoring program to support clinicians trained as a part of this initiative. These training and mentoring programs will include a detailed plan for didactic training sessions, practical follow-up of trainees in the field, and monitoring and evaluation of

their successful service implementation. Outreach workers are utilized to track and retain patients through telephone calls and home visits. Program-sponsored PSS groups are made available to patients. Continuous monitoring and evaluation will occur through database review and regular meetings based on specific program quality indicators such as: frequency of CD4 monitoring as compared to protocol recommendations, percentages of eligible patients who receive cotrim prophylaxis, adherence to protocol for DNA PCR at 6 weeks, percentage of clients with documented HIV status in the chart, tracking of adherence and reports, choice of family planning method documented in the charts. UNC will also conduct two "PDSA" quality improvement activities, and share the processes and outcomes to the rest of the medical community. The outcomes of all of the monitoring and evaluation activities will be translated and documented in a final year end report.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	341,518	

Narrative:

The same population is targeted for this activity as for adult HIV care. UNC provided ARVs to 993 HIV+ individuals through its activities so far. Each patient undergoes a comprehensive baseline assessment at program enrollment including clinical examination, nutritional and laboratory assessment, and psychosocial evaluation. HIV disease staging by clinical assessment and CD4 testing will determine ARV eligibility and patient visit schedules. Patients on ART are scheduled for monthly visits, until deemed clinically stable after which they may be seen every six months. Those who are seen every six months continue to be assessed by a nurse dispensarist on weight, ARV dosing, and drug adherence through questionnaires and pharmacy databases. At each visit, drug toxicity assessment is conducted, and counseling on treatment adherence is provided. Facility improvements will be made at Bomoi to create dedicated pharmacy space and an HIV care and treatment-related library and at KLL to renovate existing pharmacy space, as both facilities provide medicines to adults. Clinical patient outcomes such as improvements in CD4 counts and weights will be tracked and monitored quarterly through streamlined data collection forms and review of patient and pharmacy databases that collect program quality indicators such as: frequency of CD4 monitoring, percentages of eligible patients who receive cotrim prophylaxis, adherence to protocol requirements of confirmatory testing, percentage of clients with documented HIV status in his/her chart, tracking of adherence and toxicity reports, and choice of family planning method documented in his/her chart. UNC will also conduct two "PDSA" quality improvement activities, and share the processes and outcomes with the regional medical community. The outcomes of all of the monitoring and evaluation activities will be translated and documented in a final year end report.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	54,543	

Narrative:

Provider-initiated rapid testing is implemented at all ANC centers, Bomoi Health Center, and the TB clinics according to national guidelines. 9,791 individuals were counseled and tested for HIV and received their test results over the last program year. In the next year, UNC will strengthen the implementation of the provider-initiated testing policy KLL, and will increase the HIV testing rate of first-line family members and sexual partners of PACT program's patients at the ANC centers and Bomoi Health Center. UNC will provide technical assistance to PNLT for VCT at TB clinics. UNC will also design and implement resources and training sessions to ensure retention along the continuum of care for pregnant women and their infants through HIV diagnosis, care and treatment for the mother, and HIV testing and care and treatment (if indicated) of the exposed infant. All of these activities will be monitored regularly by program staff through direct observation, provision of periodic quality assurance panel testing and review of patient registers.

Program evaluation will be summarized through reporting on the numbers of patients tested who receive their results, and for KLL hospital, by the percentage of admitted patients who also receive an HIV test and result.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	236,804	

Narrative:

HIV+ children (including those co-infected with TB) referred to PACT care and treatment sites are the target population for these activities. Each HIV+ pediatric participant receives a comprehensive package of primary HIV care , including: clinical follow-up with CD4 testing, prevention and treatment of opportunistic infections, malaria prevention and treatment, ART, sexual and reproductive health services including family planning, nutritional support and counseling, PSS, testing of family members and sexual partners at Bomoi Health Center and KLL. Nutritional support will be provided to patients to reduce barriers to adherence, and providers will be trained in proper nutrition for those on ART. Facility improvements needed to establish centers of excellence, including electrical and telephone wiring repairs and construction of additional laboratory rooms, at Bomoi Health Center and KLL, as HIV services are provided to pediatric patients at both facilities. Issues specific to pediatric HIV care, such as status disclosure, will be included in training sessions for program personnel and other providers. Additional aid and education is arranged for patients through PSS groups, both for those informed of their status and those unaware of their status. Outreach workers are also utilized to track and retain pediatric patients. Continuous monitoring and evaluation will occur through database review and regular meetings based on specific program quality indicators such as: frequency of CD4 monitoring as compared to protocol recommendations, percentages of eligible patients who receive cotrim prophylaxis, percentage of clients with documented HIV status in the chart, tracking of adherence and reports, and tracking of disclosure

status. UNC will also conduct two "PDSA" quality improvement activities, and share the processes and outcomes to the rest of the medical community. The outcomes of all of the monitoring and evaluation activities will be translated and documented in a final year end report.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	368,651	

Narrative:

The same population is targeted for this activity as for pediatric HIV care. UNC provided ARVs to 647 HIV+ children through its activities so far. Each patient undergoes a comprehensive baseline assessment at program enrollment including clinical examination, nutritional and laboratory assessment, and psychosocial evaluation. ARV eligibility and patient visit schedule will be assessed according to age and WHO recommendations. Patients will be seen every month for the first three months of participation and then every three months thereafter. Patients who are seen every three months will continue to be assessed by a nurse dispensarist on weight, ARV dosing, and drug adherence through questionnaires and pharmacy databases. At each visit, drug toxicity assessment is conducted, and counseling on treatment adherence is provided. Outreach workers will assist with patient tracking to improve adherence. Construction of internet-wired and better equipped conference rooms will occur to effectively implement a telemedicine program at Bomoi and KLL, and enable the centers to host medical conferences and regional clinician training sessions. As centers of excellence, HIV pediatric treatment mentorships will occur at KLL and Bomoi, and expert opinions and best practices in pediatric ART treatment will be shared with other providers. Clinical patient outcomes such as improvements in CD4 counts and weights will be tracked and monitored quarterly through streamlined data collection forms and review of patient and pharmacy databases that collect program quality indicators such as: frequency of CD4 monitoring, percentages of eligible patients who receive cotrim prophylaxis, adherence to protocol requirements of DNA PCR at 6 weeks, percentage of clients with documented HIV status in his/her chart, tracking of adherence and toxicity reports, and choice of family planning method documented in his/her chart. UNC will also conduct two "PDSA" quality improvement activities, and share the processes and outcomes to the rest of the medical community. The outcomes of all of the monitoring and evaluation activities will be translated and documented in a final year end report.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	54,543	

Narrative:

Individuals who are sexually active and are HIV tested at PACT health centers are provided information at time of testing on condom use; STI transmission, prevention and treatment methods; and other risk-reducing behaviors, in addition to information on fidelity and reducing the number of partners. UNC

provides this message to those presenting for care at participating maternities and PACT care and treatment centers and at educational presentations in the local communities in which UNC operate. Participants interested in family planning services are referred to closest service provider. Men are specifically targeted through sensitization sessions, which are linked to testing opportunities for those who choose to be tested. Training is provided to healthcare providers at participating health centers at program initiation and through periodic refresher training sessions. Over 54,000 individuals received these messages in the last program year. UNC will continue these activities in FY10, and will monitor and evaluate the delivery of this information by quarterly input/output monitoring.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	580,841	

Narrative:

PACT's PMTCT activities are integrated into existing ANC services provided by PNSR, and currently cares for approximately 14.3% of pregnant women in Kinshasa. HIV+ mothers and their infants are given prophylactic ARV treatment and cotrimoxizole (cotrim), and referred for PSS and informal life skills training. Women eligible for ARVs are referred to a care and treatment center for follow up. UNC will expand to eight additional maternities in FY 2010. Staff at participating maternities is trained using PLNS-approved curriculum. New clinics are supervised daily by UNC staff for 2 weeks to 1 month after training, then by monthly site visits. Efforts are made to strengthen male partner involvement, provide access to CD4 testing at clinics when feasible, and introduce new models for charting and documenting visit follow up and retention, and to cover delivery costs. Regular meetings are held with midwives, clinic nurses, and laboratory staff. UNC will provide a more intensive model for prevention with positives counseling and "living positively" curriculum at 10 maternities to increase follow-up rates at referral sites. UNC will provide an expanded care package of PSS, nutritional support, cotrim prophylaxis, CD4 monitoring and exposed infant follow up at these maternities. Volunteers will be identified, hired, and trained to assist with patient tracking and retention. Funds will be provided to maternities for facility improvements. UNC developed, and will disseminate to district health officials, a model for supportive supervision to strengthen health systems. UNC will implement improved tools to monitor program supervision and performance. For example, UNC will be collecting information on the performance of trained nurses by using knowledge pre-training and post-training tests, clinical skills checklists, and maternity "action plans". UNC will also monitor program performance at the 10 maternities implementing more intensive case management and follow up by recording the percentages of women from each maternity who successfully enroll at a care site, numbers of HIV exposed infants receiving cotrim prophylaxis, and numbers of infants tested for HIV at 6 weeks.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HVTB	715,741	

Narrative:

UNC is active in 17 TB clinics in Kinshasa, and oversees HIV VCT activities in each location. All HIV+ co-infected patients receive cotrim prophylaxis and are screened for ARV eligibility based on CD4 count and clinical staging. 984 co-infected patients were provided HIV-related palliative care in FY09. All TB/HIV co-infected patients are referred to a PSS group. Training courses on the management of TB/HIV co-infection are held regularly for both providers and PSS group leaders. All of these activities will be monitored regularly by program staff through direct observation and review of patient registers and records. Data will be reviewed for program evaluation, and UNC will support a rapid skills transfer to the local health care personnel at those clinics formerly managed by UNC that provided ART at the clinic level. Also at this time, UNC will intensify their technical assistance work for the National program by developing simplified database and data collection forms for ongoing use by the National program and their partners. UNC will expand supportive supervision activities to assist the National program in expansion of its HIV testing activities, and UNC will also provide program evaluation for the National program. UNC will conduct a feasibility assessment of initiating PITC in Kisangani's TB clinics and strengthening linkages to neighboring HIV treatment centers for TB/HIV co-infected patients. Pending a favorable assessment outcome, UNC will develop a plan at the identified sites for Provider Initiated testing and Counseling (PITC), patient assessment, and HIV treatment referral. This plan will include didactic trainings and follow-up supervision at the TB clinics. Program evaluation will consist of documentation of acquired training knowledge through pre and post test results, clinical skills observation checklists and periodic quality assurance panel testing.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10612	**Mechanism Name: PROVISION OF CAPACITY BUILDING TO EMERGENCY PLAN PARTNERS ANS TO LOCAL ORGANIZATIONS IN THE DEMOCRATIC REPUBLIC OF CONGO FOR HIV/AIDS ACTIVITIES UNDER THE PRESIDENT"S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: Kinshasa School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,666,227	
Funding Source	**Funding Amount**
GHCS (State)	2,666,227

Sub Partner Name(s)

Action Contre la Faim		

Overview Narrative

The Kinshasa School of Public Health (KSPH), created in 1984 with funds from USAID, has five objectives: (1) train and educate undergraduate and postgraduate professionals in public health and health economics; (2) update and upgrade the knowledge and skills of Congolese health professionals as needed in order to address health management priorities; (3) enhance disease surveillance; (4) reinforce health operational research; and (5) gather, evaluate and publish health data on programs in the DRC. These objectives are achieved through training programs (MPH), research and community health service delivery. The school has been providing technical assistance to the Ministry of Health (MOH) programs and national universities. During the last five years, KSPH has implemented the project « Strengthening Infectious Diseases Control in DRC » which focused on HIV/AIDS, Malaria and tuberculosis control. This project was funded by CDC Atlanta under the cooperative agreement U62/CCU0233-43.

The goal of this project is to contribute to the reduction of HIV/AIDS and sexually transmitted infection transmission and to attenuate their impact in order to improve the well being of the Congolese people. This project pursues the following specific objectives: (1) to achieve primary prevention of HIV infection through activities such as expending confidential counseling and testing programs; (2) to strengthen the capacity of the country to collect and use surveillance data and manage national HIV/AIDS programs; (3) to strengthen laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety; (4) to provide a support for the improvement of the nutritional status and food diet of PLWHA.

This project's activities are concentrated in USG-supported areas: Kinshasa, Bas Congo, Katanga, Sud Kivu, Kasai Oriental and Province Orientale; however, certain activities, such as the unified national monitoring and reporting system will have national impact

This projects targets youth, health workers, (clinicians and laboratory technicians) PLWHA, students, social workers, and MOH staff.

This project will reinforce the national health system by supporting the MOH's human capacity development, laboratories at the central and provincial levels, and providing technical assistance in strategic information and HIV M&E.

In terms of cross-cutting budgetary attributions, KSPH will focus on human resources for health, food and nutrition (policy, tools, etc), food and nutrition (commodities), and economic strengthening. Across several budget code areas, KSPH will dedicate $937,214.30 to human resources for health. Using Action Contre la Faim (ACF) as a subpartner, KSPH will dedicate $132,000 to food and nutrition (policy, tools, etc.), $463,000 to food and nutrition (commodities), and $70,000 to economic strengthening activities. These nutrition and economic strengthening activities are intended to ensure food security and proper nutrition for adult and pediatric PLWHAs and their families.

In terms of key issues, all of KSPH's activities will have ongoing periodic evaluations over the life of the program as well as an end-of-program evaluation. The ACF managed nutrition activities will provide increased access to income and productive resources to women in order to increase the food security of them and their families. Finally, in clinics where KSPH will provide pediatric care and treatment services, KSPH will leverage government-sponsored child survival services.

KSPH will strengthen the health system by providing training (pre-service and in-service) to DRC National Institutions/Programs staff at different levels (national, provincial, district) and providing technical and administrative assistance to National programs and institutions, local and international USG partners, and other donors. National programs and institutions will include the National Multi-Sector AIDS Control Program (PNMLS), the National AIDS Control Program (PNLS), the National Tuberculosis Program (PNT), the National Blood Safety Program (PNTS), the National Nutrition Program (PRONANUT), the national medical and nurse schools, and some national universities. Local and international USG partners include the Fondation Femme Plus (FFP) and youth associations involved in counseling and testing, sexual prevention, and abstinence-only prevention activities, and the US DoD. Other donors include Global Fund, Catholic Relief Services, the German Development Corporation (GTZ), CORDAID, AMO CONGO, the Clinton Foundation, the World Bank MAP project, and others.

