USAID ASSIST Project

Applying Science to Strengthen and Improve Systems

Democratic Republic of Congo Country Report FY16

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

Recommended citation
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Abbreviations

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

In fiscal year (FY) 2014, the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project began working to support the Ministry of Health (MOH) in the Democratic Republic of Congo (DRC) to improve nutrition services for HIV clients through the integration of nutritional assessment, counselling, and support (NACS) into HIV care and treatment in coordination with USAID/PEPFAR implementing partners. In FY15, the USAID ASSIST Project expanded work to improve nutrition services for HIV clients by scaling up best practices to new sites in Kinshasa and Katanga in partnership with the Food and Nutrition Technical Assistance Project (FANTA) and the Livelihoods and Food Security Technical Assistance Project (LIFT). ASSIST was also asked to improve prevention of mother-to-child transmission of HIV (PMTCT) services and retention in care assuring good adherence to antiretroviral therapy (ART) for persons living with HIV (PLHIV), including children and key populations, in targeted facilities in Orientale and Katanga provinces, in collaboration with the Integrated HIV/AIDS Project (ProVIC) implemented by PATH and the Management Sciences for Health (MSH)-led Project de Santé Intégré (PROSANI, Integrated Health Project).

In FY16, ASSIST shifted its focus to address only improvement in HIV care and treatment services for PLHIV in targeted sites in three provinces: Haut-Katanga, Lualaba, and Kinshasa. This work was conducted with ProVIC Plus and PROSANI Plus. In addition, work was focused on strengthening the capacities of national, provincial and Health Zone managers and providers to apply improvement skills. In FY17, ASSIST will only work in the province of Lualaba and will close down by the end of December 2016.

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

- MOH, 2 IPs
- 3 out of 26 provinces
- 39 facilities
- 39 QI teams
- 5,448,112 out of 15,674,078
2  Program Overview

<table>
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<th>What are we trying to accomplish?</th>
<th>At what scale?</th>
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<td><strong>1. Improve HIV care and treatment for people living with HIV (PLHIV)</strong></td>
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</table>
| Improve HIV services and retention in care and assure good adherence to therapy for all people living with HIV in target facilities in collaboration with other IPs | • Provinces: 3 out of 26 provinces (Kinshasa, Haut-Katanga, and Lualaba)  
• Health zones: 4 out of 35 in Kinshasa; 8 out of 28 in Haut Katanga; 2 out of 14 in Lualaba  
• Facilities in selected Health Zones: 39 out of 393 (10%)  
• 9 out of 144 health facilities in Kinshasa; 18 out of 256 in Haut Katanga; 12 out of 63 in Lualaba  
• Catchment population: 5,448,112 out of 15,674,078 |

2. Build capacities at all levels in QI and related health system strengthening

| Strengthen the capacities of national, provincial and Health Zone managers and providers to apply improvement skills | • Reinforce and institutionalize capacities in QI among managers and providers at national (Programme National Multisectoral de Lutte contre le VIH/SIDA [PNMLS]), National AIDS control program (PNLS) and the MOH QI Unit), provincial and zonal levels |

3  Key Activities, Accomplishments, and Results

**Activity 1. Improve HIV care and treatment for people living with HIV (PLHIV)**

**BACKGROUND**

ASSIST is working in Kinshasa, Haut-Katanga, and Lualaba provinces in 39 health care facilities in partnership with the MOH, PATH/ProVIC, and MSH/PROSANI to improve HIV care and treatment for PLHIV and ensure good adherence to therapy. ASSIST is providing technical support to these facilities in quality improvement (QI) through the collaborative approach by supporting QI teams (QIT) to initiate, test, and implement changes, to reduce gaps in ART coverage, retention in care and well-being of PLHIV.

As the technical and standard-setting body of the MOH on HIV/AIDS, the National AIDS Control Program is involved in the implementation process of the collaborative approach to ensure that it is consistent with national norms and guidelines on HIV care and treatment. The National Multisectoral AIDS Control Program (Programme National Multisectoral de Lutte contre le VIH/SIDA [PNMLS]), which ensures the coordination and the leadership of activities against HIV/AIDS in the DRC, is involved in QI activities to ensure advocacy, resource mobilization and institutionalization. The Provincial Health Division for Kinshasa, Haut Katanga, and Lualaba are also involved in their respective Health Zones to implement national norms and guidelines on HIV care and treatment.

