Associate Cooperative Agreement No. AID-OAA-LA-13-00006

Democratic Republic of Congo

Final Report

August 2016

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Acronyms and Abbreviations

AA	Associate Award
AOR	Agreement Officer's Representative
ART	Antiretroviral Therapy
ASSIST	Applying Science to Strengthen and Improve Systems
CARE	CARE International
CBO	Community-Based Organization
CHW	Community Health Worker
COP	Country Operational Plan
DIVAS	Provincial Division of Social Affairs
DRC	The Democratic Republic of the Congo
EDC	Education Development Center
ES	Economic Strengthening
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
ELIKIA	Enhancing Services and Linkages for Children affected by HIV and AIDS
ES/L/FS	Economic Strengthening, Livelihoods and Food Security
FANTA	Food and Nutrition Technical Assistance III Project
GRDC	Government of Democratic Republic of the Congo
GHI	Global Health Initiative
HES	Household Economic Strengthening
HPP	Hope from People to People
ICAP	Columbian University
KRN	Kingabwa Referral Network
LIFT	Livelihoods and Food Security Technical Assistance
LWA	Leader with Associates
MINAS	Ministry of Social Affairs, Humanitarian Action and National Solidarity
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NACS	Nutrition Assessment, Counseling and Support
OHA	USAID Office of HIV and AIDS
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNLS	DRC National AIDS Control Program
PROVIC	DRC Integrated HIV/AIDS Project
RN	Referral Network
QI	Quality Improvement
TA	Technical Assistance
USAID	United States Agency for International Development
VSLA	Village Savings and Loan Association
WV	World Vision

1) Introduction

The Livelihoods and Food Security Technical Assistance II Project (LIFT II) was initiated by the US Agency for International Development (USAID) Office of HIV and AIDS (OHA) under Cooperative Agreement No. AID-OAA-LA-13-00006. LIFT II was launched August 1, 2013 as a five-year associate award (AA) under the Financial Integration, Economic Leveraging, Broad-Based Dissemination and Support (FIELD-Support) Leaders with Associates. LIFT II is managed and led by FHI 360 and implemented with support from CARE International (CARE) and World Vision (WV). CARE International (CARE) implemented the LIFT II project in DRC from October 2012 to August 2016.

The Democratic Republic of Congo (DRC) is one of the President's Emergency Plan for AIDS Relief (PEPFAR) 16 long-term priority countries. LIFT II initiated referral networks in 2013 focusing its services in Kinshasa and Katanga, two of the most densely populated provinces. In those provinces, LIFT II has been working closely with representatives of several ministries, global and bilateral projects and service providers. In year two (2014-2015), LIFT II successfully transitioned its referral network in Kinshasa to the government and the 4Children program[1]. During year three(2015-2016), LIFT II activities in Katanga focused on linking populations living with HIV (PLHIV) in Lubumbashi sites with economic strengthening opportunities prioritizing: village savings and loans associations (VSLAs) and food assistance as well as providing technical support to consolidate the referral network. Following guidance from USAID/DRC, LIFT II has successfully transitioned the referral activities to the ELIKIA[2] project, to move ahead with the expansion of services with a focus on Orphans and Vulnerable Children (OVC) in Haut Katanga.

This report presents the accomplishments and lessons for the LIFT II project, implemented by CARE International in DRC from October 2013 to August 12, 2016.

2) Background (LIFT II Activities in DRC)

Globally, the incidence of new HIV infections continues to decline, and antiretroviral therapy (ART) has become more widely available, prolonging life for people living with HIV (PLHIV) and greatly decreasing AIDS-related mortality. The advancement in ART provision has had powerful positive impacts on extending and improving the quality of life for PLHIV, but at the same time it has created more pressure for resource-constrained governments and communities to provide ongoing care and support. Work remains to address the impact of the continuing pandemic on people's livelihoods and food security, especially in countries with both high HIV prevalence and high rates of malnutrition. Particularly in DRC, where the 2014-2017 National HIV and AIDS Strategic Plan estimates 481,122 people living with HIV, PLHIV face a constant challenge in their pursuit of food, nutritional and economic security.