Selected professionals in MOH programs will be provided with MPH-level training in public health. National programs and institutions will receive technical and administrative assistance to develop HIV-related policies, norms, and standard operating procedures. KSPH will provide technical and

administrative assistance to other donors as necessary for them to participate in contributing to the unified national monitoring and reporting system.

Each planned activity described in different sheets below includes outputs to be reached during the program period aligned with PEPFAR indicators. Quarterly reports will include these indicators, problems identified, and recommendations to resolve problems. These reports will be transmitted to CDC/DRC. A mixed team of KSPH staff, CDC/DRC and a CDC consultant will assess the progress being achieved through the project period.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	70,000
Food and Nutrition: Commodities	463,000
Food and Nutrition: Policy, Tools, and Service Delivery	132,000
Human Resources for Health	937,214

Key Issues

Impact/End-of-Program Evaluation
Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**10612** **PROVISION OF CAPACITY BUILDING TO EMERGENCY PLAN PARTNERS ANS TO LOCAL ORGANIZATIONS IN THE DEMOCRATIC REPUBLIC OF CONGO FOR HIV/AIDS ACTIVITIES UNDER THE PRESIDENT"S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)** **Kinshasa School of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	500,000	
Narrative:			

NUTRITION AND FOOD SECURITY SUPPORT PROGRAM FOR PLWHA

In order to be consistent and in synergy with the activities of other participants and to respond to the growing needs in the fight against HIV/AIDS, the KSPH, ACF, PRONANUT and PNLS have therefore decided to become part of a nutrition and food security program targeting the most vulnerable PLWHA over 22 health zones of Kinshasa. The objective of this intervention is to improve the life conditions and longevity of PLWHA, as well as to ensure nutritional treatment for the most vulnerable HIV positive people. Activities are centred on three aspects: nutritional promotion, treatment through nutritional support, and food security activities.

Nutritional promotion activities aim at improving the diet of PLWHA by increasing access and utilization of nutritional centers. This includes a reference/referral sytem customized to each participant based on his/her individual health needs allowing him/her to seek target nutritional interventions at specified nutritional centers.

The KSPH in collaboration with ACF, PNLS and PRONANUT will take part in the development of local capacities, communities, local organisations and health authorities at a local and central level. The support to the Ministry of Health for the Reinforcement of the Nutritional Program enable the promotion of national politics for nutrition and the reinforcement of the nutritional surveillance of the country. At the local level, the nutritional teams of ACF will work together with the Provincial Health Inspection and the Central Offices of the Health Zones, and train the health personnel on malnutrition. These teams will implement targeted nutritional, food security and water and sanitation programs.
Specifically, this intervention will consist of training of trainers, training of local partners and actors on detection and treatment of malnutrition, training on balanced food diet and nutritional support for PLWHA through a voucher system; and training and follow-up of PLWHA and affected persons (AP) who benefit from income generating activities (IGA).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	180,000	

Narrative:

STRENGTHENING YOUTH MOBILIZATION FOR COUNSELING AND TESTING

In the DRC, there are many youth associations which are active in HIV prevention activities. They promote abstinence and sexual behavior changes. Many young people are already sexually active. For them, it is important to promote the utilization of VCT services, which are becoming more available. This

project will collaborate with 12 community-based youth associations in Kinshasa, Kasai Oriental, Katanga, Sud Kivu, Bas Congo and Province Orientale. It will also strengthen the referral system to available nearest HIV services for HIV positive cases. Furthermore, peer recruiters from youth associations will be trained in ABC prevention, counseling and testing. This project will provide technical and administrative support to those youth associations. The direct beneficiaries will be young people.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	300,000	

Narrative:

NUTRITION AND FOOD SECURITY SUPPORT PROGRAM FOR PLWHA

In order to be consistent and in synergy with the activities of other participants and to respond to growing needs in the fight against HIV/AIDS, the KSPH, ACF, PRONANUT and PNLS have therefore decided to become part of a nutrition and food security program targeting children affected by and living with HIV/AIDS in over 22 health zones of Kinshasa. The objective of this intervention is to improve the life conditions and longevity of these children and their caretakers through nutritional treatment. Activities are centred on three aspects: nutritional promotion, treatment through nutritional support, and food security activities.

The KSPH in collaboration with ACF, PNLS and PRONANUT will take part in building local and central capacities targeting communities, local organisations and health authorities. The support to the Ministry of Health for the Reinforcement of the Nutritional Program enable the promotion of national politics for nutrition and the reinforcement of the nutritional surveillance in the country. At the local level, the nutritional teams of ACF will work together with the Provincial Health Inspection and the Central Offices of the Health Zones, and train the health personnel on malnutrition. These teams will also implement nutritional, food security and water and sanitation programs.
This intervention will include a training of trainers, training of local partners, actors, and caretakers on detection and treatment of malnutrition, on balanced food diet and nutritional support for children living with HIV/AIDS and those exposed to the risk of HIV transmission (Mother To Child Transmission). Income generating activities will be provided for families with a child/children living with HIV/AIDS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	637,803	

Narrative:

PROVIDING TECHNICAL ASSISTANCE FOR STRATEGIC INFORMATION
($ 294,194.1)

CISSIDA, the HIV Strategic Information Center, was developed by the KSPH during the last three years. This center is working closely with the M&E Unit of the PNMLS to assure quality data collection and analysis, and to ensure the data are used for evidence based programming. Within the framework of this project, CISSIDA will continue to provide technical assistance to the PNMLS for annual report elaboration and dissemination to NGOs as well as other key stakeholders. Collected HIV information will be shared with partners through its website.
This activity includes support for logistics such as internet, office supplies, phone, fax, printing documents, and transport fees of documents, car fuel and maintenance.

OPERATIONS AND MAINTENANCE OF THE NATIONAL REPORTING SYSTEM FOR HIV/AIDS INDICATORS ($ 173,000)
KSPH will be responsible for the maintenance and operation of the national reporting system which is currently being established by KSPH and other partners with PF08 funding.
This activity will include trainings, some technical assistance from the collaborating institution in Haiti, equipment maintenance, hosting of the reporting website, software license, system development, replacement of IT equipment and purchase of some supplies such as back-up devices, CDs, ink cartridges, etc.

SHORT TERM TRAININGS IN M&E ($ 170,608.7)
In the DRC, despite the existence of a national M&E framework, there are discrepancies in the collected information regarding the fight against HIV/AIDS. Consequently, the KSPH in collaboration with the PNMLS has developed a training manual in M&E targeting decision-makers and field workers who are conducting interventions. The KSPH in collaboration with PNMLS has organized two training sessions of M&E trainers. Furthermore, the trainings will also help in disseminating the existing tools related to M&E. This project will organize five training sessions through six provinces of the DRC during the coming year. Participants will come from the HIV/AIDS stakeholders and partners. Trainings will be conducted by the national experts from the M&E training pool.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	135,000	

Narrative:

POLICY ANALYSIS AND SYSTEM STRENGTHENING- INSTITUTIONAL CAPACITY BUILDING ($ 75,000)

The KSPH will continue to review current policies, norms and standards based on the performance evaluations conducted with donor agencies, voluntary agencies, and relevant Ministry of Health

programs. In collaboration with the appropriate Ministry of Health program (PNLS, PNMLS, PNT, PNTS, and PNSR), KSPH will provide technical assistance in updating policies, norms and standards based on current international scientific knowledge, understanding of the Congolese socio economic environment, results from program evaluations and the feasibility of implementing recommended policies, norms and standards.
In addition, the KSPH will train in HIV-related policy development which will target 25 local organizations of the following categories: health sciences schools, MOH programs, and community-based organizations. Contractors will be recruited to perform these trainings.

MPH TRAINING ($ 40,000)

Many infectious diseases are prevalent in the DRC. TB, Malaria and HIV/AIDS are the leading causes of morbidity and mortality. In order to control those diseases, primary prevention case management strategies should be applied. These approaches require an adequate basic training in several areas such as medicine and public health. Over the past twenty years, the KSPH has developed curriculum for MPH training targeting health professionals devoted to the management of the 515 actually planned Health districts / health Zones. At this time, cumulative figures show that only 720 individuals have graduated from the KSPH, while the need stands at around 2060 Health professionals for the entire country, taking into account 5 personnel trained for each health district. The gap appears immense. Fortunately, new public health schools and departments are emerging in several universities throughout the country. KSPH proposes to provide five MPH scholarships.

PARTICIPATION AT INTERNATIONAL HIV/AIDS, TB, AND STI CONFERENCES ($ 20,000)

Support is provided to key decision makers to attend relevant international conferences for updating skills, knowledge and abilities and sharing the Congolese experience with international researchers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	309,200	

Narrative:

SENSITIZATION ON THE PREVENTION OF SEXUAL TRANSMISSION (ABC PREVENTION)

The HIV/AIDS epidemic is still growing all over the country, despite the extended effort undertaken by the PNLS, the PNMLS and other stakeholders (NGOs, faithful-based organizations, etc.). There is a constant need to inform people about the spreading of the disease and its transmission routes, and also about several services being developed throughout the country. "Femmes-Plus" foundation has implemented a

hotline aimed at providing information on HIV/AIDS to callers. This call-center functions with counselors 24 hours per day, 7 days a week. The phone network is provided free of charge by local phone firms but administrative and maintenance costs need to be covered. Thus, this project will assist the ongoing effort by providing administrative and logistical support. The direct beneficiaries will be the overall population.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	604,224	

Narrative:

TRAINING OF HEALTH PROFESSIONALS ($ 102,645.5)

The previous KSPH project conducted a nationwide laboratory status assessment. The result revealed an insufficient number of provincial reference lab technicians. Additionally, the current technicians were not performing their duties at the required level. The same assessment also noticed a lack of HIV and TB topics in the curriculum of lab technician students at secondary and university levels.
This project intends to train health professionals and undergraduate students in the diagnosis of HIV and opportunistic infections, STI and biological follow-up of PLWHA. Those trainings will be organized at the KSPH laboratory which is well equipped in addition to other provincial laboratories. These trainings will be organized in collaboration with the national AIDS control program (PNLS), the National Tuberculosis Control Program (PNT) and the national Blood safety Program (PNTS). They will be conducted by experts from the pool of local lab trainers during the program period.
In addition these training will be held in national, provincial and General Hospital laboratories. Participants, including lab technicians and students, will be selected from all USG area of the DRC. In addition, mentorship CoAg will be concluded with an International Lab (Senegal or Cote d'Ivoire) in order to retrain local lab technicians.
Lab technicians, nurses, physicians, midwives, social workers, non medical personnel, and students will be the direct beneficiaries.

PROVISION EQUIPMENTS, LABORATORY SUPPLIES AND MAINTENANCE TO THE NATIONAL LABORATORY NETWORK ($ 501,578.70)

In order to overcome equipments and laboratory supply shortage identified during the laboratory status assessment, this project will provide laboratory computer equipments, maintenance and other lab supplies to three provincial reference laboratories located in Sud Kivu, Kasai Oriental, and Province Orientale) and maintenance and lab supplies to the existing 3 laboratories in Kinshasa, Bas Congo and Katanga. These activities will be performed to complement other interventions involving the laboratory sector, notably those funded by Global funds and MAP/World Bank.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12029	**Mechanism Name: TB/HIV, LAB Care and Treatment**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The partner's goals are to increase access to HIV/AIDS services for HIV/TB co-infected individuals in Kinshasa and to strengthen the laboratory system in USG-supported areas. The partner will achieve these goals through five objectives: 1) provide HIV/TB co-infection services according to national protocols in 20 diagnostic and treatment centers (CSDTs) sponsored by the National TB Program (PNT) in Kinshasa; 2) strengthen six laboratories located in six referral centers in Kinshasa to provide necessary HIV/AIDS management and monitoring services; 3) provide laboratory maintenance and supplies to USG-supported laboratories in Kinshasa and other USG-supported provinces; 4) provide adult care, support, and treatment services, including anti-retroviral therapy (ART) treatment, in four CSDTs in Kinshasa; and 5) build human capacity through training.

DR Congo ranks 10th among the world's 22 high-burdened tuberculosis (TB) countries and 4th among those in Africa. The EPP Spectrum analysis estimates that there are 131,400 HIV/TB co-infected individuals. HIV prevalence in adult-incident TB patients was 17% in USG-supported clinics in Kinshasa. PNT has a network of CSDTs throughout the country equipped with mycobacterium microscopy and

providers trained to administer Directly Observed Therapy-short course (DOTS). CSDTs counsel and test for HIV if equipped following new Provider Initiated Counseling and Testing (PICT) protocols. CSDTs provide HIV+ individuals with cotrimoxazole (cotrim) prophylaxis and referrals for care and treatment services.

The partner's TB/HIV activities will follow the model of the USG-supported Integrated TB/HIV program implemented in 17 CSDTs in Kinshasa by the University of North Carolina (UNC), which provides care, treatment, and support services for co-infected patients according to PNT protocols. According to PNT, there are 110 CSDTs in Kinshasa; however, besides the 17 supported by UNC, only 60 others provide PICT (and without any other HIV-related interventions). The partner plans to scale up co-infection services to 40 CSDTs by the end of the cooperative agreement.

Only one laboratory in Kinshasa, the National AIDS Control Program (PNLS) laboratory, is equipped to provide disease monitoring for people living with HIV/AIDS (PLWHA). Patients must pay for the laboratory services or be enrolled in a program that covers the cost. Programs without enough funding to cover lab costs for patients or those located far from the PNLS lab cannot effectively use the services provided. To increase access to quality lab services for HIV diagnosis and disease monitoring in Kinshasa, the capacity of six laboratories within six health facilities will be strengthened. The health facilities that will receive this laboratory support are large centers that receive referrals from all over Kinshasa. The partner will provide equipment, commodities, and training for lab technicians.