Once a month, ASSIST, PATH/PROVIC, MSH/PROSANI, and MOH coaches conducted a joint coaching visit to accompany QI teams in their work. ASSIST and Health Zones’ coaches organized follow-up visits to ensure that QI teams are well functioning, testing change ideas, implementing them, and documenting best practices. They closely monitored the quality of data being collected and the level of performance reached.

**KEY ACCOMPLISHMENTS AND RESULTS**

- **Conducted a baseline assessment and analysis for 39 health care facilities** (Kinshasa, Katanga and Orientale province) (July-Nov 2015). ASSIST in collaboration with the DRC MOH (National AIDS Control Program and National AIDS Multisector Control Program) conducted a baseline assessment to identify strengths and weaknesses of HIV services in PEPFAR targeted provinces. HIV-positive patient records were reviewed for those receiving ART treatment and those who were not being
Organized a three-day workshop in each of the three provinces to share baseline findings (Nov 11-13, 2015 in Kinshasa, Nov 17-19, 2015 in Haut Katanga, and Nov 21-23, 2015 in Lualaba). The objective was to share the baseline results and orient providers and managers from target health care sites, health zones, provinces, and the central level of MOH on: (1) quality improvement, (2) HIV gaps analysis framework, and (3) the improvement package. Participants included PNLS staff, PNMLS, 5th Directorate of the MOH (national health information system directorate-QI unit), health provincial divisions, Health Zones, PATH/PROVIC, PROSANI, ICAP and Glaser Foundation staff. The three workshops were facilitated by the Regional Director and a Senior Improvement Advisor, both from the ASSIST regional office for Francophone Africa and ASSIST DRC staff. As a result of these workshops:

- 137 health care providers and 8 individuals from IPs were oriented
- A quality improvement team was set up in each targeted health care facility under the supervision of the related Health Zone
- A QI plan with improvement objectives, change ideas, timeline, indicators and person responsible was developed by each facility according to its HIV care and treatment initial process diagram

Data showed key quality gaps among the HIV continuum of care (Figure 1) and for HIV-positive patients under ART treatment follow-up (Figure 2). The results were first shared with the USAID Mission in DRC, then key IPs and the MOH.

Figure 1: Quality gaps among the HIV continuum of care, 39 sites, Kinshasa, Katanga and Orientale provinces (sample: 1,048 patient files) (July-Aug 2015)
Figure 2: Percentage of items filled in files of patients coming for ART follow-up, 39 sites, Kinshasa, Katanga and Orientale provinces (sample: 1,048 files) (July – Aug 2015)

- The 39 sites evaluated include 10 general hospitals, three provincial hospitals, 18 peripheral health facilities, five referral health facilities, and two hospitals centers. Among these sites, 16 were urban, seven rural and 15 urban-rural; 4,560 patient charts were reviewed. Key findings from the baseline assessment include:
  - **Counseling / Screening**
    - HIV is not integrated to care processes in health facilities; many missed opportunities for screening
    - Only 30.8% of surveyed sites claim to offer specific services for key populations (commercial sex workers, men having sex with men, and intravenous drug users) and only 25.6% offer services for orphans and vulnerable children
  - **Linkage and initial assessment**
    - TB diagnosed in 56% of the sites
    - CD4 in 51% of sites
    - Viral load in 5% of sites
    - CPR in 0% sites
    - Basic laboratory tests in pre-treatment such as renal function tests (10%), liver (9%) and blood count (8%) are limited
  - **Pre-ART**
    - 53.1% of pre-ART patients missed at least one follow-up visit
    - 9% of pre-ART patients are lost to follow-up (that is, three successive missed appointments)
    - Only 30% of non-eligible patients are monitored once per month in the first three months
    - Pre-ART files are not complete (n = 565 cases) including: the date of laboratory tests (49.9%); the final weight (43.5%); the TB status at last consultation (33.8%); initial CD4 result (48.5%); last CD4 last result (26.2%)
  - **ART**
    - 43.6% of sites experienced ARV drug stock-outs in the last three months preceding the survey
    - 36% of ARV drug stock cards are outdated
    - 35.2% of patients missed at least three successive visits while patients classified as “lost” are 5%
    - Only 7% of patients are looked for after each missed visit
    - The dosage of prescribed ARV drug is respected in 66.2% of cases
    - Low biological monitoring of patients on ARV drugs (e.g., CD4 latter in 34.4% of cases, and viral load 0%)
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- Low clinical monitoring of patients on ARVs (e.g., weight 54.9%, TB status at the last visit 36.5%)
- The evaluation of adherence to treatment is recorded at the last visit in only 14.3% of cases