LIFT II's mandate is to link HIV-infected and affected households to economic strengthening, livelihoods and food security (ES/L/FS) opportunities with the end goal of increasing adherence and retention in HIV treatment and care. LIFT II's approach links nutrition assessment, counseling and support (NACS) with community services through referral networks (RNs), with the following specific objectives:

a. ***Support adherence and retention in HIV care and treatment through development of referral systems***: Work with clinic staff and community stakeholders to establish referral networks in the

[1] Coordinating Comprehensive Care for Children (4Children) is a five-year, USAID-funded project designed to improve health and wellbeing outcomes for OVC affected by HIV and AIDS and other adversities in Kinshasa
[2] Enhancing Services and Linkages for Children Affected by HIV and AIDS (ELIKIA), a five year USAID project implemented by EDC (Education Development Center)

target communities. Referral networks link clients to economic strengthening, livelihoods and food security (ES/L/FS) as a part of NACS.

b. ***Build capacity within existing community services***: Support development of existing economic strengthening (ES) programs to meet the needs of target populations. This combines both push and pull capacity development through open lines of communication with the network organizations.
c. ***Strengthen collaboration and coordination*** with PEPFAR partners, existing programs, and Ministry of Health (MOH) to support NACS implementation in Kinshasa and Lubumbashi/Haut Katanga.

Working closely with representatives of several ministries, as well as FANTA, ASSIST, GRDC's PRONANUT and PNLS, bilateral partners for USAID, LIFT has, over a three-year period, implemented activities focusing on 4 NACS sites in Kinshasa province and 26 sites in Lubumbashi/Haut Katanga province. These sites were identified in coordination with partners, as shown in Table 1 below:

Table 1: Sites targeted by LIFT II in Kinshasa and Lubumbashi/Haut Katanga

Province	Health Zone	# of facilities	Names of Sites (Health Facilities)
Kinshasa	Bondeko, Kikimi, Kingabwa, Maluku	6	Bondeko, Kikimi, Kizito, Libike, Liziba, Mbankana
Lubumbashi	Kamalondo, Kampemba, Katuba, Kenya, Kipushi, Kisanga, Mumbunda Rwashi, Tshamilemba,	26	Amani, Bhakita, Bethsaida, Bernadette, Crina, Dominic Savio, EBM, Elisabeth, Elmer Center, Famika, Faveur de Dieu, Fraternite', Garenganze, Guerison, Hakika, Imani, Kamalondo, Kampemba, Katuba, Kenya, Kipushi, Kisanga, Polyclinique ADRA, Saint François d'Assise, Vangu

Following guidance from USAID/DRC, LIFT II has successfully transitioned the referral activities to 4Children in Kinshasa (September 2015) and to ELIKIA in Lubumbashi/Haut Katanga Province (August 2016). Due to this earlier than planned phase over of the project, some assessments on impact of VSLA and Food Aid were not conducted. However the project conducted an ART check on sampled clients to assess the impact of the referrals on adherence to treatment and care.

3) Methodology and Approach of LIFT II work in DRC

a) Working at different levels

LIFT II ensured active coordination and collaboration with Ministry of Health, Ministry of Social Affairs (MOSA), PNLS, PRONANUT at national and provincial levels and a wide array of clinical and community partners including: ASSIST, FANTA, EGPAF, PROVIC, and ICAP. The joint implementation of bi-directional clinic-to community linkages has continued to make important improvements to the continuum of care. LIFT II has strengthened the capacity of 26 clinical facilities in Haut Katanga and 6 clinical facilities in Kinshasa to successfully integrate economic strengthening, with smooth transition to ELIKIA and 4Children project respectively. In addition, LIFT II opportunistically engaged and leveraged existing relationships with other programs[3], working closely with them to organize, coordinate and strengthen

[3] FANTA, ASSIST, PROVIC, ICAP, EGPAF, PRONANUT, PNLS

the coordination platform[4] for HIV, nutrition and community services in Lubumbashi. Active coordination between government ministries (Ministry of Health and Ministry of Social Affairs) and implementing partners, particularly engaging community health workers, ensured that clinic-to-community services could be better integrated, with the aim of improving levels of adherence and retention to HIV-related care and treatment.

b) Using different contextualized approaches in Kinshasa and Lubumbashi

Due to the limited number of existing, effective ES/L/FS services in many of the targeted sites, the DRC context required adaptation of the standard LIFT II approach. In response to these different contexts and the need to quickly scale activities in order to reach clients, LIFT II developed an accelerated approach for supporting clinic to community bi-directional referrals. The acceleration approach focused on quickly forming referral linkages between NACS facilities, new and existing savings and loan groups, food aid and assistance, and support services. LIFT II integrated rapid learning through sound validation and feedback processes to improve the referral system and facilitated targeted capacity building to service providers and clients to address identified constraints. To support quick, effective roll-out of the referral system and capacity building for service providers, LIFT developed, adapted and upgraded existing referral tools such as counselling guides, registration books, referral cards, tracking and reporting tools. The results are scalable bi-directional referral systems for Kinshasa and Lubumbashi/Haut Katanga as described below.