The partner will also provide equipment maintenance to USG-supported laboratories through maintenance contracts and training of maintenance technicians. According to the PNLS, lack of equipment maintenance has resulted in the disuse of equipment purchased previously by other donors or programs, like the World Bank or Global Fund. Short term contracts that were negotiated with some suppliers were not sustained. Without any substantial financial support, even programs that collect fees from clients are unable to provide for the maintenance of lab equipment. The partner will provide maintenance support to 10 laboratories currently supported by the USG.

Of these six health facilities receiving laboratory strengthening in Kinshasa, UNC provides care and treatment services, including ART, at two: Kalembe Lembe Pediatric Hospital (KLL) and Bomoi Health Center. The partner will provide adult care and treatment services, including ART, at the remaining four facilities, referring any pediatric patients to KLL. The co-location of TB/HIV services, including laboratory services, will ultimately increase access. Care and support services will include psychosocial support (PSS) and nutritional support; however, the partner will only fund PSS. Nutritional support will be provided through Action Contre La Faim (ACF), a subpartner funded by the USG through the Kinshasa School of Public Health (KSPH).

Finally, the partner will build human capacity through training. Training will be provided to health care workers including physicians, nurses, lab technicians, social workers and PSS group leaders. Clinicians will be offered training on TB/HIV related activities including PICT, care and treatment, and lab activities while social workers will be trained on home care, counseling of patients and caregivers on nutrition, treatment adherence including ART, and patient follow up. Overall, the partner will attribute $81,500 to the human resources for health cross-cutting area.

Ultimately, the investments made by the partner in TB/HIV, laboratory infrastructure, adult care, support, and treatment services should increase the number of health facilities in Kinshasa that can provide comprehensive services for PLWHAs and decrease the number of out-referrals made to PLWHAs, decreasing the number lost to follow-up.

Monitoring and evaluation will happen periodically throughout the life of the project, and the partner will submit quarterly and year-end reports detailing achievements, obstacles, and any remedial actions taken.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED

Key Issues

Impact/End-of-Program Evaluation
TB
Family Planning

Budget Code Information

Mechanism ID:	**12029**		
Mechanism Name:	**TB/HIV, LAB Care and Treatment**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

Through UNC, PEPFAR currently supports seven facilities that successfully provide comprehensive HIV/AIDS care and treatment using family-centered approach: one in a primary health care setting (Bomoi Health Center), one at a tertiary pediatric health facility (KLL), and five in CSDTs. Many HIV+ clients referred to these sites are lost to follow up, though due to the distances between the sites and their home/work. The partner will initiate care and support activities using the family-centered approach at four additional facilities in order to increase geographic coverage in Kinshasa. These four facilities will also have received laboratory strengthening and support as described in the HLAB budget code. HIV/TB co-infected and HIV+ adults referred from TB and PMTCT sites are the target population for this activity. New clients of these services will receive comprehensive HIV care modeled on services delivered by UNC, including: prevention of opportunistic infections, malaria prevention and treatment, sexual and reproductive health services including family planning, testing of family members and sexual partners, psychosocial assessments, and referrals to nutritional and psychosocial support services. First-line family members of patients, particularly caregivers, will also receive psychosocial and nutritional support. PSS groups will provide information regarding treatment adherence, nutritional management during common illnesses (such as diarrhea and vomiting), and HIV transmission prevention methods. Referral and cross referral systems will be put in place to track patients and reduce loss to follow up. PLWHAs identified through the program will be trained as outreach workers to perform home visits to or call patients who neglect to attend scheduled clinic visits.

The partner will train healthcare workers and service providers in these four facilities to provide the range of services listed above.

Continuous monitoring and evaluation will occur through database review and regular meetings based on specific program quality indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

The same population is targeted for this activity as for adult HIV care, which will occur at four facilities that provide adult care and support services. Again, the partner will model the adult treatment services it provides off of the services successfully provided by UNC.

Each HIV+ patient will undergo a clinical and laboratory assessment at program enrollment. HIV disease staging by clinical assessment and CD4 testing will determine ARV eligibility and patient visit schedules. Patients on ART will be scheduled for monthly visits, until deemed clinically stable after which they may

be seen every six months. Those who are seen every six months will be assessed by a nurse dispensarist on weight, ARV dosing, and drug adherence through questionnaires and pharmacy databases. At each visit, drug toxicity assessment will be conducted, and counseling on treatment adherence will be provided. Clinical patient outcomes such as improvements in CD4 counts and weights will be tracked and monitored quarterly through streamlined data collection forms and review of patient and pharmacy databases that collect program quality indicators such as: frequency of CD4 monitoring, percentages of eligible patients who receive cotrim prophylaxis, adherence to protocol requirements of confirmatory testing, percentage of clients with documented HIV status in his/her chart, and tracking of adherence and toxicity reports.

The partner will train health care workers and service providers on HIV/AIDS comprehensive care and treatment, including how to secure an adequate supply of ARVs from Global Fund, providing CD4 counts and clinical staging for ART to patients, ART administration for eligible patients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:

The partner will build laboratory infrastructure in two ways: by providing opportunities for equipment maintenance to USG-supported laboratories and by increasing the number of large health facilities in Kinshasa that receive a large volume of referrals from other centers that have laboratories equipped to provide HIV-related services.

Lab equipment maintenance will be addressed in two ways: 1) contracts will be negotiated with suppliers to ensure that they provide support services to maintain the equipment and fix any problems identified during the use of the equipment; and 2) two institutions in Kinshasa, the Institute for Medical Technology and the Institute for Applied Sciences, will receive support to train maintenance technicians. The support will include curricula updates, purchasing of teaching equipment, and negotiations with suppliers of laboratory commodities for hands-on practice sessions with selected students who will eventually be assigned to work for the PNLS post-graduation.

To increase access to quality lab services for HIV diagnosis and disease monitoring in Kinshasa, the partner will provide equipment, commodities, and training for lab technicians in six laboratories within six large health facilities in Kinshasa. Each of these labs will perform six types of services: 1) HIV and sexually transmitted infections diagnostics, including syphilis rapid testing; 2) HIV disease monitoring, including CD4 count tests; 3) hematology, including hematocrit and hemoglobin tests; 4) TB diagnostics, including microscopy; 5) biochemistry analyses using spectrophotometers; and 6) an information system

to record data for reporting.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	Redacted	Redacted
Narrative:			
In FY 2010, the partner will initiate provider-initiated counseling and testing (PICT) for TB patients and their first-line family members, give cotrimoxazole (cotrim) prophylaxis, and refer HIV+ individuals to psychosocial support PSS groups, nutritional support services, and care and treatment centers to have CD4 counts for ART staging performed, and initiate ART if necessary. This will occur in 20 high-attendance CSDTs in Kinshasa. The partner will work with the PNT and UNC to identify CSDTs for FY 2010. PICT in CSDTs will be done by a TB nurse who also is responsible for TB diagnosis and management. Providers of HIV/TB co-infection services will receive training on PICT as well as clinical management of co-infected patients. All activities will be monitored regularly by program staff through direct observation and review of patient registers and records. The partner will use the simplified database and collection forms developed by UNC in collaboration with the PNT to monitor and evaluate activities for program planning and quality improvement. Program monitoring will include didactic trainings and substantial follow-up supervision at the selected CSDTs. Program evaluation will consist of documentation of acquired training knowledge through pre and post test results, clinical skills observation checklists and periodic quality assurance panel testing.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12030	**Mechanism Name: Programme National de Lutte contre le VIH/SIDA et IST**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Programme National de Lutte contre le VIH/SIDA et IST	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000	
Funding Source	**Funding Amount**

GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Overview Narrative: Please describe the technical and programmatic plans for your program. This should include comprehensive goals and objectives, geographic coverage, target population, key contributions to health systems strengthening (if appropriate), description of cross-cussing programs and key issues (if selected), strategy to become more efficient over time, and M&E plans. (Limit: 5,500 characters)

The HIV/AIDS epidemic in Democratic Republic of Congo (DRC) has been officially recognized by the national government since 1983. Since then, the government has consistently made an effort to maintain its leadership and strengthen HIV/AIDS programs within the country. As early as 1985, the government established national councils and coordinating offices focusing on HIV/AIDS and STIs. These bodies have evolved over time, but their longevity in the DRC is a testament of the commitment of the government to build its own capacity to fight the HIV/AIDS epidemic. Additionally, withstanding the time period around the First and Second Congo Wars (1996-2003), the government has made a concerted effort to publish national strategic plans over the years to respond to the changing environment of the HIV/AIDS/STI epidemic in the DRC.

The National AIDS Control Program (PNLS) was established in 1998 by the Ministry of Health with a mandate to coordinate all HIV/AIDS-related activities and services undertaken by the ministry, with an emphasis on surveillance, prevention, and care and treatment of people living with HIV/AIDS. PNLS is the only entity in DRC with a government mandate for this national level coordination and is therefore the only appropriate body to perform these duties. The PNLS oversees and implements the collection and use of strategic information, capacity building among health professionals involved in HIV/AIDS services, strengthening of laboratory capacity at local, provincial, and national levels, and formulating and revising policy documents.

Goals and objectives:
The overall goal of this project is to contribute to the national fight against the HIV/AIDS epidemic by collecting important sero prevalence data from pregnant women at antenatal care (ANC) clinics. These data capture the severity and trend of the epidemic while providing necessary programmatic information to the GDRC, partners and other stakeholders.

The objective of this proposed project is to carry out an HIV/AIDS sero prevalence survey at ANC facilities

to collect information about the trend and severity of the HIV/AIDS and syphilis epidemics in DR Congo. This will strengthen the capacity of the government of DRC, specifically the PNLS, to collect, analyze and utilize surveillance data for more efficient program implementation.

Geographic coverage and target population:
The proposed survey will be carried out at 40+ ANC sites targeting pregnant women using ANC services throughout DR Congo.

Health systems strengthening:
The HHS/CDC will continue ongoing technical assistance and mentorship work towards the goal of sustainability through this cooperative agreement with the PNLS (as the governing body of all DRC MOH's HIV/AIDS activities). As the DRC's MOH gains capacity, it will be able to provide technical and public health assistance and policy guidance to indigenous NGOs, further strengthening the health systems at various levels of governance in the DRC.

M&E:
PNLS will monitor the implementation of the survey by providing targeted technical assistance, training and ongoing supervision to ensure the ANC survey is conducted in a timely manner and following procedures as described in the protocol.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	256,000

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**12030**		
Mechanism Name:	**Programme National de Lutte contre le VIH/SIDA et IST**		
Prime Partner Name:	**Programme National de Lutte contre le VIH/SIDA et IST**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Other	HVSI	300,000	

Narrative:

PNLS with support from the Kinshasa School of Public Health and Tulane University will conduct an Antenatal Clinic (ANC) sero prevalence survey to collect information on the trend of both the HIV/AIDS and syphilis epidemics among pregnant women attending these clinics in the DRC. The survey will be conducted at 40+ sites throughout DR Congo with a detailed protocol being developed jointly by CDC and other partners. PNLS will be responsible for the training of data collectors in addition to organizing and implementing all field activities relating to the actual collection of the data such as per diem, transport of the enumerators, and ensuring that the ANC protocol approved by the KSPH and CDC/Atlanta is followed correctly. Upon completion, PNLS will take the lead in disseminating survey results.

PNLS has participated in the annual execution of ANC surveys since 2003, allowing them to gain experience with the process over the years. Ultimately, PEPFAR aims to completely hand over the execution of ANC surveys to the PNLS in the future, and building the capacity of the PNLS to handle the field logistics of the ANC surveillance works towards this goal.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12031	**Mechanism Name: Programme National de Transfusion et Sécurité Sanguine**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Programme National de Transfusion et Sécurité Sanguine	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 750,000	
Funding Source	**Funding Amount**
GHCS (State)	750,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this cooperative agreement is to strengthen the capacity of the Programme Nationale de Transfusion Sanguine (PNTS) so that the Government of the DRC (GDRC) can assure a safe and adequate blood supply for its population, particularly pregnant women, children, trauma victims, and other populations susceptible to contracting HIV and other blood-borne pathogens through blood transfusions. The PNTS was established in 1999 by the Ministry of Health with the mandate to coordinate all activities and services related to blood transfusion and blood products, including screening and safety. The scope of PNTS' work includes the collection and use of strategic information, capacity building among health professionals involved in blood and blood product services, strengthening of laboratory capacity at local, provincial and national levels, and formulating and revising policy documents.

PNTS will implement activities in the following areas: lab infrastructure, blood collection, blood testing, transfusion and blood utilization, training, and monitoring and evaluation. The majority of activities implemented will occur at the central level; however, some activities deal with strengthening laboratory capacity in PEPFAR-supported areas through training of staff, provision of necessary reagents and laboratory and blood collection equipment, and implementation of quality assurance procedures will occur at the provincial or district levels in areas currently supported by PEPFAR. The quality assurance system that will be put in place will be a joint system used by the Nationals AIDS Control Program (PNLS), the National TB Program (PNT), the Kinshasa School of Public Health (KSPH), as well as the PNTS, and developed with technical assistance from Association of Public Health Laboratories (APHL).

PNTS will dedicate portions of the total budget to human resources for health and construction/renovation through in-service training of laboratory technicians and clinical healthcare workers involved in blood transfusion as well as ensuring the blood banks, laboratories, and general hospitals have the capacity to collect, test, store, and give blood products. The money allocated by PNTS for construction/renovation refers to the renovation of a counseling center at the PNTS to use to counsel potential blood donors.

PNTS will develop basic program evaluation tools and operational research protocols to improvement program effectiveness and perform monitoring and evaluation throughout the cooperative agreement in order to assess the progress of each activity, as well as a system for reviewing and adjusting program activities based on strategic information Measurement of clinical outcomes will be integrated into evaluation activities in order to assess the ultimate benefit to Congolese receiving blood transfusions, particularly pregnant women, children, survivors of trauma, and others at higher risk for contracting HIV or other blood borne pathogens from transfusions. Some of the activities funded will be formative evaluations and initial assessments of current services, gaps, and capacity of the health system, such as

an assessment of the blood transfusion system, including regional blood collection and processing facilities, testing equipment, and available supplies.

The HHS/CDC will continue ongoing technical assistance and mentorship towards the goal of sustainability through this cooperative agreement. As the DRC's PNTS gains capacity, it will be able to provide technical and public health assistance and policy guidance to indigenous NGOs, further strengthening the health system at various levels of governance in the DRC.