   **Tuberculosis**
   - The diagnosis of TB is only available in 22 of 39 sites (56%)
   - The TB status checked and inserted into the register at the last consultation among only 35.6% of patients on ART
   - Only 18.5% of TB patients are put on anti-TB treatment
   - Isoniazid prophylaxis of HIV patients, although recommended by national standards, is provided in one of 39 (2.6%) sites

- Drafted “Aims, Indicators and Content” packages (Nov 2015). Based on the baseline results and the HIV Gaps Analysis Framework, the packages were drafted and validated with the MOH and key IPs.

- Conducted monthly coaching visits in each of the improvement collaborative facilities (Dec 2015 – June 2016, Sept 2016). ASSIST provided support for coaching visits to ensure that QI activities in 39 health facilities, in 14 Health Zones within the three provinces are effective. To improve ART coverage, the retention of patients in care and their wellness, ASSIST continued to provide technical support to Health Zones' coaches to ensure that the national minimum package of HIV care (nutrition, cotrimoxazole, screening for TB, OVC care, psychosocial support, management of opportunistic infections) was implemented at all 39 health facilities. During these visits, QI teams used the PDSA cycle to test and document changes. In Lualaba Province, particularly, there was a lack of data collection tools and a high number of HIV positive clients on ART lost to follow-up. Many health providers were not oriented on how to fill in the data collection tools. To resolve these challenges, in April and May 2016, ASSIST in collaboration with health provincial division of Lualaba and MSH/PROSANI, conducted an audit of PLHIV in all the improvement collaborative facilities in the province to determine the exact number of patients on ART. PROSANI provided the facilities with data collection tools in June 2016. ASSIST then oriented health providers on site during coaching and follow up visits on how to fill in the tools.

- Health facilities and health zones developed QI plans (Feb 2016).

- USAID conducted SIMS visits in high volume sites in Kinshasa (Elonga Health center) Haut Katanga (Kamalondo General Hospital), and Lualaba provinces (Mwangeji and Gecamines Hospitals) (April, June 2016). The DRC USAID team’s most important finding was that all QI teams visited were functional, developed their QI plans, and are documenting changes. The ASSIST team continued to support QI teams to document changes, and provided health zone management teams with technical assistance to develop their respective QI plans. Another SIMS visit was conducted in Lualaba province (July 2016) in Manika health center, Luilu, Mupanja and Kawama health centers. Findings from the USAID visit showed: the unavailability of HIV data management tools and poor record of HIV data; poor archiving files; a discrepancy between the data source documents, transmission and compilation; low HIV screening of children, poor documentation and tracking of PLHIV lost to follow up, reference of key populations from the community to health facilities; the lack of integration of nutritional assessment counselling and support activities; non-functionality of PLHIV support groups; the absence of procedures for archiving ARV drugs provision to PLHIV. It was observed in all sites visited that the monitoring of the outcome of exposed children 6 weeks after breastfeeding to assess the number of infections averted is not done. It was highly recommended for ASSIST to integrate QI activities within new health facilities in Lualaba Province.

- Organized a meeting with PROVIC/PATh to reinforce partnership on QI activities in colocation facilities (June 2016). ASSIST provided feedback on PROVIC/PATh's annual work plan for the period from April 1, 2016 to March 31, 2017, mainly concerning QI activities.

- Conducted the first learning session in each province: Lualaba, Kinshasa, and Haut Katanga (July, Aug 2016). A total of 170 participants including QI teams’ members, managers from Health Zones, health provincial divisions, National AIDS Control Program, National Multisector AIDS Control Program, implementing partners (PATH and MSH) participated in the session. A gender specialist from ASSIST HQ participated in the Kinshasa learning session to discuss integrating gender in QI.
Results were presented on reducing ART coverage and retention gaps in each province. The best QI team was identified. A “synthesis of successful changes” was developed for hospitals and health centers.