i) Acceleration Model in Kinshasa

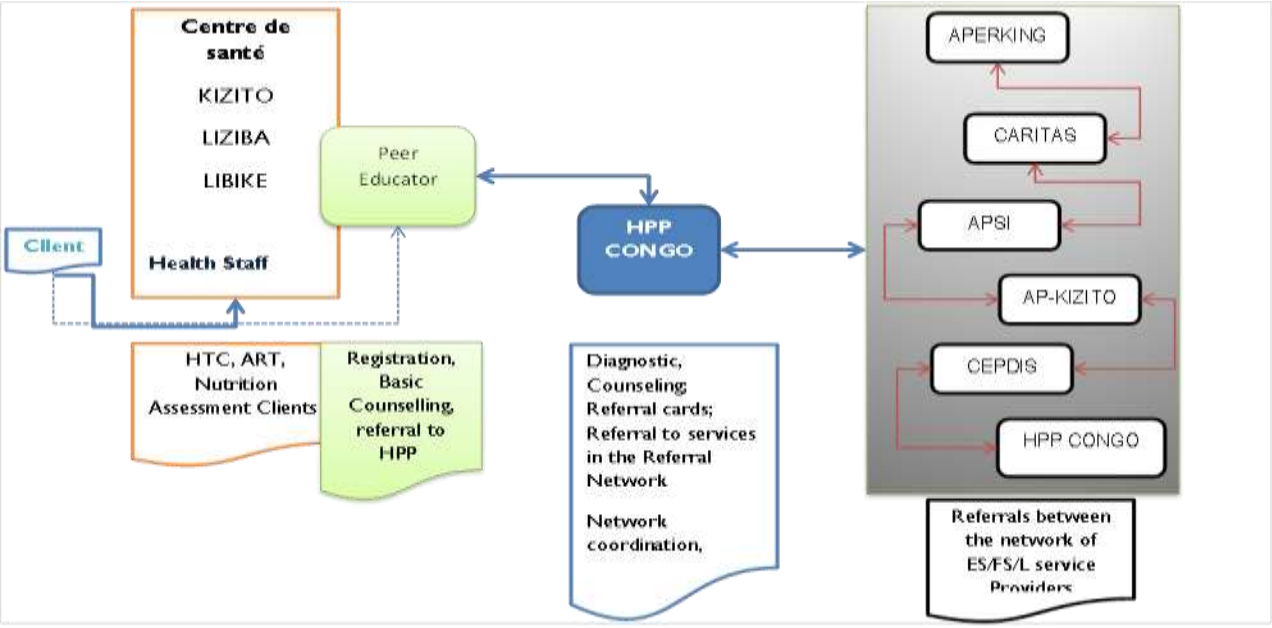


Figure 2: Referral model for Kinshasa (especially Kingabwa)

[4] This coordination platform was coordinated by PRONANUT and brought together practitioners that work closely with Government in Lubumbashi.

In the acceleration model for Kinshasa, at each NACS site, clients were registered by health staff or peer educators and were referred to HPP Congo for counselling and referral to service providers, who were part of a streamlined referral network. Since most service providers did not have available and active services, the clients were referred to the VSLAs formed by the referral network members. LIFT II provided training and technical support to referral network members on referral system best practices and VSLA methodology. FANTA provided the TA on nutrition assessment and counselling in the targeted health facilities.