Cross-Cutting Budget Attribution(s)

Education	150,000
Human Resources for Health	150,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12031**		
Mechanism Name:	**Programme National de Transfusion et Sécurité Sanguine**		
Prime Partner Name:	**Programme National de Transfusion et Sécurité Sanguine**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	750,000	

Narrative:

All activities will occur in USG-supported provinces only unless otherwise noted. Laboratory infrastructure: PNTS will assess current lab infrastructure needs for a national, regionalized blood transfusion system, including laboratory testing equipment and supplies; and provide standard blood collection and laboratory equipment and reagents to regional collection facilities to collect blood and perform necessary tests. Blood collection: PNTS will develop generic and site-specific protocols for obtaining, handling, storing, transporting, and distributing blood for use in collection facilities; assess the collection system developed by Safe Blood For Africa in the Kasai Province; develop and maintain a network of blood donor recruiters and blood donor counselors to operate from each provincial center; and develop and maintain a system to identify a network of low-risk and repeat blood donors for possible

expansion in other USG served provinces. Blood testing: PNTS will develop national and site-specific protocols for testing blood for HIV, hepatitis, and syphilis; manage blood testing facilities, ensuring good recordkeeping; and implement effective quality assurance (QA) procedures for testing blood. Transfusion and blood utilization: PNTS will implement national guidelines developed by USG for the appropriate use of blood and blood products; and develop blood utilization review and QA systems for blood usage. Training: PNTS will develop and provide training programs and continuing education programs on blood collection and donor recruitment for health and para-health professionals involved with blood transfusion services; develop and provide training programs and continuing education programs for physicians and laboratory technicians in basic principles and practices of blood banking and transfusion medicine; and develop educational programs that recognize community norms for healthcare providers, nurses, and the general public on safe transfusion practices and reducing the demand for unnecessary transfusions. Monitoring and evaluation: in addition to M&E procedures discussed in the general narrative, PNTS will develop and implement best practice guidance at the district level.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12032	**Mechanism Name: Capacity Building for Clinical Services and Strategic Information**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Tulane University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 268,411	
Funding Source	**Funding Amount**
GHCS (State)	268,411

Sub Partner Name(s)

Kinshasa School of Public Health		

Overview Narrative

Tulane's activities will fall into two program areas: prevention of mother-to-child transmission (PMTCT) and strategic information. In regards to PMTCT, Tulane will provide PMTCT services in Kinshasa, Democratic Republic of Congo (DRC) to women and male partners attending clinics sponsored by private companies like Bralima (brewing company) or ONATRA (transport company). Currently, approximately 40% of pregnant women in Kinshasa are covered by PMTCT services, with many women not attending ANC services at all or in informal clinics run by a variety of healthcare professionals or individuals without any biomedical training. A joint assessment by the National AIDS Control Program (PNLS) and the University of North Carolina (UNC), an existing partner with experience in providing PMTCT services in Kinshasa, indicated that women attending clinics sponsored by private-sector companies are a group of women that can be readily accessed in order to increase the percentage of PMTCT coverage in Kinshasa. UNC currently provides PMTCT services to public and faith-based maternities and ANC clinics and will be scaling up their services in these same settings in FY 2010; Tulane will complement these activities by focusing on clinics sponsored by private companies, work synergistically with UNC to strengthen the referral network and linkages to care and treatment programs, as well as benefit from their significant experience in providing comprehensive PMTCT services in Kinshasa.

In regards to SI, Tulane will assist local partners in the execution and reporting of 2010 antenatal care clinic (ANC) surveillance and execute a special study for an as-yet-to-be determined population. For the 2010 ANC surveillance, Tulane will provide technical assistance and help build the capacity of two local institutions for planning, implementation, analysis and dissemination of ANC surveillance and data: the Kinshasa School of Public Health (KSPH) and the PNLS. Twenty years ago, Tulane played a pivotal role in the start-up of KSPH, today one of the CDC's oldest scientific and academic partners in DRC. Tulane will subcontract the execution of ANC surveillance to KSPH and provide the PNLS with technical assistance and supervision, although PNLS will be receiving a separate award to carry out data collection in the field for ANC. Tulane will be responsible for the special study on a vulnerable but as yet-to-be-determined population. The selection of the population will be made according to input and recommendations from the GDRC Surveillance Taskforce, made up of the HIV/AIDS Strategic Information Center (CISSIDA), the PNLS, the National Multi-Sectoral AIDS Control Program (PNMLS), the World Health Organization (WHO), the CDC, KSPH, and UNAIDS. As data on vulnerable or hard-to-reach populations is non-existent in DRC, PEPFAR DRC pledged in the Partnership Framework Implementation Plan to support special studies as one of several ways to promote strategic information as the foundation for planning and coordinating the national HIV/AIDS response.

Tulane's cross-cutting budgetary attributions focus on human resources for health, as in-service training and performance assessment and quality improvement constitute important pieces of both programs. Tulane will perform evaluations on a periodic basis throughout the life all activities as well as a final

evaluation based on the quality assurance measures used by UNC in PMTCT activities and on the description of monitoring and evaluation protocols approved for the ANC surveillance and the planned special studies.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	59,600

Key Issues

Impact/End-of-Program Evaluation

Workplace Programs

Budget Code Information

Mechanism ID:	**12032**		
Mechanism Name:	**Capacity Building for Clinical Services and Strategic Information**		
Prime Partner Name:	**Tulane University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	268,411	

Narrative:

Tulane's PMTCT activities will utilize the model used by University of North Carolina (UNC). UNC currently provides a comprehensive package of services that at minimum includes appropriate management of pregnancy-related complications, TB screening and case management, sulfadoxine-pyrimethamine for presumptive malaria treatment, promotion of insecticide treated bed net use, tetanus vaccinations, routine iron and folate supplementation, and family planning counseling. Due to the challenges of starting up new programs in several clinics (6 in year 1), Tulane will initially focus on identifying HIV+ mothers and giving prophylactic antiretroviral treatment (ART) to HIV+ mothers and their infants, providing other services when possible. Keeping with national guidelines, Tulane will administer a complex ART regimen; however, availability of ARVs is dependent on the Global Fund, and if adequate supplies of the complex regimen are not available sdNVP will be used as a stop-gap measure. Women eligible for cotrimoxazole prophylaxis and therapeutic ART will be referred to a care and treatment center for follow-up. HIV+ women will be encouraged to join a psychosocial support group, potentially one

currently supported by UNC if in close proximity. Tulane will work to strengthen male partner involvement with technical assistance from UNC, and if feasible provide access to CD4 testing at clinics and cover costs of delivery. Tulane will assess if candidate clinics follow guidelines issued by the National Reproductive Health Program as reproductive health services are the platform for PMTCT services. Selected clinics will receive eight days of integrated training for all clinic staff involved in reproductive health service provision, eight-day practical training for two staff members, and specialized didactic and practical training for lab technicians. Program staff will supervise new clinics on a daily basis for two to four weeks after training and on a monthly basis thereafter to ensure quality service delivery. Tulane will use $30,000 to provide in-service PMTCT training for existing healthcare workers, performance assessment and quality improvement, and for task-shifting of PMTCT responsibilities from physicians to nurses.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12033	**Mechanism Name: Communication for Change (C-Change)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A major component of Behavior Change Communication (BCC) and overall communications strategy is a branded PEPFAR communications platform based on the serial television drama Rien Que La Verite (RQLV), through which PEPFAR partners can effectively communicate with both targeted populations and

the general public, including populations that are difficult to reach with other messaging. Like all effective communications, the strategy works both ways, providing messages to the public and getting key information from them. One of the major challenges to HIV/AIDS prevention in DR Congo is social stigma attached to the disease, and the difficulty that many have in candidly discussing health, sexual behavior, gender and other issues. RQLV began in 2006 as a series of activities that have: driven a public dialogue on HIV/AIDS; given key Congolese media figures a platform for communication (African celebrities speaking to Africans, instead of the "Live Aid" model where foreign celebrities speak on behalf of Africans); and created a recognizable brand with positive associations, thereby reducing some of the taboo in discussing sensitive issues.

The broadcast serial drama was launched in 2008. The appeal and effectiveness of the initial eight episodes have meant that the branded platform is now based on "pull" rather than "push." In addition to the average five million viewers reached each week, RQLV public events involving beloved musicians and actors attract people to cultural events, facilitating robust M&E, and enhancing service delivery by all PEPFAR partners across the four UGS agencies. The platform has already established a high level of visibility, credibility, and interest. PNMLS will use RQLV to create material and support its national Mobile Video activities and other programs.

The RQLV platform will be used by the PEPFAR team, GDRC and their partners, under the leadership of a Strategic Communication Coordinating Committee (SCCC), to ensure that all messages and activities promoted through the platform maintain a high level of quality and consistency. The credibility of a branded platform is the source of its value, and the SCCC will work to constantly maintain and enhance credibility of the RQLV brand while providing the maximum of effectiveness of communications efforts within the overall strategy outlined in the Partnership Framework.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Malaria (PMI)

Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**12033**		
Mechanism Name:	**Communication for Change (C-Change)**		
Prime Partner Name:	**Academy for Educational Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	200,000	
Narrative:			
The branded platform is an engine that drives enhanced levels of targeting across all PEPFAR activities. At least five (5) episodes of the RQLV serial drama will integrate key abstinence and fidelity messages throughout the mini-series. Other related themes which will be integrated include dialogue about risks of multiple concurrent partnerships, male norms and behaviors, gender based and sexual violence, and women's legal rights and protection as well as address stigma and discrimination. A monitoring and evaluation system will be set up to measure knowledge, practices and coverage of the intervention.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	300,000	
Narrative:			
The branded platform is an engine that drives enhanced levels of targeting across all PEPFAR activities. At least five (5) episodes of the RQLV serial drama will integrate safer sex practices messaging throughout the mini-series. Other related themes which will be integrated include dialogue about risks of multiple concurrent partnerships, male norms and behaviors, gender based and sexual violence, and women's legal rights and protection as well as address stigma and discrimination. A monitoring and evaluation system will be set up to measure knowledge, practices and coverage of the intervention.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12034	**Mechanism Name: Technical Assistance to Support the Global funds activities in DRC**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Since 2005, GFATM has provided to the DRC HIV program through the UNDP (the PR) $105,079,712 for phases 1and 2 of the $113,646,453 of the approved Round 03 HIV budget 03. In addition, of the $71,403,215 approved HIV round 07 grant, GF has signed with UNDP $22,675,188 in Phase 01 and has disbursed $11,626,217 of this amount to UNDP already for program implementation. Recently, GF has approved in Round 08 $234,540,691 HIV grant and $339,692,873 Malaria grant. The Malaria HIV round 8 phase 1 grant has been successfully signed by the PRs (UNDP, PSI and SANRU) with GF because of several USG supported TAs to new civil society PRs (SANRU and CORDAID) to support the process of grant signature and earlier implementation activities. A large number of sub-grants have been formalized and are being implemented through partners countrywide. The implementation of these grants is really a great challenge in DRC. Appropriate TAs are needed to CCM, PRs and Sub-recipients for better program management and results achievements. USG has been working already to provide useful TA to the GDRC. In addition to that, the USG has recruited a Global Fund Liaison who will be tasked with, among other duties, the following: identifying opportunities to work side by side with government and other counterparts including civil society to build capacity at all levels; participating in site visits, ensuring quality implementation of activities and identification of program challenges; rapidly identifying potential bottlenecks or problems and suggesting possible solutions; supporting proposal development and transparency at all levels; and providing monitoring and evaluation support. The resources planned under this activity will support the GL capacity to address the TA needs related to the management of GF resources in DRC.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12034		
Mechanism Name:	Technical Assistance to Support the Global funds activities in DRC		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
Since DRC has received more GF resources, USG team has strategically allocated REDACTED to provide TA to support the GF activities implementation in DRC. In coordination with USG team, the GF Liaison will closely work with the CCM and PRs to identify the areas that need TA, develop appropriate scope of works, identify TA providers, and oversee the implementation of the TA funded activities.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12035	**Mechanism Name: Global Development Alliance with MIDEMA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This program wills follow-on activities from a previous two-year program that ended in September 2008 implemented by FHI. The GDA with MIDEMA has two goals: (1) the establishment high quality prevention (PMTCT, Voluntary Counseling and Testing and sexual prevention reaching mostly the CSW) and an Anti Retro Viral treatment center at the Matadi Clinic; and (2) the development of a global public-private alliance. By September 2008, the project has successfully trained 12 doctors and 12 nurses in HIV related prevention care and treatment activities, provided equipment for HIV test and biological monitoring. In addition, 1,899 people of the 1,949 clients counseled and tested, received their HIV results (97.4%), 654 clients were treated for STI, (mostly CWS and their clients) and 34 pregnant women received PMTCT service. As the Midema contribution, the Matadi clinic maternity building was inaugurated in late October 2009 with new staff hired including a gynecologist, a pediatrician and several nurses, which provide an opportunity to set a quality HIV program.

This 3-years program will build on the past experience and pursue the same objectives to develop quality prevention care and treatment program in the Matadi clinic with a focus on PMTCT, HCT, STI treatment targeting high risk populations (CWS and their clients), management of OIs and CTX prophylaxis, adult and pediatric care and treatment as well as nutritional support. Labo capacity will be assessed to ensure that equipment and supplies are adequate and sufficient for the new patients.

MIDEMA will provide a minimum of $1 cash and in-kind cost-share for every USG $1 spent, thus leveraging private sector resources and maximizing USG investment. USG support will focus on strengthening technical capacity while the MIDEMA support will continue to ensure the functionality of the clinic including provision of ARV, STI and OI drugs.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12035		
Mechanism Name:	Global Development Alliance with MIDEMA		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

OI prevention and treatment is a significant but often neglected route to improving the quality of life of PLHAs that can be offered more easily than ART. This project will extend training for OI components of care beyond the limits of those facilities that will offer ART. The project will integrate prevention and treatment of common OIs as an important element of HIV/AIDS care and support. Patients with OIs that can be managed at the first line health institutions will be treated there and those who require further investigations will be referred to higher-level health institutions for diagnosis from which they are referred back to their usual source of care for treatment and follow up. The Program will take advantage of existing integrated HIV Program through PATH to refer patients who need nutritional and economical assistance.