- **Figure 3** shows the percentage of PLHIV retained on ART in three provinces in 39 sites. This is the first time that a time series was plotted to show gaps in retention. Discussions among providers and between patients and providers found many reasons clients did not return for services: poor treatment at the facility, stock-out of drugs, and insufficient data requiring considerable improvement. Examples of changes introduced included data audit, patients’ files updated regularly, and identifying a person in charge of information and documentation.

- The changes implemented to achieve the results in Figure 3 include:
  - Introduction of a four-day appointment personalized for PLHIV instead of only one day per month for all PLHIV.
  - Returning patients with old cases are directly welcomed without administrative formality at reception.
  - Conduct monthly internal data audit and analysis in each facility
  - Update regularly patients’ files
  - Identify a nurse in charge of information and documentation
  - Set up a register for patient ART provision
  - Create an appointment agenda
  - Organize home visits
  - Call clients frequently at different times during a day
Figure 3: Percentage of PLHIV retained on ART, Lualaba, 11 sites (Aug 2015 - Sept 2016)

- Figure 4 shows the disaggregation by sex of PLHIV retained on ART in 11 facilities in the province of Lualaba. It shows that the retention gap between males and females decreased from August 2015 to July 2016, but then increased July to September 2016.
Figure 4: Percentage of PLHIV retained on ART by sex, Lualaba, 11 sites (Aug 2015 - Sept 2016)

Figure 5 shows the evolution of the gap retention in the province of Lualaba. Since the launch of the collaborative, there was better documentation and tracking of patients on ART. However, from July to Sept 2016, the number of expected ART clients increased significantly but the number of active ART clients decreased.
**SPREAD OF IMPROVEMENT**

During FY16, ASSIST involved MOH managers and coaches to spread improvement for HIV care and treatment. They acquired skills on QI and to conduct coaching visits by themselves without ASSIST support. Thus, in Lualaba Province, with ASSIST’s technical support, managers are developing a sustainability plan and the change package that will be disseminated in new sites to help improvement activities.

**Activity 2. Build capacities at all levels in QI and related health system strengthening**

**BACKGROUND**

ASSIST actively continued to engage national policy makers, provincial, and Health Zone managers in all phases of the improvement work. ASSIST is supporting and training Health Zone managers, and provincial, and central level supervisors not only on coaching techniques but also on sustaining and institutionalizing improvement in the DRC health system.

MOH managers and coaches at different levels of the health system, with support from ASSIST, are responsible for implementing plans for improving quality of all of the target services. Each QI team was provided with sufficient support so that they are able to conduct improvement activities independently of ASSIST staff members to address ongoing technical and system level gaps. Building capacity from lessons learned and from the institutionalization of these practices is strengthening the health system at all levels and providing information and evidence to inform strategic planning at the Health Zone, provincial, and central levels.

To ensure the quality of data, ASSIST provided monthly technical support for data validation at facility, and Health Zone levels. Once a quarter, this support was also provided to the provincial and central
levels. ASSIST is also providing technical support to the MOH General Secretariat to develop a draft document on DRC National QI Policy and Strategies.

**KEY ACCOMPLISHMENTS AND RESULTS**

- **Provided QI and knowledge management training to key MOH staff including Health Zone and provincial managers/supervisors/coaches** (Nov 2015). These staff participated in developing the aims, indicator, and provisional content package. The objective of the training was to orient participants on their future role as coaches:
  - Some key staff from the MOH were also used to review the baseline assessment results prior to being shared with larger groups
  - A total of 40 individuals from all targeted Health Zones and provincial managers and supervisors were oriented on QI collaborative in line with the baseline results. They were also oriented on general roles following coaching visit.

- **Organized a three-day workshop in orientation of HIV collaborative coaches** in Haut Katanga (February 11-13, 2016) and Kinshasa (February 17-19, 2016). The objective was to reinforce the capacities of 85 MOH managers at all levels and ASSIST DRC technical advisors on coaching techniques. The two workshops were facilitated by the Senior Improvement Advisor from the ASSIST regional office for Francophone Africa and the ASSIST Resident Advisor in DRC.

- **Conducted an improvement seminar to engage the MOH particularly the central level on how to lead a reflection on the quality improvement** (March 10, 2016). ASSIST Director, Dr. Rashad Massoud conducted the seminar which was attended by MOH director of planning, MOH Director of Primary Health Care and Health Information-QI unit, PNLS, PNMLS, USAID, CDC, ProVIC, PROSANI, FHI, EGPAF, and ASSIST DRC staff. All participants displayed strong commitment and interest in improvement.