ii) Acceleration Model in Lubumbashi

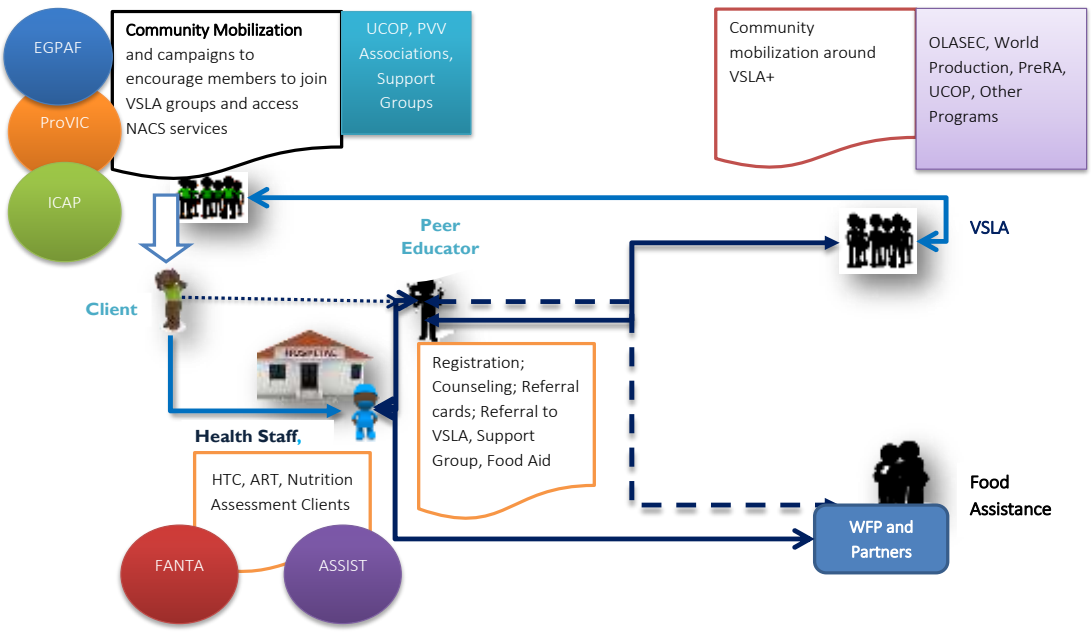


Figure 3: Referral model for Lubumbashi/Haut Katanga

In this model, implemented in 26 health facilities in Lubumbashi/Haut Katanga, clients were mobilized through existing support groups, local organizations and bilateral programs such as ICAP, EGPAF and PROVIC to access NACS services and VSLA services. At the facility, clients met with health staff for nutrition assessment and counselling, and also met with peer educators or community health workers (CHWs) for referral registration, counselling and referral to either VSLA groups or food aid. Due to greater overlap with FANTA and ASSIST in Lubumbashi that was the case in Kinshasa, the facilities had much more opportunities for NACS and QI trainings. The presence of bilateral clinical and community partners such as ICAP, EGPAF, PROVIC in the target sites made joint implementation of bidirectional referral activities easier than in Kinshasa. Also, coordination and collaboration with WFP in Lubumbashi made it possible for clients to access food aid. LIFT II trained and provided TA to peer educators and community health workers (CHWs) to facilitate formation of VSLAs in the targeted 26 sites.

iii) Partnership with World Food Program

LIFT II took the opportunity to collaborate and coordinate with World Food Program (WFP) in Haut Katanga to support the bidirectional referral system through provision of food assistance to NACS clients, including PLHIV, Option B+ and TB clients. During this collaboration WFP provided **197Metric Tons (MT)** of food assistance through World Production and ADRA to **3455 vulnerable households** (including 1827 PLHIV), which were identified through the targeted NACS facilities. Jointly with LIFT II, WFP organized and coordinated review meetings to discuss issues of beneficiary targeting, reinforcement of existing criteria for beneficiary selection and targeting, recommendations for future improvements to ensure vulnerable populations (e.g. PLHIV and those in OPTION B+) are specifically targeted. WFP coordinated with LIFT II to provide TA to partners (especially local partners such as World Production and ADRA) to improve tracking of clients who receive food aid in order to increase the accountability of local partners, and also to actively engage Health Facilities in processes of client identification through the NACS processes.