Treatment and prophylaxis for these illnesses will follow national guidelines. There will be provision of cotrimoxazole preventive therapy to all patients who need it based on national protocols. In addition, primary care services such as screening and treatment for hypertension, diabetes mellitus, hypercholesterolemia, depression, and chronic alcoholism will also be provided as part of this comprehensive HIV care program.

Management of OI cases will be based on existing lab equipment and reagents available on the site that the previous USG funded program offered to the site. Lab staffs will be trained to using such equipment, including the CD4 counting system (Dynabeads), automated equipment for hematology (Coulter), biochemistry equipment and the ionogram.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

Patients meeting the eligibility criteria for starting ART (as described by the national guidelines and/or

internationally recognized guidelines) will be educated on the benefits of ART, management of side effects and the importance of a high level of adherence to the treatment. In addition, these patients will be screened for barriers to ART adherence such as depression, alcohol abuse, malnutrition, non-disclosure, and non-supportive familial environments. Non-ART eligible patients will be screened for eligibility to start cotrimoxazole preventive therapy. Any patients presenting symptoms of HIV-related OIs will be managed appropriately at the site or referred to other sites for complete diagnosis and treatment (e.g. TB clinics for those with symptoms suggestive of TB).

Because of the limited availability of ARV drugs within this program, there will be explicitly defined patient selection criteria to decrease frustration in the PLHA community. ART will be provided first to HIV+ MIDEMA workers and their dependents, then others eligible for ART living in Matadi and the surrounding area. Any other patient who is eligible to receive ART will be referred to other treatment services around Matadi

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

This program will develop strategy that increases awareness to MIDEMA employees, and to general population that has access to the MIDEMA CCLD clinic on abstinence and be-faithful. MIDEMA/CCLD will collaborate closely with local partners such as Population Services International/Association de Santé Familiale (PSI/ASF) and other PATH partners to coordinate AB-prevention methods. The MIDEMA-CCLD activists will develop outreach session in the work place (MIDEMA and other companies affiliated to MIDFEMA) and in the community to promote this strategy.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

This program will employ strategy that increases awareness to MIDEMA employees, and underserved people like the CWS and their clients about HIV sexual prevention. MIDEMACCLD has trained activist who have experiences to provide quality BCC information to these underserved people. MIDEMA/CCLD will collaborate closely with local partners such as Population Services International/Association de Santé Familiale (PSI/ASF) and other PATH partners to coordinate prevention methods. CCLD will carry out several coordinated sensitization sessions throughout Matadi. The message on "confidentiality guarantee" should be clearly diffused to encourage participant confidence in the service delivery, which is a main concern in the workplace. In addition, CCLD will make available condoms for these people in needs. The outreach activities will, using these community counselors, promote the benefits of knowing

HIV status for partners and children and encouraging patients to bring them to the clinic with household extension visits as necessary.

STI management is a component of this program. This strategy has been demonstrated as one of the essential components of the HIV prevention and care package. It will be delivered at primary health facilities in the health district. Medical staffs have been trained to identify STIs in every patient presenting genital symptom (such as ulcers or discharge/bubon/abdominal pain), prescribe appropriate drugs according the national algorithm, provide them with education on prevention of future infection, provide and promote condoms, and encourage patients to bring their sexual partners for testing and treatment. Complicated cases will be referred to the general hospital where a more advanced diagnosis can be done using laboratory procedures. The Program will provide needs commodities to ensure effective treatment. HCT will be offered to all patient presented in STI clinics through trained counselors.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

To maximize prevention of pediatric infections, this program will universally implement "opt-out" testing at ANC, Labor and Delivery, and Postpartum services where PMTCT services are offered. In addition to offering HIV counseling and testing; syphilis testing and treatment; promotion of male partner testing will be provided; as well as iron and folic acid supplements according to MCH guidelines. Referral and health promotion to encourage regular ANC visits, child growth monitoring and vaccination, and family planning will be enhanced through:

• Actively providing family-based testing of partners and other children, including home-visits as indicated
• Integrating HIV counseling and testing within maternity services
• Intensifying promotion of early and complete ANC consultations and use of maternity services through social workers, community-based health volunteers, and -organized campaigns.
• Promoting treated bed nets and providing presumptive treatment for malaria in cases of fever, and intermittent prophylactic malaria treatment to the end of pregnancy (in accordance with national guidelines and with commodities supplied by the National Malaria Program, Global Fund, and PMI partners).

The program will train MIDEMA CCLD/CMM staff according to the needs of their specific post and function, vis a vis the new PMTCT programs linked with the maternity. The program will use the country newly adopted policy that emphasizes on opt-out counseling and testing for ANC clients, ARV

prophylaxis using an expanded bi-/triple-therapy regimen, safe motherhood, strengthening infant feeding counseling and support and provision or referral for family planning services. Training will also include guidance how to handle and store ARV drugs used in the PMTCT program. Pharmacists will be trained for appropriate storage.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:

This program is follow-on the previous GDA collaboration that ended in September 2008. The previous program offered to MIDEMA CCLD lab equipments, including the CD4 counting system (Dynabeads), automated equipment for hematology (Coulter), biochemistry equipment and the ionogram. Lab technicians have been trained. This program will build on that investment, will refresh training of lab or train new technicians, provide reagent and ensure maintenance of these equipments. Additional new equipments could be acquired on need-basis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

The MIDEMA CCLD clinic ins not a TB diagnosis center but is a TB treatment center even if the Centre high-qualified clinician that may ensure high quality of TB treatment. This project will advocate to the MoH to accredit that MIDEMA become as TB diagnosis center. However, the project will promote TB testing for all CT clients presenting possible TB symptoms, as well as active TB case finding among PLHA. The program will also promote active HIV testing using PICT approach to all TB patients. The MIDEMA CCLD staffs have been trained and are equipped to perform a specific TB diagnosis and DOTS. The Center will be a set all requirements for TB-control and serve a learning center for TB Infection control in the context of HIV. Referral for appropriate care services of TB-HIV co-infected will me made to other USG supported program in MATDI (PATH integrated HIV program).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12036	Mechanism Name: Interated Nutrition Program
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement

Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This activity will expand and augment nutrition interventions to mitigate the impact of HIV/AIDS among affected families, reducing malnutrition and food insecurity. Specifically, Orphans and Vulnerable Children (OVC), People Living with HIV and AIDS (PLWHA), as well as women and children in PMTCT programs will include dietary and nutrition assessment, counseling and monitoring, transitional/temporary nutrient dense/fortified therapeutic and supplementary food, and multi-micronutrient supplementation, as well as food security, livelihood assistance and related micro-finance (seed and tool fairs, individual and community gardening, animal banks, etc.). These activities will be integrated within community and clinical services.

7. Expected Results: Reduced malnutrition and food insecurity among HIV impacted individuals and families.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12036**

Mechanism Name:	Interated Nutrition Program		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

This activity will expand and augment nutrition interventions to mitigate the impact of HIV/AIDS among affected families, reducing malnutrition and food insecurity. Specifically, Orphans and Vulnerable Children (OVC), People Living with HIV and AIDS (PLWHA), as well as women and children in PMTCT programs will include dietary and nutrition assessment, counseling and monitoring, transitional/temporary nutrient dense/fortified therapeutic and supplementary food, and multi-micronutrient supplementation, as well as food security, livelihood assistance and related micro-finance (seed and tool fairs, individual and community gardening, animal banks, etc.). These activities will be integrated within community and clinical services.

7. Expected Results: Reduced malnutrition and food insecurity among HIV impacted individuals and families.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

This activity will expand and augment nutrition interventions to mitigate the impact of HIV/AIDS among affected families, reducing malnutrition and food insecurity. Specifically, Orphans and Vulnerable Children (OVC), People Living with HIV and AIDS (PLWHA), as well as women and children in PMTCT programs will include dietary and nutrition assessment, counseling and monitoring, transitional/temporary nutrient dense/fortified therapeutic and supplementary food, and multi-micronutrient supplementation, as well as food security, livelihood assistance and related micro-finance (seed and tool fairs, individual and community gardening, animal banks, etc.). These activities will be integrated within community and clinical services.

7. Expected Results: Reduced malnutrition and food insecurity among HIV impacted individuals and families.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:

This activity will expand and augment nutrition interventions to mitigate the impact of HIV/AIDS among affected families, reducing malnutrition and food insecurity. Specifically, Orphans and Vulnerable Children (OVC), People Living with HIV and AIDS (PLWHA), as well as women and children in PMTCT programs will include dietary and nutrition assessment, counseling and monitoring, transitional/temporary nutrient dense/fortified therapeutic and supplementary food, and multi-micronutrient supplementation, as well as food security, livelihood assistance and related micro-finance (seed and tool fairs, individual and community gardening, animal banks, etc.). These activities will be integrated within community and clinical services.

7. Expected Results: Reduced malnutrition and food insecurity among HIV impacted individuals and families.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

This activity will expand and augment nutrition interventions to mitigate the impact of HIV/AIDS among affected families, reducing malnutrition and food insecurity. Specifically, Orphans and Vulnerable Children (OVC), People Living with HIV and AIDS (PLWHA), as well as women and children in PMTCT programs will include dietary and nutrition assessment, counseling and monitoring, transitional/temporary nutrient dense/fortified therapeutic and supplementary food, and multi-micronutrient supplementation, as well as food security, livelihood assistance and related micro-finance (seed and tool fairs, individual and community gardening, animal banks, etc.). These activities will be integrated within community and clinical services.

7. Expected Results: Reduced malnutrition and food insecurity among HIV impacted individuals and families.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

This activity will expand and augment nutrition interventions to mitigate the impact of HIV/AIDS among affected families, reducing malnutrition and food insecurity. Specifically, Orphans and Vulnerable Children (OVC), People Living with HIV and AIDS (PLWHA), as well as women and children in PMTCT programs will include dietary and nutrition assessment, counseling and monitoring, transitional/temporary nutrient dense/fortified therapeutic and supplementary food, and multi-micronutrient supplementation, as well as food security, livelihood assistance and related micro-finance (seed and tool fairs, individual and

community gardening, animal banks, etc.). These activities will be integrated within community and clinical services. 7. Expected Results: Reduced malnutrition and food insecurity among HIV impacted individuals and families.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12037	**Mechanism Name: HIV/AIDS Comprehensive Social Marketing Program throughout the DR Congo**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,500,000	
Funding Source	**Funding Amount**
GHCS (State)	2,500,000

Sub Partner Name(s)

Association Sante Familiare	Hope Consultancy	QED Group, LLC
Social Impact		

Overview Narrative

The anticipated PSI/ASF FY10 activities are part of a broad four-year project launched in October 2009, built on expertise gathered, lessons learned and interventions performed during a 2005-2009 USAID-funded project in DRC. By targeting populations most at risk for HIV acquisition and transmission in order to affect HIV transmission dynamics and reduce new cases of HIV infections, PSI/ASF will strive to participate in PEPFAR efforts in DRC, in collaboration with governmental partners (such as DRC's National Multisectoral AIDS Commission (PNMLS), MOH National HIV/AIDS/STI Program (PNLS),

HIV/AIDS sectorial programs (Army, Police)), civil society (schools, NGOs, religious groups, associations of PLWHA), private sector (the Inter-Business Committee for the Fight against AIDS) and other PEPFAR-funded partners.

With FY09 funds, PSI/ASF plans to implement an integrated project by increasing the supply of, the awareness of and the informed demand for effective health products, services, and behaviors in the areas of HIV/AIDS/STI, family planning and reproductive health (FP/RH), maternal and child health (MCH) and water and sanitation. HIV interventions are conducted in provincial capitals and other major urban and peri-urban areas in 25 of the 80 USAID focused health zones, divided in 4 provinces (Katanga – District of Kolwezi; Sud Kivu – Districts of West, Bukavu, South, North and Centre; Kasai Oriental – Districts of Mbuji Maji, Katako Kombe and Lodja; Kasai Occidental – Districts of Kananga and Lulua). Accordingly to populations with high risk behaviors identified by the 2007 DHS, these prevention interventions target men and women 15-49, youth 15-24, men aged 20-49 engaged in concurrent sexual partnerships, female sex workers (FSWs), clients of sex workers, other MARPs including mobile populations (e.g., miners, uniformed service personnel, truckers and other transporters) and people living with HIV/AIDS (PLWHA). During this period, PSI/ASF expects to distribute through its USG funded social marketing program, both male and female condoms through points-of-sale integrated in a strong distribution network. At the national level, this distribution will be complemented by UNFPA, UNDP (funded by The Global Fund) and PNMLS (funded by the World Bank) efforts for condom distribution in other health zones.

With FY10 funds, PSI/ASF envisions expanding activities to additional USAID rural HZ as supply allows, and in discussion with USAID and its other USAID implementing partners working in these zones. PSI/ASF will capitalize on integration within health areas through its "ABCD" HIV/AIDS/STI programming including both male ("Prudence") and female ("Prudence Femme") condoms which empower target populations to make more informed choices. PSI/ASF will broaden the scope of this messaging following the findings of the 2010 HIV/AIDS/STI TRaC study to ensure that this portfolio evolves in response to the latest evidence, particularly pertaining to MARPs. The project seeks to address negative gender and sexual violence norms, promote sexual risk reduction, especially emphasizing partner reduction and condom use; and promote uptake of HIV testing, and STI and HIV care and treatment services, including secondary prevention for HIV-positive persons and within HIV-discordant couples.

Sustainability is a major priority of the PSI/ASF program and has been a key component to strategy development and activity implementation. In general, members of target groups are routinely included in the implementation of project activities. For instance, target group representatives are trained by trainers in the provision of service delivery (e.g. peer education) so activities can continue even after the project ends. Additionally, behavior change techniques and Information, Education, and Communication (IEC) tools are also produced and disseminated to facilitate behavior change communication activities amongst

target population groups while target population supervisors within each intervention area ensure the monitoring of interventions and the quality of services. Moreover, PSI/ASF will partner with Social Impact to provide systematic support to local NGO partners in key areas such as financial and administrative management, planning, and skills building activities including improved M&E. Local NGOs will be better able to receive and manage health and development funding. A network of condom sales points has been set up around program sites and linkages have been created with the traditional national distribution network through private wholesalers to ensure product availability for the target population.