- **Supported the HIV/AIDS 2015 annual review organized by the National AIDS Control Program** (April 2016) by printing documents.

- **Provided technical and administrative support to the 2016 annual work plans of Haut Katanga and Lualaba provinces** (April 2016). ASSIST ensured that the work plans integrates QI activities.

- **Organized monthly internal data analysis meetings in each facility and provided technical assistance on data validation at Health zone and provincial levels** (April, May, June 2016). To improve the quality of data, ASSIST is providing technical and administrative support to facilities to organize monthly meetings. The aim of the meetings is for facilities to internally analyze data for reliability and consistency with patient register records. Data were analyzed in 39 sites by QI team members, ASSIST, and Health Zone coaches before their validation at the Health Zone and provincial levels.

- **Organized an experience exchange meeting** (July 2016). The meeting took place in Uganda between the DRC MOH delegation and the Uganda MOH Quality Assurance Department (QAD). QI integration in the Uganda health system and ART framework implementation by ASSIST in Uganda were discussed. ASSIST is providing technical, financial and administrative support to the MoH to develop or update QI tools and to organize annually the national QI meeting. This valuable experience was shared during a feedback meeting at the MOH national level (July 2016).

- **Organized the first coaches’ meeting in Kinshasa, Haut Katanga and Lualaba between the MOH, ASSIST, MSH and PATH coaches** (July-Aug 2016). The objective of this meeting was to evaluate the coaching visits that had been conducted by identifying strengths and weaknesses and learn how to improve coaching visits by providing technical guidance to QI teams to test changes and to document them.
4 Improvement in Key Indicators

<table>
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<th>Activity</th>
<th>Indicators</th>
<th>Baseline, Aug 2015</th>
<th>Sept 2016</th>
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<tbody>
<tr>
<td>HIV Gaps Framework</td>
<td>% of coverage gap in target area</td>
<td>Not available</td>
<td>63.4% (n=1421), in 11 sites in 1 province</td>
</tr>
<tr>
<td></td>
<td>% of retention gap</td>
<td>Not available</td>
<td>99.9% (n=188), 2 sites in one province</td>
</tr>
<tr>
<td></td>
<td>% of wellbeing gap</td>
<td>Not available</td>
<td>20.6% (n=344), 10 sites in one province</td>
</tr>
<tr>
<td>Counseling / screening</td>
<td>% of target key population counselled, tested and received their results</td>
<td>Not available</td>
<td>11.7% (n=1048), 39 sites in 3 provinces</td>
</tr>
<tr>
<td></td>
<td>% of male partners counselled and tested</td>
<td>20%, 39 sites in 3 provinces</td>
<td>82.8% (n=116), 10 sites in one province</td>
</tr>
<tr>
<td>Linkage and initial assessment</td>
<td>% of individuals tested HIV+ and enrolled in a month of identification</td>
<td>26.2% (n=571), 39 sites in 3 provinces</td>
<td>6.3% (n=95), 10 sites in one province</td>
</tr>
<tr>
<td>Pre-ART</td>
<td>% of patients eligible for ART at initial assessment who received CD4 count within six months</td>
<td>35.2% (n=661), 39 sites in 3 provinces</td>
<td>2.5% (n=1962), 10 sites in one province</td>
</tr>
<tr>
<td>ART</td>
<td>% of HIV-positive patients on ART lost to follow-up</td>
<td>35.6% (n=661), 39 sites in 3 provinces</td>
<td>72.4 (n=1575), 10 sites in one province</td>
</tr>
<tr>
<td>TB</td>
<td>% of HIV-positive patients screened for TB</td>
<td>35.6% (n=661), 39 sites in 3 provinces</td>
<td>72.4 (n=1575), 10 sites in one province</td>
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</table>

5 Sustainability and Institutionalization

ASSIST strengthened the capacity of MOH staff at all levels, including national policy makers, and provincial and Health Zone managers. The intervention has led to identifying key structures within the MOH, including HIV, quality improvement, planning, and health information, to launch discussions on QI institutionalization. Explicit discussions were conducted during management meetings, coaches’ meetings, and learning sessions on what changes or management reorganizations were needed to maintain gains over time. ASSIST worked to strengthen the capacity of the MOH at national and Health Zone levels to continuously support these changes and to strengthen the capacity of the MOH at national and Health Zone levels to be able to plan and implement sustainable changes in the system.