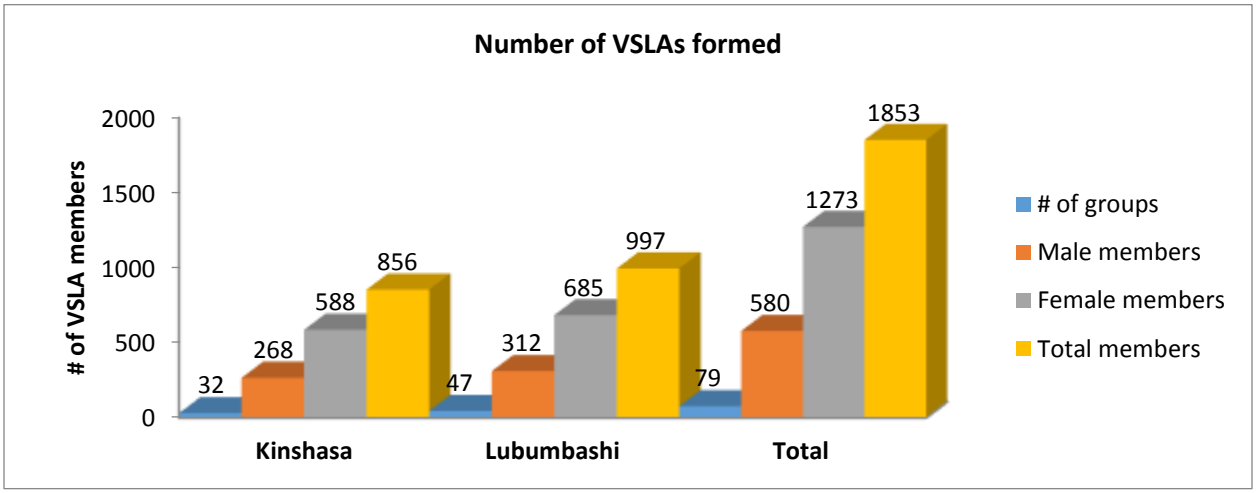
4) Key Accomplishments/Results

a) Access to VSLAs and Food Aid

i) VSLAs formed and developed

LIFT II adapted the traditional VSLA approach, which operates on the premise of self-selection, to include minor adjustments to encourage as many PLHIV to participate in groups from their establishment. LIFT incorporated methodological adjustments into the VSLA training manual, including sensitization/mobilization process, membership flexibility, group size, flexible savings routines for vulnerable members, increased contributions to social funds, preferential interest rates on loans for members in times of crisis etc. This resulted in formation and training of **79 VSLAs** (32 in Kinshasa and 47 in Lubumbashi) **out the planned 95 VSLAs** (30 in Kinshasa and 65 in Lubumbashi) with a total membership of **1853 (1306 female, 547 male)** as depicted in **figure 4 below**. In Lubumbashi only, the **annual savings across the 47 groups was 75,000** US$.

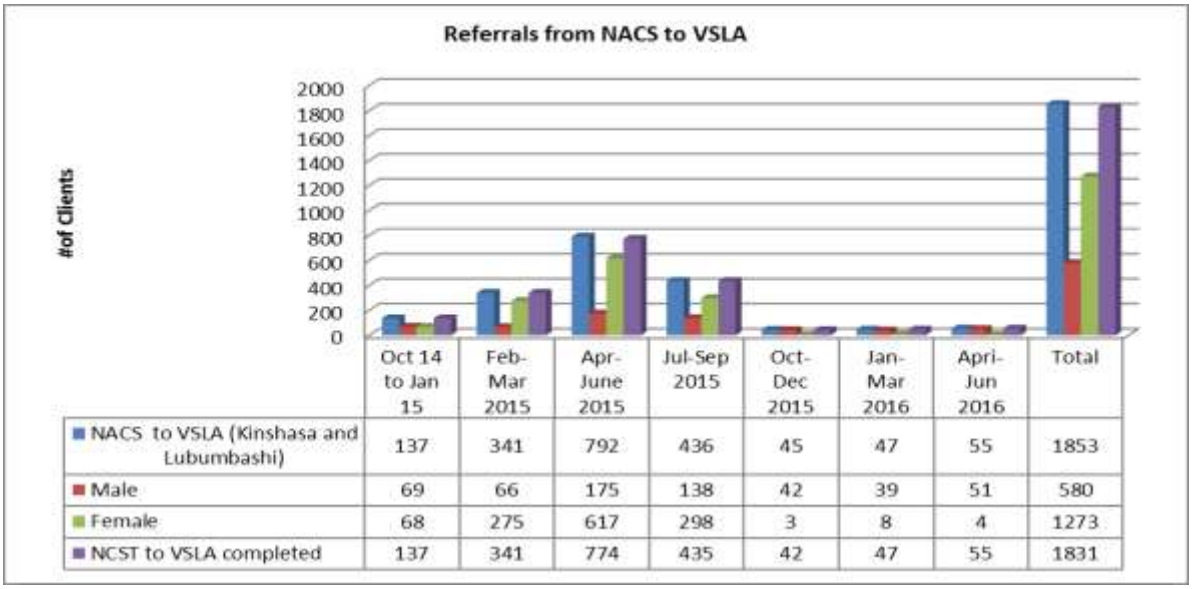
Figure 4: Number of VSLAs formed in Kinshasa and Lubumbashi/Haut Katanga