PSI/ASF will continue to implement an M&E plan to ensure service quality based on national and USG requirements and will report to USAID quarterly program results and ad hoc requested program data. Data collection will be through the periodic reporting (monthly and quarterly) made at three different levels (Peer educators - coordination of partners (NGOs, PALS, PMILS, PLWHA Associations, etc.) - PSI/ASF). To help build and strengthen a unified national M&E system, PSI/ASF will participate in coordination and strategic information meetings at all levels (national, provincial, district, health zone) and will adapt directions given during these meetings to the project.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	140,000

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Military Population
Mobile Population
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	12037		
Mechanism Name:	HIV/AIDS Comprehensive Social Marketing Program throughout the DR Congo		
Prime Partner Name:	Population Services International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	1,000,000	

Narrative:

With FY09 funding, PSI/ASF plans to reach 6,000 people through interpersonal communication targeting youth (with abstinence messages) and couples in religious communities (with mutual fidelity messages).

With FY10 funds, the project will build upon previous project activities to expand prevention interventions in existing project sites, adding some sites for specific interventions as explained above. Key activities promoting HIV prevention through AB methods will include:
- Advocacy to primary and secondary education Provincial Ministries for integrating HIV in training curricula for students and training of teachers in behavior change techniques;
- Advocacy to PALS (Army) and PMILS (Police) for the integration of basic knowledge about HIV in the curriculum and training of teachers in military and police initial training schools;
- Identification and training of community-based animators and peer educators (in NGOs targeting OVC, youth leaders, faith-based communities, sport clubs, women associations);
- Production of revised BCC tools (such as flip charts, posters, flyers) based on results of PSI/ASF's formative research study (Tracking Results Continuously, or TRaC), to be shared with PNLS and USAID, to support partners activities;
- Behavior change communication activities focused on abstinence and delay of sexual debut, delivered by peers and influential elders and including recreational and cultural activities among youth;
- Activities focused on young girls, such as training women as peer educators who can lead activities that promote exchanges among young girls about their specific vulnerabilities and issues.

In addition, PSI/ASF will :
- Carry on regular meetings with peer educators, community-based educators and partners leaders to give feed back related to periodic project data analysis;
- Continue regular internal and quarterly external supervisions, with standards-of-performance tools, to improve consistently the quality of interventions, in collaboration with PNLS, PNMLS and Health Zones Chiefs.

In total, 20,000 people will be reached through behavior change communication in small groups, and 70,000 during mass animation with MVUs for abstinence and mutual fidelity promotion.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,500,000	

Narrative:

With FY09 funding, PSI/ASF plans to reach 3,000 people through IPC targeting groups with high risk behaviors such as military, police officers, CSW, transporters and miners, with a distribution of 21,6 millions male and 500,000 female condoms.

With FY10 funds, the project will build upon previous project activities and key interventions promoting HIV prevention through other means of prevention will include:
- Advocacy to PALS (Army) and PMILS (Police) for the integration of basic knowledge about HIV in the curriculum and training of teachers in military and police initial training schools;
- Identification and training of community-based animators and peer educators among CSW leaders, pimps, bars and hotels managers;
- Identification and training of PLWHA as new target group on positive prevention, in coordination with the National Network of PLWHA NGOs and PNLS;
- Production of revised BCC tools (such as flip charts, posters, flyers) based on results of PSI/ASF's formative research study (TRaC), to be shared with PNLS and USAID, to support partners activities;
- Packaging and distribution of male and female condoms through expanded distribution network including wholesalers to retailers, local NGOs, pharmaceutical sales outlets, military and police camps, PLWHA centers, bars and hotels;
- Radio spots production and placement for condom consistent and correct use;
- Participation in provincial and national meetings of the Condom Working Group (including institutions such as PALS, PNLS, UNDP, UNFPA, local NGOs) under the leadership of PNMLS.

In addition, PSI/ASF will :
- Carry on regular meetings with peer educators, community-based educators and partners leaders to give feed back related to periodic project data analysis;
- Continue regular internal and quarterly external supervisions, with standards-of-performance tools, to improve consistently the quality of interventions, in collaboration with PALS, PMILS, PNLS, PNMLS and Health Zones Chiefs.

In total, 12,000 people will be reached through behavior change communication in small groups (2,000 CSW, 2,700 militaries, 2,800 police officers, 2,300 transporters, 1,200 miners and 1,000 PLWHA), and 25 millions of male and 700,000 female condoms will be distributed.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12038	**Mechanism Name: DRC Armed Forces personnel HIV prevalence and behavior survey and support to the military reporting system**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The DRC military population is estimated at 150,000 uniformed persons with approximately 2.4 million related people (family members, civilians, veterans). This population is considered at high risk of HIV/AIDS transmission due to their mobility and apparent risky behaviors (rape, removal of regular partner). A survey recently conducted in the Kinshasa military region reveals an HIV prevalence of 3.8% among military. According to this study data, the HIV prevalence among women is twice higher (7.5%) than among men (3.6%) . A high HIV prevalence was also found in the Military personnel recently arrived from other regions (6.4%).

However, the HIV prevalence has not been estimated in the overall DRC Armed Forces using a sample representing the general military population.

As national prevalence and risk-factor data remain critical to have evidence based planning of prevention, care and treatment programs, DOD intends to help the FARDC to undertake a nationally sampled HIV/AIDS prevalence survey linked with a behavior study. The data generated by this survey will be used by the military health services authorities for the strategic planning purposes and by military policymakers.

To align his program to the PFIP objective of strengthening the strategic Information capabilities at both national and provincial levels, DOD intends to reinforce, through its implementer partner, the routine report system in the military health facilities and the provincial representative offices of the DRC Armed Forces HIV program (PALS).

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Military Population

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**12038** **DRC Armed Forces personnel HIV prevalence and behavior survey and support to the military reporting system** **TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted

Narrative:

For the HIV prevalence and behavior survey:

- HIV testing will be carried out according to accepted protocols and referrals to care and treatment will be made for all who test positive.
- Participation in the survey will be voluntary.
- International indicators of HIV risk so that the military data may be compared to that of other militaries in the region as well as to other subpopulations that may be the subject of surveillance in the country.
- In addition to international indicators and military-related risk factors, questionnaire will include questions regarding GBV, women's risk and male norms in the military.
- A data base will be created.

The DOD activities to strengthen the routine reporting system will include:
- Provision of equipment
- Training of the military health workers involved in reporting activities
- Provision of data collecting and analyzing tools

- Internet connection.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12039	**Mechanism Name: PSI TC and BCC in DRC military**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 670,294	
Funding Source	**Funding Amount**
GHCS (State)	670,294

Sub Partner Name(s)

Family Health International		

Overview Narrative

The anticipated PSI/ASF FY10 activities are part of a broad three-year project launched in March 2009, built on expertise gathered, lessons learned and interventions performed during a multi round DoD-funded project in DRC since 2006. The DRC has experienced significant population movements in response to recurring conflicts, responsible for several consequences: poverty, degradation of the health system, spread of HIV / AIDS (1,3% prevalence rate). DRC military population is estimated at 150,000 uniformed persons with approximately 2.4 millions related people (family members, civilians, veterans) . . This population is considered at high risk of HIV/AIDS transmission due to their mobility and removal of regular partner. The HIV prevalence among military is 3.8% and is twice higher among women (7.5%) than men (3.6%) .

Since 2006 with USG funding, PSI/ASF has been working with Family Health International (FHI) to support the Army Program for the Fight against AIDS (PALS) in implementing HIV/AIDS prevention and care interventions among military personnel, their family members and closed communities. Thus,

PSI/ASF and FHI consortium project is based on the HIV prevalence study among DRC Armed Forces, lessons learned from previous funding phases, and on the 5-year sectorial strategic plan adopted by the PALS (2007-2011) by strengthening:
- the perception of personal risk of contamination from unsafe sex;
- the awareness and the uptake of voluntary HIV counseling and testing high quality services;
- the promotion of consistent and correct condom use;
- the health care services dedicated to those among army and families infected by HIV.

Gender equity for accessing HIV prevention messages, counseling and testing services and care for those infected by HIV is a priority of the project. An emphasis on women is active participation in project activities is made during the choice of project actors (peer educators, community-based educators, counseling and testing service delivery personnel in health facilities). Military wives' associations based in targeted camps are involved in messages dissemination during their current activities to their peers, in sensitization of military children grouped in sport clubs, orphans NGOs and faith-based organizations, in empowering and encouraging mothers (and in turn their partners) to engage in HIV/AIDS prevention activities with their children within the context of military families.

Currently, the project covers 3 military camps: Vangu camp in Lubumbashi, N'sele camp in Mbuji Mayi and Kokolo camp in Kinshasa. After discussion with PALS, the project extension will be broadening with one additional military site, Bukavu camp in South Kivu, in FY10.

Sustainability is a major priority of the PSI/ASF program and has been a key component to strategy development and activity implementation In general, members of target groups are routinely included in the implementation of project activities, from peer educators feed back to the highest level of the hierarchy implication. One of PSI/ASF's primary priorities has been building the capacity of each of the branches of the army (Air Forces, Naval Forces, Land Forces, and Republican Guard) through the creation of a pool of peer educators. Therefore, HIV related activities become better integrated into day-to-day activities of uniformed personnel rather than being viewed as an "extra" work. Branch supervisors and zone supervisors provide more direct oversight and supervision of peer education activities. The military health chiefs, as provincial supervisors, have been trained by the project to coordinate all HIV activities including planning, monitoring and evaluation, service delivery quality. Furthermore, PSI/ASF plans to work with the DRC Ministry of Defense to integrate HIV education into uniformed schools' curricula so that HIV information is provided from the moment an individual enters uniformed service. A pool of trainers of peer educators have been trained in Mbuji Mayi and Lubumbashi and is available to conduct initial or refresher training to peers so activities can continue even after the project ends. Moreover, military health structures are equipped and personnel trained to integrate counseling and testing service delivery as well as referral systems enhanced. A network of condoms points-of-sale has

been set up around program sites and linkages have been created with the traditional national distribution network through private wholesalers to ensure product availability for the target population.

The project monitoring and data collection and reporting is integrated in the National Health information System (SNIS) at the health zone level, and local representatives of the project participate in monthly meetings of district's core teams with all key partners such as Health Services Headquarters representatives and PALS representatives. PSI/ASF will continue to implement an M&E plan to ensure service quality based on national and USG requirements and will report to the USG strategic information team quarterly program results and ad hoc requested program data.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	39,000

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Military Population

Budget Code Information

Mechanism ID:	**12039**		
Mechanism Name:	**PSI TC and BCC in DRC military**		
Prime Partner Name:	**Population Services International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	308,344	
Narrative:			
With FY09 funding, PSI/ASF in collaboration with FHI and PNLS supports initial and refresher training of 18 counselors in HIV counseling and 6 laboratory technicians. A total of 6,000 people are expected to receive HIV counseling, testing and their results.			

With FY10 funds, keys activities include, through a sub agreement with FHI:
- Training of 21 counselors and 9 laboratory technicians for high quality TC service delivery;
- Provision of rapid tests and laboratory supplies to HTC integrated centers;
- Continuation of TC activities according to national standards via integrated sites, resulting in the testing of 16,550 people. Within the project's integrated sites, TC will be proposed to all individuals coming to the health facility, making TC a routine, integrated element of health-care services ("opt-out" approach);
- Strengthening a strong referral and counter referral system for people tested HIV positive to care and treatment health facilities, related to specific people needs (ARVT, PMTCT, TB, etc.). PSI/ASF will also rely on existing referral systems at the national level and among other PEPFAR implementing partners. At sites that don't offer all services, this information will be shared with national authorities, PEPFAR, and other stakeholders to discuss possible opportunities to expand service offerings;
- Rehabilitation of one incinerator in Bukavu to reduce accidents due to exposure and handling of waste by the health workers and the public;
- Reinvigorate and/or establishment of 2 post-test clubs in Kinshasa and Bukavu to complete Katanga and Kasai Oriental ones. Their main mission is to provide psychological support to people tested HIV positive through an exchange of experiences, the promotion of partner notification and the introduction of self-management to promote income generating activities;
- Quarterly quality control for tests in LNRS/PNLS (for Mbuji Mayi, Kinshasa and Bukavu) and provincial laboratory of Katanga (for Lubumbashi) for laboratory quality insurance;
- Regular supervision conducted by health zones headquarters (BCZS), HIV provincial coordination offices (Katanga, Kasaï-Oriental, Kinshasa and Sud Kivu), PALS, FHI, ASF/PSI based on a consolidated and validated monitoring plan.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	110,950	

Narrative:

With FY10 funds, the project will build upon previous project activities to expand prevention interventions in existing project sites, adding some sites for specific interventions as explained above. Key activities promoting HIV prevention through AB methods will include:
- Advocacy to PALS (National Defense HIV Program) to integrating basic knowledge about HIV in the curriculum and training of teachers in military initial training schools and if possible in primary and high schools located in military camps to reach military children and closed civilian population, and to introducing Sud Kivu in the project;
- Identification, initial and refresher training of community-based animators and peer educators among military personnel, military wives associations members and military children leaders;
- Production of revised BCC tools (such as flip charts) based on results of PSI/ASF's formative research

study (Tracking Results Continuously, or TRaC), to be shared with PNLS (National AIDS Control Program), PALS and DoD, to support partners activities;
- Behavior change communication activities focused on abstinence and delay of sexual debut, delivered by peers and influential elders and including recreational and cultural activities among youth;
- Activities focused on young girls, such as training women as peer educators who can lead activities that promote exchanges among young girls about their specific vulnerabilities and issues.
- Behavior change communication activities focused on abstinence and being faithful through inter personal communication and mass animation;
In addition, PSI/ASF will :
- Conduct a TRaC survey to identify key behavioral determinants to narrow with adapted behavior change messages to be promoted among military personnel and relatives;
- Carry on regular meetings with peer educators, community-based educators and partners leaders to give feedback related to periodic project data analysis;
- Continue regular internal and quarterly external supervisions, with standards-of-performance tools, to improve consistently the quality of interventions, in collaboration with PNLS, PNMLS (National Multi-sector AIDS Program), PALS and Health Zones Chiefs.