6 Knowledge Management Products and Activities

- The ASSIST team in DRC created nine job aids on ART in French (June 2016). These job aids are posters that are currently hung on our targeted clinics’ walls to assist healthcare providers in their work and for the treatment of clients. They can be accessed here: [https://www.usaidassist.org/resources/antir%C3%A9troviraux-arv-aide-memoires-en-rdc](https://www.usaidassist.org/resources/antir%C3%A9troviraux-arv-aide-memoires-en-rdc)

7 Gender Integration

Baseline assessment data were sex-disaggregated, but were not analyzed to identify gender-related gaps and issues, and therefore no such analysis was incorporated into the “Aims, Indicators and Content” packages. Activity data were also collected sex-disaggregated, with some analysis and gender-related change ideas tested. As a result, one facility QI team added clinic hours on Saturday and Sunday afternoons in an effort to increase HIV testing for males, because they learned that males tended to be at work and unable to visit the clinic during its normal weekday hours; the additional weekend hours are not
male-only, just meant to be friendly to males who work during normal business hours during the week. QI teams measured male partner involvement in ANC through HIV testing, and found it to be low everywhere. ASSIST staff believe that stigma and discrimination are large contributors to PLHIV not accessing and being retained in care; there is anecdotal evidence that stigma and discrimination are worse from health providers and in health facilities than in communities. The stigma and discrimination we found include that PLHIV are blamed for their HIV and that pregnant women with HIV are particularly stigmatized and discriminated against. ANC clinics invite male partners to accompany pregnant women to the clinic through phone calls and letters. ASSIST continually reiterated that such invitations should only come with the consent of the pregnant woman and her HIV status should never be shared without her consent; however, some clinics invite all male partners regardless of the pregnant woman’s wishes, but ASSIST did not learn of any providers disclosing the woman’s HIV status without her consent. All clinics counsel HIV+ pregnant women on the importance of inviting/involving their male partners to the clinics, and all clinics counsel HIV+ clients to share their status with their partner and/or another person for support. Clinics also encourage/counsel male partners on HIV testing when they come to the facility after delivery to see the mom and baby.

ASSIST Gender Specialist Julia Holtemeyer of WI-HER, LLC participated in the Kinshasa Learning Session held in August 2016, to discuss what gender integration is and how to integrate gender into quality improvement activities. The components of the 3 hours of training included defining gender and related concepts; defining gender analysis; understanding how to develop, analyze, and report on sex-disaggregated data and gender-sensitive indicators; and the importance of identifying and addressing and gender-sensitive program planning. All training materials were in French, and Ms. Holtemeyer conducted the training in English, with translation into French. Activities included completing a driver diagram; discussions about gender norms in DRC; discussions about how gender affects HIV transmission, testing, care, treatment, and adherence to and retention in care; discussions about how gender is relevant to the ASSIST DRC QI work; and slide presentations explaining the ASSIST approach to gender integration. Participants were initially hesitant to answer questions and volunteer their opinions, but quickly became more vocal and engaged as the discussion turned to gender norms in DRC and how they affect HIV improvement work.

8 Directions for FY17

Improve HIV care and treatment for PLHIV

During FY17, ASSIST is working with health care providers and clients’ representatives at site level in the province of Lualaba. These actors are the heart of the improvement process as they compose the Quality Improvement Teams. ASSIST, MSH/PROSANI Plus and MOH coaches will organize follow up visits to ensure that QIT are well functioning, testing change ideas, implementing them and documenting best practices. Work will closely focus on quality of data collected and level of performance reached. To do this the following activities will be implemented:

- Organize monthly coaching visits
- Monitor regularly performance of sites
- Organize coaches’ meetings
- Organize a learning session and best practices synthesis workshop
- Document regularly changes and lessons learnt

Assist the MOH in the development if National QI Policy and Strategies

ASSIST will actively continue to engage national policy makers, provincial, and Health Zone managers in sustaining and institutionalizing improvement into the DRC health system. ASSIST will provide technical support to the MOH General Secretariat to develop DRC National QI Policy and Strategies. To develop this policy two main activities will be conducted:

- Support the MOH in National QI Policy and Strategies development
- Support the MOH to develop a QI institutionalization plan