ii) Referrals from NACS sites to VSLA services

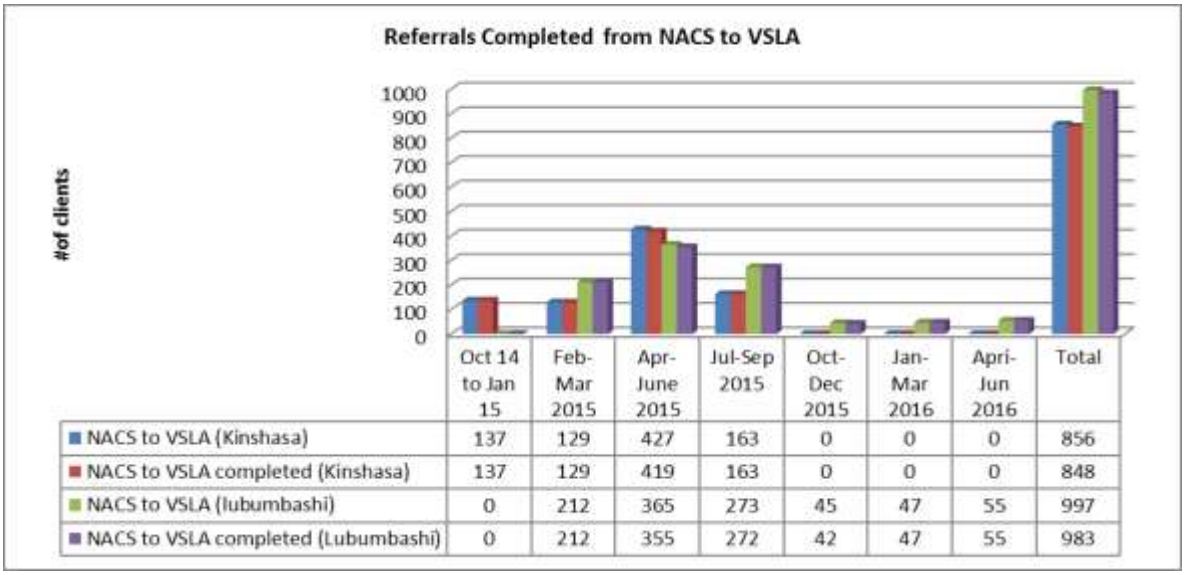
LIFT II developed a performance monitoring plan and tools to carefully monitor progress, learn and adapt approaches quickly, and continually capture and share learning within LIFT II implementing districts in Kinshasa and Lubumbashi. LIFT II worked with the referral network members and partners to ensure that client data collected and entered into an Excel database system provided tracking of referrals made and completed. LIFT II conducted data quality assessments to check correctness and completeness of referral reporting, as well as the accuracy and consistency of reported data in heath zones. **Figure 5** below depicts the number of referrals made to VSLA services, and the number completed.

Figure 5 below: Referrals from NACS to VSLA services Kinshasa and Haut Katanga by gender



	Oct 14 to Jan 15	Feb-Mar 2015	Apr-June 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apri-Jun 2016	Total
NACS to VSLA (Kinshasa and Lubumbashi)	137	341	792	436	45	47	55	1853
Male	69	66	175	138	42	39	51	580
Female	68	275	617	298	3	8	4	1273
NCST to VSLA completed	137	341	774	435	42	47	55	1831

Figure 6 below: Completed Referrals from NACS to VSLA services Kinshasa and Haut Katanga



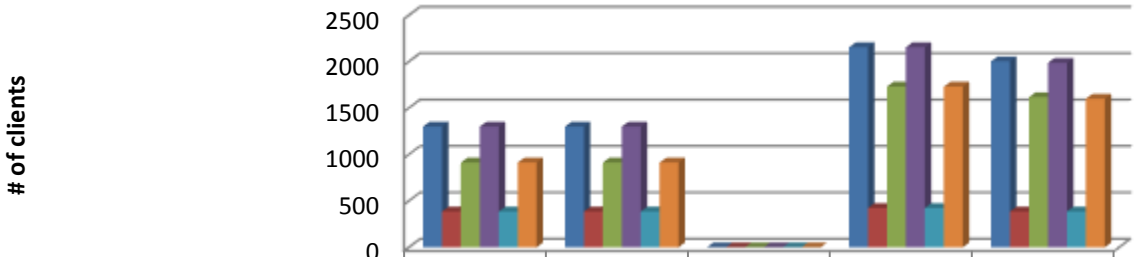
	Oct 14 to Jan 15	Feb-Mar 2015	Apr-June 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apri-Jun 2016	Total
NACS to VSLA (Kinshasa)	137	129	427	163	0	0	0	856
NACS to VSLA completed (Kinshasa)	137	129	419	163	0	0	0	848
NACS to VSLA (lubumbashi)	0	212	365	273	45	47	55	997
NACS to VSLA completed (Lubumbashi)	0	212	355	272	42	47	55	983