In FY 010, a total of 4,800 individuals are expected to be reached through interpersonal communication session based on abstinence and being faithfull.28,800 people will be reached during mass animation with MVUs for abstinence and mutual fidelity adoption.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	251,000	

Narrative:

With FY10 funds, the project will build upon previous project activities and key interventions promoting HIV prevention through other means of prevention will include:
- Advocacy to PALS (National Defense HIV Program) to integrating basic knowledge about HIV in the curriculum and training of teachers in military initial training schools, and introducing of Sud Kivu in the project;
- Identification, initial and refresher training of community-based animators and peer educators among military personnel, military wives associations members and military children leaders;
- Pre test, production and dissemination of a communication campaign for HTC uptake promotion (TV spot, radio spot, posters, flyers), with an emphasis on couples counseling, awareness of the benefits and availability of TC;
- Production of revised BCC tools (such as flip charts) based on results of PSI's formative research study (Tracking Results Continuously, or TRaC), to be shared with PNLS (National AIDS Control Program),

PALS and DoD, to support partners activities;
- BCC activities focused on condom use, HTC promotion, stigma and discrimination reduction, gender based violence, alcohol abuse and related risks, through inter personal communication and mass animation;
- Condom packaging and distribution. Point-of-sales are created inside military camps by peer educators trained by the project in condom social marketing. Additional point-of-sales are created by PSI/ASF sales agents around military camps and in hot spots (as bars) usually frequented by target groups;
In addition, PSI/ASF will :
- Conduct a TRaC survey to identify key behavioral determinants to narrow with adapted behavior change messages;
- Carry on regular meetings with peer educators, community-based educators and partners leaders to give feedback related to periodic project data analysis;
- Continue regular internal and quarterly external supervisions, with standards-of-performance tools, to improve consistently the quality of interventions, in collaboration with PNLS, PALS and Health Zones Chiefs.

In FY10, 34,200 individuals are expected to be reached through interpersonnal communication sessions focused on other means of prevention than AB. 67,200 people will be reached during mass animation with MVUs.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12040	**Mechanism Name: Reinforcement of the military HIV/AIDS program at national, provincial and community levels**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

One of the objectives of the Five-Year USG strategy is to strengthen the coordination and the management of HIV interventions through support to the institutional capacity building and human resources. In 2010, efforts will be made to provide technical and institutional expertise to the PALS' personnel and to military health workers as well as to military community faith based association. This activity will contribute to the ownership and to the sustainability of the PEPFAR military activities by the beneficiaries and will thus ensure their sustainability. The first component of this activity involves providing short-term visits from prevention specialists or other experts to support the military health providers with prevention, clinical management, diagnosis and treatment of HIV/AIDS. Additional efforts will be made to improve the integration and linkages between facility based and community based services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Military Population

Workplace Programs

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**12040** **Reinforcement of the military HIV/AIDS program at national, provincial and community levels** **TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			

This program's activities will include: - Periodic prevention specialists' site visits - Institutional capacity building of the PALS office - Learning visits for PALS's personnel and other military clinician as well as community health workers in other countries or regions. - Technical support to military faith based community associations such as military wives associations, military orphans…

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12041	**Mechanism Name: Journalist Workshops**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Grant
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Public Affairs, with TBD partners, will organize a series of journalism workshops in key urban areas in the DRC that bring together regional journalists with regional public health officials. U.S.-based reporters, including from VOA, with experience on health reporting in sub-Saharan Africa, will lead workshops. Journalists will be able to discuss HIV/AIDS issues with public health officials and U.S. health reporters, conduct scenario-based exercises using HIV/AIDS reporting case studies, and discuss appropriate ways to report on HIV/AIDS in a way that reduces stigma and leads to a more supportive environment for prevention and treatment. The training methodology will be based on past training activities conducted by

VOA on public health issues, and utilize training modules found in the Internews' "Local Voices program," which, funded by USAID, supports the training of journalists on HIV/AIDS issues in three African countries (Kenya, Ethiopia, Nigeria). A module to the program will be included that trains journalists to lead future training activities. Participants will also receive a reference booklet on HIV/AIDS at the end of the training as a key reference material for future reporting. Prior to the launch of this initiative, a situation assessment will be conducted to ensure this project does not duplicate efforts being conducted in the DRC, and explores avenues for potential collaboration with ongoing media-building efforts. At the conclusion of the training, journalists will be encouraged to work together to establish a network among regional journalists and public health officials to share information and ensure accurate reporting on any public health issues.

Mass media plays an important role in influencing public perceptions in the DRC, and effective usage of mass media requires an informed press corps that can accurately report on HIV/AIDS. In the DRC, there have been instances of inaccurate reporting on public health issues creating unnecessary panic among local populations. Continued inaccurate report could also lead to a negative stigmatization of PLWHA's. Regional workshops to inform journalists on public health issues have been conducted on a limited scale in the past. VOA, which has extensive experience training journalists in other PEPFAR countries on HIV/AIDS and related public health issues, led a journalist workshop in Goma in November 2008 that allowed public health professionals to brief Kivu journalists on public health matters, and educate journalists on the accurate reporting of health issues. The Swiss Cooperation has also provided limited funding to Great Lakes regional media networks on journalism workshops. The UN-based radio station, Radio Okapi, provides periodic health reporting, which acts as a positive example for accurate public health reporting. However, as Okapi's reach and audience is limited, and past training workshops have yet to sufficiently train journalists on public health reporting, a comprehensive series of workshops that educates community-based and Congolese national media outlets on accurate HIV/AIDS reporting (which has yet to be done) will enhance the quality of reporting by the local media.

M&E activities will follow the USAID monitoring plan used in Kenya, Ethiopia, and Nigeria and will include
1) establishing pre-training focus groups of local journalists (who will also participate in the workshops) in the targeted urban areas to survey the media's current understanding of HIV/AIDS and public health issues
2) examining and tracking the number of and quality of HIV/AIDS media stories pre-training
3) providing surveys to participants post-training on information learned in the workshop
4) tracking HIV/AIDS stories following the training.

These workshops will allow PEPFAR DRC activities to effectively utilize mass media in its efforts to promote HIV/AID prevention (a theme integrated into the latest PEPFAR five-year strategy plan). These

activities also contribute to the capacity building of health systems, as journalists will also have opportunities to explore other public health issues through these workshops (particularly HIV/AIDS as it relates to SBGV in the DRC) and develop working contacts with regional public health officials

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**12041**		
Mechanism Name:	**Journalist Workshops**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
Journalist workshops to train DRC journalists to report accurately and effectively on HIV/AIDS issues and related public health matters (including SGBV) will encourage prevention, as journalists will be armed with the tools necessary to promote key prevention messages. An educated and informed local journalist corps will permit PEPFAR to utilize the key resource of mass media to advance U.S. policy objectives with respect to HIV/AIDS, gender, and other public health issues related to PEPFAR.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12042	**Mechanism Name: Public Diplomacy Outreach**
Funding Agency: U.S. Department of State/Bureau	Procurement Type: Grant

of African Affairs	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

With 82 television stations and more than 280 radio stations, the local media environment in the DRC is extremely challenging to work in. At the same time, media is one of the most effective ways to reach local populations that do not have direct contact with PEPFAR programs. In such a large country, with a diverse, even fractured, media environment, and many different organizations vying for public attention, media outreach efforts must be strategic, concentrated, coordinated, evaluated and adapted to local audiences. At the same time, other cultural opportunities, particularly music, art, and writing, exist in the DRC that can act as vehicles to influence opinions and attitudes.

While the Public Affairs Section in Embassy Kinshasa does not have the technical and scientific expertise, it does have a strong knowledge of ways to target key audiences and convey policy messages. Using the expertise of the PAS in public outreach, the resources of the DOS's Bureau of International Information Programs, and especially the critical public health knowledge of PEPFAR country team and implementing partners, and following guidance and coordination from PEPFAR PIO and OGAC PAS, Embassy Kinshasa will conduct public outreach activities to highlight PEPFAR activities and encourage participation in PEPFAR programs. Through PAS-organized events involving the U.S. Ambassador (as well as other high-level U.S. officials when possible) and the DRC government, the Mission will encourage discussion about PEPFAR, HIV/AIDS and related subjects, including Sexual and Gender-Based Violence (SGBV). We will also increase the media profile of PEPFAR brand and specific activities through press events. At the same time, PAS will organize events, such as concerts and art exhibitions, in close coordination with the PEFPAR team and implementing partners, to ensure that any outreach activities integrate key HIV/AIDS messages proposed by the PEPFAR team. Finally, through small grants to local journalists and media that participate in PEPFAR-funded journalist workshops, PAS Kinshasa will be able to support the development of initiatives developed by media outlets that will be able to accurately

report on HIV/AIDS and public health issues. All proposals will be vetted by the PEPFAR country team members to ensure they meet the appropriate PEFPAR standards.

M&E: M&E activities will include qualitative reporting on local media reaction, including focus group activity, to gauge public reaction to public outreach activities. Further M&E will be coordinated with PEPFAR team members.

These Public Affairs activities will support the PFIP's objectives of promoting key HIV/AIDS messages and enhancing country-ownership and sustainability. The development of key products and organization of public events, such as the signing ceremony of Partnership Framework, will engage key audiences, improve the policy environment, and advance a host of PEFPAR objectives. Both messaging and strategy will be continually refined to establish reachable and measurable goals. Country-ownership and sustainability will be encouraged by coordinating these activities with DRC officials who will be trained through workshops of the MOH Division of Communications.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	REDACTED

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**12042**		
Mechanism Name:	**Public Diplomacy Outreach**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
Public Affairs outreach activities will support sexual prevention. The development of key products and			

organization of public events to amplify prevention messages will encourage this critical objective. As these activities will be coordinated by the PEPFAR country team with DRC host-government interlocutors, this proposal will further host-country ownership of public outreach activities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12043	**Mechanism Name: PNLS Capacity Building Health Systems 20/20**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 700,000	
Funding Source	**Funding Amount**
GHCS (State)	700,000

Sub Partner Name(s)

Kinshasa School of Public Health		

Overview Narrative

1. Overall Goals and HIV-Specific Objectives

The overall goal of this activity to strengthen the capacity of the PNLS in the areas of internal management and coordination of the activities of implementing partners so that it is capable of fulfilling its role and mandate as the HIV/AIDS disease control office in the MOH. Strengthening the management capacity of PNLS is seen as directly supporting the PEPFAR 2 focus of country ownership.

The specific objectives of the activity are to strengthen the capacity of the PNLS in the following areas:
- Clarifying the role of PNLS within the DRC health system
- Leadership and management capacity of PNLS
- Organizational structure and staffing

- Strategic leadership
- Communication with and coordination of partners

During Year I of this activity, the focus has been on strengthening the capacity of PNLS at the national level. During Year II (FY10), the focus will continue to be on strengthening the national level, and add an additional focus at the provincial level. Year II funding will also be used to complete the construction of a building to house an adjacent meeting room for PNLS.

2. Target Populations

Since PNLS is a national program that provides norms and guidance for all HIV/AIDS activities (prevention, treatment and care), and for all affected populations, improvements to the effectiveness and efficiency of PNLS will have a positive impact on all populations affected by HIV/AIDS.

3. Geographic Coverage

PNLS is a national program that also has staff at the provincial level. During Year II the activity will have a greater impact at the provincial level.

4. Making the Most of HIV Resources

PNLS receives funds from other donors such as Global Fund (via UNDP), UNICEF, WHO, and CDC. By enhancing the effectiveness and efficiency of PNLS, the activities funded by these donors will have enhanced results.

PEPFAR funds will be used to complete the construction of a building to house a large meeting room. Cordaid has already funded the first part of the construction and UNICEF will provide funding for the tables, chairs, and other furnishings and equipment, thus leveraging PEPFAR's resources.

PNLS will be more capable of playing its stewardship role in the planning and implementation of HIV/AIDS programs and integrating HIV/AIDS programs and services at the provincial, district and local levels. Enhanced effectiveness in communicating with and coordinating the activities of partners will support efforts at harmonization of funders programs and requirements. A strong PNLS will also support the planned delegation of Global Fund program responsibilities to the Ministry of Health.

5. Cross-cutting Areas

Human Resources for Health

The activity will support HRH by providing in-service training, task shifting, performance assessment, quality improvement, retention, and management and leadership development. HS 20/20 will provide management and leadership development and other in-service training to the Comite Directeur and Chefs de Divisions at PNLS. HS 20/20 will develop and implement a performance management system to improve staff accountability and performance, identify potential quality improvements in the areas of management and partner relations, and implement the improvements. HS 20/20 will also clarify the roles and responsibilities of all managers, which is likely to result in some task shifting among staff. Retention of key personnel is expected to increase as a result of all these activities.

Construction/Renovation

The PNLS office does not have a meeting room. PNLS cannot fulfill its role of coordinating national

HIV/AIDS policy without holding meetings with groups of donors, implementing partners, and other participants in the health sector. Construction of a building that will house a large meeting room will enable PNLS to host the various task forces and groups that it coordinates. HS 20/20 will provide funding for the roof and flooring of the building that other partners are also supporting.

6. Enhancing Sustainability

The goals and objectives of this project are aimed at enhancing the sustainability of programs managed by PNLS by strengthening its management and coordination capacity. Programs can only be sustainable if there is institutional capacity to plan and manage them over time. A strengthened PNLS is also more likely to be able to attract additional sources of funding in the medium and long term.