A total of **1853 clients (580M and 1273F)** were referred from the 31 NACS facilities to VSLA services between October 2014 and June 2016. Out of these clients, **1831** accessed the VSLA service, representing a **99%** completion rate. During this period, the project did not track clients who were referred from the community to the health facilities.

iii)Referrals from NACS to Food Aid

As **Figure 7** (below) refers, a total of **3455 clients (810M and 2645F)** were referred from the 19 NACS facilities to food aid in Lubumbashi between October 2014 and December 2015. Out of these clients, **3287 (772M, 2515F)** accessed the food aid, representing a **95%** completion rate. LIFT II, in partnership with WFP, facilitated distribution of food aid targeting PLHIV, and those in OPTION B+ in the NACS sites where LIFT II operated. World Production and ADRA distributed the food items between Oct 2014-March 2015 and August 2015-December 2015 respectively. Between April and August 2015, WFP did not have the food items for distribution. Each participant received a bag of Corn Soya Blend (CSB), vegetable oil, and pulses each month, totaling **98MT** between October and March 2015, and **99 MT** between August and December 2015.

Fig 7: Referrals from NACS to Food Aid



	Oct-Dec 2014	Jan-Mar 2015	Apr-jun 2015	Jul-Sep 2015	Oct-Dec 2015
NACS to Food Aid (Lubumbashi)	1300	1300	0	2155	2004
Male	386	386	0	424	386
Female	914	914	0	1731	1618
NACS to Food Aid completed	1300	1300	0	2155	1987
Male	386	386	0	424	386
Female	914	914	0	1731	1601

b) Capacity building of network members

LIFT II provided ongoing technical assistance to priority health zones and PEPFAR partners, and built the capacity of the bi-directional referral networks in coordination with the partners. This included trainings for implementing partners to support service delivery. The trainings focused on bi-directional referral operations and identified areas for quality improvement in the referral process, including tracking of referrals to HIV testing and counselling (HTC). The other trainings were directed towards CHWs in the targeted health zones, on household economic strengthening and VSLA methodology. Efforts were

made to increase the number of male CHWs so that male PLHIV and their households should not be left aside. LIFT II worked to establish the network in such a way that it will continue to sustainably provide referral services, and allow for tracking of these activities and their contribution to adherence and retention (A&R) in care, under the coordination of 4Children in Kinshasa and ELIKIA and in Lubumbashi. Figure 8 below shows the trainings provided to referral networks.

Fig. 8: Key trainings conducted by LIFT II for frontline staff (Community Health Workers)

		Kinshasa staff		Lubumbashi staff	
Trainings/Capacity Building	**Service Providers**	**M**	**F**	**M**	**F**
LIFT project/NACS	145	35	20	24	41
Bidirectional Referral Operations	145	21	18	24	41
VSLA methodology	116	35	20	17	35
Household Economic Strengthening	31			20	42

c) Client Antiretroviral Treatment (ART) Adherence Check

In year three, LIFT II developed and validated ART check tools with key stakeholders (PNLS, PEPFAR partners) in Lubumbashi. LIFT trained 14 key frontline staff (8M/6F) on use of ART check tool. In July 2016, the project collected ART adherence data for **329 clients (119 male, 210 female)** sampled from seven health facilities as shown in the fig. 10 below. LIFT II provided technical oversight and quality assurance on a client health data cross-check referencing clinical records and referral records at facilities in Lubumbashi, in order to understand referral impacts on ART adherence. A separate report will be drawn based on the analysis of the data collected.

Fig 10: Clients Sampled for the ART Check in Lubumbashi

Health Facility	Male	Female	Total
Kamalondo	11	30	41
Kampemba	17	30	47
CS Yata	13	30	43
Kisanga	20	30	50
Amani	28	30	58
Kipushi	19	30	49
Elmer Center	11	30	41
Total	119	210	329

5) Sustainability and Scale up

In coordination with FANTA, ASSIST and PEPFAR partners, LIFT II systematically concluded activities in Kinshasa by September 2015 and in Lubumbashi by August 2016. In Kinshasa, LIFT II had an opportunity to smoothly handover its activities to PRONANUT /GRDC and 4Children, a USAID-funded program, to move ahead with this integrated program model and ensure ongoing expansion of referral services. Following the earlier than planned closure of the project in Lubumbashi, following guidance from USAID/DRC, LIFT II has successfully transitioned the referral activities to the ELIKIA project, to move ahead with the expansion of services with focus on Orphans and Vulnerable Children (OVC). The ELIKIA project targets all the sites that LIFT II was implemented in Lubumbashi.

To ensure sustainability, LIFT II has worked with health and social services, PNLS, PRONANUT, WFP and community-based support groups to finalize the enhanced referral systems and tools and incorporated feedback and lessons learned throughout the initial phase of implementation. LIFT provided technical assistance and mentorship to health and ES/L/FS service providers in providing and monitoring referrals. Community-based groups, including caregiver support groups for PLHIV were also trained. LIFT developed frontline staff capacity to support the needs of PLHIV and supports groups through the use of HES interventions based around Village Savings and Loans Associations. VSLAs now provide the platform for the delivery of a range of economic strengthening activities targeting PLHIV. These include group management skills, financial skills, and marketing and business skills, which ELIKIA and 4Children will provide moving forward.

LIFT II identified and trained 40 Field Agents/Community Agents (4M/19F) for VSLA who will continue providing technical support to new and existing groups. These were handed over to 4Children in Kinshasa and ELIKIA in Lubumbashi/Haut Katanga. In Lubumbashi, ELIKIA committed to build the fee-for-service, private service provider (PSP) model on these agents to ensure a cost effective and sustainable system of VSLA service delivery.

6) Lessons Learned

a) Learning by doing*:* Creating room for changes and adaptation based on emerging context is critical for project success. The project constantly drew input and views from referral stakeholders to understand constraints, opportunities and recommendations on changes and adjustments, which in turn enhanced buy-in from the stakeholders. From the standard of care model, LIFT made several adjustments in response to constraints, feedback and recommendations from stakeholders including GRDC, USAID through SIMS, and PEPFAR partners. This included streamlining of services to food aid and VSLA through a do no harm approach that targeted PLHIV based on their vulnerabilities.

b) VSLA: LIFT II incorporated the following adjustments[5] into VSLA methodology, including sensitization and mobilization processes, membership flexibility, groups size, , flexible savings routines for vulnerable members, increased contributions to social funds, preferential interest rates on loans for members in times of crisis etc. Despite these adjustments, over 70% of the group members are women. In most of the groups sampled, the emergency fund exceeded 20% of their overall savings, signifying commitment to groups' social responsibilities as reflected in their expenses on such activities as weddings, funerals, medication, transportation support to visit hospital, gifts for members with newly born babies, repair costs for homes or asset loss or destruction.

c) Business models and lost opportunities with NGO/CBOs: Establishing effective partnerships with local NGO/CBO and grassroots organizations to increase capacity for ES/L/FS referral support is critical. However, the success of service delivery will be contingent on establishment of more consistent funding mechanisms for these organizations, and in many cases, capacity building and accountability for service quality.

d) Volunteers/Community Agents: Screening procedures should be used to identify and select volunteers /community agents to ensure that they are motivated, capable and trustworthy. Regular checks and balances, and accountability to other service providers are also important. This is particularly important for any interventions dealing with PLHIV, children, due to confidentiality issues and the risk of abuse and exploitation for children.

e) On food assistance and economic strengthening: Targeting mitigation and support interventions at individual PLHIV only in the context of food security is entirely inappropriate. While the project targeted individual PLHIV around food assistance and economic strengthening, there was stronger evidence that this created consumption conflicts in their households who equally needed such assistance. As such, targeting households for enhanced support would seem to be more appropriate. It is important to note that at the level of the community interventions, different settings and communities may need some latitude regarding priorities, actions and methodology likely to make the greatest difference to the targeted population.

- [5] *Sensitization and mobilization*: The traditional methodology targets communities in general and invites all interested members to join the savings groups. Instead, LIFT II worked on two fronts, targeting communities in general as well as PLHIV associations, support groups and health facilities to increase participation in the VSLA groups as they form. *Membership flexibility and group size*: Unlike the traditional methodology in which the very vulnerable seldom participate in a 15-25 member groups, LIFT II encouraged slightly larger groups so that many members can join e.g. 25-30 to diversify risk through larger pool, and participation of PLHIV/most vulnerable at the onset of the groups. *Social Fund*: LIFT II encouraged groups to strengthen social funds for potential interest free loans and support in times of crisis to the very vulnerable members. *VSLA Kit*: Traditionally, groups buy their own kits including lock box, passbooks and supplies. LIFT II provided the VSLA group with a lock box, ledger and pass books to help them manage savings and loans.