7. M&E

The M&E plan is to assess progress against the two selected PEPFAR indicators cited - H2.3.D and H6.1.D – on annual basis. The targets for H6.1.D are based on the numbers in the six-step policy development framework found in Appendix Four "Monitoring Policy Reform" in PEPFAR Next Generation Indicators Reference Guide Volume I of June 2009. Data sources will include review of documents and interviews with key informants from PNLS and its partners. In addition, HS 20/20 will develop a detailed M&E plan that will be included in the activity work plan and will include indicators specifically aimed at this activity.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Human Resources for Health	620,900

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12043**		
Mechanism Name:	**PNLS Capacity Building Health Systems 20/20**		
Prime Partner Name:	**Abt Associates**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	700,000	

Narrative:
This health systems strengthening activity is aimed at developing the management capacity of PNLS so it can play a stronger stewardship role in HIV/AIDS programs. Two significant barriers face PNLS in its attempt to fulfill its role as the HIV/AIDS disease control office in the MOH. The first is the need for enhanced management capacity and organizational performance. The second is the clarification of and alignment of its activities with its distinctive role. The need for role clarification is due to two principal factors: (1) the creation of the PNMLS; and (2) PNLS taking on activities over the years in response to critical needs in DRC that were perhaps outside of its original mission. In order to address these barriers, this activity will include the following actions: • Leadership and management training of national and provincial staff • Meetings to clarify and gain agreement on the respective roles of PNLS, PNMLS and the newly created MOH Management Support Office • Assessment of national and provincial PNLS organizational structures and possible restructuring. • Development and implementation of 1) strategy and procedures to ensure that PNLS effectively fulfills its role at the provincial level, and that there is a satisfactory impact at the district and local levels, 2) performance management system, 3) system to manage by results, 4) standard operating procedures for critical activities, and 5) improved processes for internal and external communication and coordination with partners. Improved performance by PNLS can be expected to have a positive impact on the performance of implementing partners. Funders have indicated an interest in coordinating efforts and funding to support capacity building of PNLS. The targets for H6.1.D are based on the numbers in the six-step policy development framework found in Appendix Four "Monitoring Policy Reform" in PEPFAR Next Generation Indicators Reference Guide Volume I of June 2009. These stages run from the identification of baseline issues to the evaluation of policy implementation. The target numbers refer to the stage that will be achieved by the target date. For example, by September 2010, the "3" indicates that stages 1, 2 and 3 will be achieved.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12044	**Mechanism Name: Strengthen collaborative TB-HIV activties**

Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

B1. Contextual information:

Tuberculosis (TB) is one of the leading causes of death in the DRC. Each year, 73 people out of every 1,000 die from TB. The DRC is currently scaling up and expanding TB control activities. Provisional data from WHO indicates that the country had met the target for case detection and treatment by the end of 2005. However, DOTS coverage has not expanded beyond 70%.

To date, only a few TB diagnostic units have integrated HIV testing. According to district health teams, the key issues are lack of staff training, unavailability of testing kits for TB/HIV co-infection and for CD4 count, difficult access to ARVs. In 2007, 14% (14.484 patients out of 99.547 of all notified TB patients knew their HIV status, among whom 15% (2129 patients) were HIV positive (WHO report 2009). EPP Spectrum analysis estimates that there will be 132,210 individuals in DRC co-infected with TB and HIV in 2009.

Currently, USAID provides support for TB through three separate mechanisms: Tuberculosis Control Assistance Program (TBCAP), Project AXxes and the Leadership Management and Sustainability project (LMS). TBCAP is a global five-year Cooperative Agreement which started in September 2005 and will end in September 2010. TB CAP is a coalition led by KNCV Tuberculosis Foundation with other sub-partners including the American Thoracic Society (ATS), Family Health International (FHI), The International Union Against Tuberculosis and Lung Disease (The Union), the Japan Anti-Tuberculosis Association (JATA), Management Sciences for Health (MSH), the World Health Organization (WHO) and the United States (US) Centers for Disease Prevention and Control (CDC). The focus of TBCAP is to

decrease TB morbidity and mortality in USAID-priority TB countries, including the DRC, through improved case detection and treatment success.

Goal and global objective

To expand services by integrating TB/HIV activities in 4 TB CPLTs: (1) South Kivu, (2 and 3) West Kasai (eastern and western) and (4) East Kasai (South coordination).
During this period, 22,367 individuals will be screened for HIV and 3,355 out of them are expected to be HIV(+)..and 17% of them positive TB patients

Strategies:
To work in Axxes health zones (referral link and complementary actions)
To work with club des Amis Damien
To support supervision for the national level of nation programs and coordination meeting.
To strength institutional capacity by supporting national and regional level of NTP and CPLTs by providing computer kits to ameliorate data collection CPLT

The intermediate results of the program are:

(1) Increased and strengthened TB and HIV/AIDS coordinated activities; and,
(2) Improved human and institutional capacity for sustainable programs.

In the DRC, USAID has supported TBCAP to successfully strengthen the overall National TB Program, to expand the Stop TB Strategy, to establish the referral laboratory system in order to ensure quality control measures are in place, and to strengthen the national and provincial level capacity in South Kivu, Maniema, Equator East, Kasai Occidental East and West provinces. TBCAP has also helped to develop new guidelines to improve TB/HIV co-infection and MDR TB. The control of the TB infection has also been added on the list of the expected results.

USAID TB/HIV efforts initially included provision of counseling and testing to all TB patients and referral to care, support and treatment services. This scope has been expanded to include initiation of diagnosis of TB among HIV patients, and implementation of collaborative activities at the national level to improve service delivery. These activities are implemented through FHI.

Recently, USAID supported the national AIDS program to develop Provider Initiated Counseling and

Testing guidelines that will contribute to increasing the HIV testing opportunities for TB patients.

Organize monitoring and supervision site visits at various levels schedule
In order to carry out monitoring and supervision for each TB site every quarter, different visits will be performed at various levels, including national, provincial, and health districts in four TB CPLT and their partners. The NTP national and provincial and the Health District will be supported by The UNION and AXxes, respectively. FHI will support the PNLS supervision visits (national and provincial). These activities will be conducted monthly for the health districts. For the others levels, visits will be performed quarterly and jointly between the two programs (NTP and PNLS) at the national and provincial levels. The Union and FHI will coordinate their site visits in terms of travel, accommodation and trip reports.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	**12044**		
Mechanism Name:	**Strengthen collaborative TB-HIV activties**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	Redacted	Redacted

Narrative:

Monitoring and evaluation and Coordination across partners:

Activities listed below help the partner to review and report high quality data using the national TB and HIV M&E framework and tools and to report on the revised TB/HIV indicators

1. Hold quarterly and annual coordination meetings between TB and HIV programs and their partners at

the national and provincial levels
2. Print and disseminate TB/HIV guidelines and monitoring tools
3. Organize monitoring and supervision site visits at various levels schedule

Human Resources Capacity and Sustainability

Activities listed below help to reinforce human resources capacity and sustainability of the project

4. Strengthen a TB/HIV unit at the PNLS, national and provincial levels
5. Train health providers on the application of TB infection control measures.
6. Create and ensure HIV post test clubs activities
7. Reinforce the referral system between TB/HIV integrated sites, OI/ARV and others services

Alignment with country policy and strategic plan

According to alignment with the country policy and strategic plan, FHI organize the below activities:

8. Organize transport of HIV tests to PNLS National Referral Laboratory for quality assurance of testing
9. Conduct an advocacy to the responsible of the MoH and partners
10. Create a TB infection control committee
11. Elaborate and disseminate the national guideline and posters relative to TB Infection Control
12. Organize counseling quality assurance sessions
13. Supply the TB/HIV sites with Lab reagents and HIV tests kits
14. Ensure TB/HIV services, counseling and testing at TB sites
15. Increase TB Screening of HIV(+) clients
16. Ensure the management of TB/HIV activities at the sites levels
17. Provide two MDR facilities with environmental and personal preventive measures

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12045	**Mechanism Name: Association of Public Health Laboratories centrally funded CoAg**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHCS (State)	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Association of Public Health Laboratories (APHL) provides assistance for the PEPFAR laboratory program development projects. APHL works with HHS/CDC in collaboration with national ministries of health and PEPFAR implementing partners on strategic planning for national laboratory policy development and implementation, assessment and recommendations for developing laboratory capacity, implementation of activities to develop quality laboratory testing, and to provide expertise in development of integrated, sustainable clinical laboratory networks.
In DR Congo, the APHL will work together with the Kinshasa School of Public Health (KSPH), the National AIDS Control Program (PNLS) and the National Blood Safety Program (PNTS) to develop quality laboratory testing including a quality assurance and quality control system in addition to providing expertise in the development of integrated, sustainable clinical laboratory networks.

Goals and objectives for APHL in DR Congo:

The goal of APHL is to contribute to the national fight against HIV/AIDS by strengthening the national capacity to conduct quality laboratory testing and therefore reduce the spread of the disease.
Specific objectives of APHL are to develop a strategic plan for HIV/AIDS diagnostics and a QA/QC system for HIV/AIDS laboratory services.

Geographic coverage:
APHL will work with national/central level agencies and partners, health care providers and laboratorians.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	20,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12045**		
Mechanism Name:	**Association of Public Health Laboratories centrally funded CoAg**		
Prime Partner Name:	**Association of Public Health Laboratories**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	100,000	

Narrative:

The Association of Public Health Laboratories will provide technical assistance to the PNLS for the development and implementation of a strategic plan for laboratory services for HIV/AIDS prevention and treatment. There is a great need for such a plan which at present does not exist. In addition, APHL will provide technical assistance to the PNTS, PNLS, and KSPH to develop and implement a quality assurance /quality control (QA/QC) system for HIV/AIDS diagnostic services while ensuring integration and synergies with other programs such as malaria and TB. A QA/QC system for laboratory diagnostics is a crucial component of the overall laboratory diagnostic system to ensure that laboratory services and tests are executed according to guidelines, to ensure that lab equipment and tests function properly and that laboratory technicians and other health care workers involved in diagnostics have the capacity to correctly perform their assigned duties. Accurate test results are essential for the success of the PEPFAR program.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12046	**Mechanism Name: LAB**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and objectives for TBD partner in DR Congo:

The goal of the partner is to contribute to the national fight against HIV/AIDS, tuberculosis (TB) and opportunistic infections (OIs) by strengthening local capacity to conduct quality laboratory testing and therefore reduce the spread of the epidemics.

Specific objectives of the parter: Assess overall needs and gaps in laboratory diagnosis services for HIV/AIDS, TB, and OIs, develop diagnostic algorithms and train local staff in old and new methods of TB and OI diagnostics.

The partner provides laboratory capacity building assistance for HIV/AIDS program development through technical assistance (TA). The partner's overall objective is to strengthen laboratory diagnosis of HIV/AIDS, TB and other opportunistic infections (OIs) through human resource capacity development for laboratory diagnosis. The partner addresses microbiological laboratory capacity-building need in DR Congo in two focus areas: (1) strengthening laboratory organizational and technical infrastructure, especially as it relates to training of laboratory personnel and development of processes of Quality Management Systems in the laboratory setting; and (2) assuring the quality of laboratory testing for Mycobacterium tuberculosis and other opportunistic infections, including malaria, by instituting systematic approaches to delivering clinical microbiology services to HIV/AIDS, TB, and Opportunistic Infection (OI), prevention, treatment and care programs.

The partner has a large cadre of Francophone consultants, staff, and training materials. They are providing support for TB and microbiology in multiple francophone countries through the CDC and have

established formal relationships with other partners in the region, such as the Foundation for Innovative New Diagnostics (FIND), UNITAID, and the TB Union. The partner is also currently developing a francophone TB liquid culture, drug susceptibility testing, and identification course that will be rolled out in Cote d'Ivoire in the coming year in collaboration with the CDC through African Centre for Integrated Laboratory Training. Furthermore, the partner is collaborating with FIND to translate a line-probe assay course that may be rolled out in countries such as D.R. Congo.

Geographic coverage:
Although the partner will work with national/central level agencies and partners, health care providers and laboratorians at the district/health zone levels will benefit from new and/or revised diagnostics algorithms and trainings in new and old diagnostic methodologies.

M&E plan
The partner will develop an evaluation and monitoring plan that ensures the successful implementation and execution of proposed activities such as adequate number of laboratorians have been training and diagnostics algorithms are accepted and shared among all relevant laboratories.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**12046**		
Mechanism Name:	**LAB**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			

The partner will provide technical assistance to the PNLS and the national reference laboratory to develop capacity related to the diagnosis of HIV and OIs. A clinical microbiologist will perform a laboratory gap analysis to identify current needs and discuss and harmonize national policies and procedures related to the diagnosis of HIV and OIs. Two microbiologists will provide technical assistance to the national reference laboratory to train laboratory technicians on clinical microbiology procedures, develop appropriate laboratory standards and procedures and begin developing a quality assurance program for microbiology.

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				57,648		57,648
ICASS				100,000		100,000
Non-ICASS Administrative Costs				127,073		127,073
Staff Program Travel				162,200		162,200
USG Staff Salaries and Benefits				1,288,078		1,288,078
Total	**0**	**0**	**0**	**1,734,999**	**0**	**1,734,999**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		57,648

ICASS		GHCS (State)		100,000
Non-ICASS Administrative Costs		GHCS (State)		127,073

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				10,000		10,000
Computers/IT Services				8,000		8,000
ICASS				45,000		45,000
Management Meetings/Professional Developement				17,000		17,000
Staff Program Travel				30,000		30,000
USG Staff Salaries and Benefits				65,000		65,000
Total	**0**	**0**	**0**	**175,000**	**0**	**175,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		10,000
Computers/IT Services		GHCS (State)		8,000
ICASS		GHCS (State)		45,000
Management		GHCS (State)		17,000

Meetings/Professional Developement				

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				258,997		258,997
Computers/IT Services				30,000		30,000
ICASS				379,358		379,358
Institutional Contractors				181,282		181,282
Management Meetings/Professional Developement				103,726		103,726
Non-ICASS Administrative Costs				189,225		189,225
Staff Program Travel				196,274		196,274
USG Staff Salaries and Benefits				1,692,050		1,692,050
Total	**0**	**0**	**0**	**3,030,912**	**0**	**3,030,912**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security		GHCS (State)		258,997

Cost Sharing				
Computers/IT Services		GHCS (State)		30,000
ICASS		GHCS (State)		379,358
Management Meetings/Professional Developement		GHCS (State)		103,726
Non-ICASS Administrative Costs		GHCS (State)		189,225

U.S. Department of State

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Management Meetings/Professional Developement				42,500		42,500
Non-ICASS Administrative Costs				14,500		14,500
Staff Program Travel				13,000		13,000
Total	**0**	**0**	**0**	**70,000**	**0**	**70,000**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Management Meetings/Professional Developement		GHCS (State)		42,500
Non-ICASS Administrative Costs		GHCS (State)		14,500