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ENHANCING SERVICES & LINKAGES FOR CHILDREN AFFECTED BY HIV/AIDS (ELIKIA)

PROJECT FINAL REPORT

APRIL 27, 2021

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ENHANCING SERVICES & LINKAGES FOR CHILDREN AFFECTED BY HIV/AIDS (ELIKIA)

Final Project Report

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The PEPFAR-funded Integrated HIV/AIDS (IHAP) Projects (PATH, EGPAF), the HIV Epidemic Control Activity (Kheth'Impilo), and the LINKAGES key populations project (FHI360) were important collaborators of the ELIKIA project for the identification and coordinated support of vulnerable, HIV-affected children, adolescents, and families.

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Among EDC's local partners, we recognize with deep gratitude the exceptional commitment of our cadre of 96 case managers and 41 supervisors working for these organizations as well as the provincial Divisions of Social Affairs (DIVAS/DUAS). ELIKIA's front-line case management workforce were the day-to-day representatives of the project to nearly 35,000 children, adolescents, parents, and caregivers, as well as the service providers in the health, education, and social service sectors who provided them with additional care and support. ELIKIA's case managers were truly the heart of the project—their deep compassion and tireless efforts on behalf of vulnerable families should inspire us all.

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We thank you for your partnership with EDC and the ELIKIA project over the past five years, and hope you share in our appreciation for the opportunity to serve orphans and vulnerable children in the DRC.

LIST OF ACRONYMS

ADHG	*Action pour les Droits Humains, la Gouvernance Démocratique et Économique* (NGO)
ALHIV / CLHIV	Adolescents / Children Living with HIV
ART	Antiretroviral Therapy
ARV	Anti-Retroviral
BDOM	*Bureau Diocésain des Œuvres Medicales* (NGO)
CRISEM	*Cri de Secours aux Enfants Marginalisés* (NGO)
CRS	Catholic Relief Services
DIVAS	Division of Social Affairs
DQA	Data Quality Assurance
ECD	Early Childhood Development
EDC	Education Development Center
EID	Early Infant Diagnosis
EPST	*Enseignement Primaire, Secondaire et Technique* (GDRC)
FGD	Focus Group Discussion
FSW	Female Sex Worker
GDRC	Government of the Democratic Republic of Congo
HEI	HIV-Exposed Infant
HES	Household Economic Strengthening
HVAT	Household Vulnerability Assessment Tool
IGA	Income-Generating Activity
IP	Implementing Partner
MINAS	Ministry of Social Affairs
NGO	Non-Governmental Organization
OCA	Organizational Capacity Assessment
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan For AIDS Relief
PLHIV	Person Living with HIV
PMEP	Performance Monitoring & Evaluation Plan
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PSP	SILC Private Service Provider
PSS	Psychosocial Support
RECOPE	*Réseau Communautaire pour la Protection de l'Enfance*
RFA	Request for Applications
RNOAC	*Réseau National des Organisations d'Assise Communautaire des Groupes de Support des Personnes Vivant avec le VIH/SIDA* (NGO)
SILC	Savings and Internal Lending Communities
SIMS	PEPFAR Site Improvement Monitoring System
SOP	Standard Operating Procedures
VLM	Viral Load Monitoring

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EXECUTIVE SUMMARY

From 2016-2021, Education Development Center (EDC) implemented the USAID/PEPFAR Enhancing Services & Linkages for Children Affected by HIV/AIDS (ELIKIA) project in the Democratic Republic of the Congo (DRC). This five-year, $15 million contract worked to improve the health, wellbeing, and economic security of orphans and vulnerable children (OVC) in 15 PEPFAR-supported health zones in the Haut-Katanga, Kinshasa, and Lualaba provinces.

ELIKIA focused on identifying and enrolling children and adolescents living with HIV (C/ALHIV) as well as their primary parents/caregivers. By extending the continuum of HIV care from the clinic to the community and household levels, ELIKIA succeeded in improving HIV case-finding, treatment adherence and retention, and viral suppression outcomes for HIV+ beneficiaries. The project used an HIV-sensitive family strengthening approach to simultaneously reduce household vulnerability, strengthen childcare practices and improve child wellbeing. and increase resiliency among OVC households.

ELIKIA's support to OVC and their households centered on a robust, comprehensive case management approach delivered through ELIKIA's local government and civil society partners. Case management enabled the facilitation of direct services, including household economic strengthening interventions, positive parenting activities, support for children's education, and psychosocial support and counseling. In addition, case managers referred households to a variety of HIV, health, and social welfare services based on identified needs and supported them in successfully accessing those services. ELIKIA's package of services was tailored to each household's individual needs and level of vulnerability, with an emphasis on closing gaps to enable households to graduate from receiving project support.

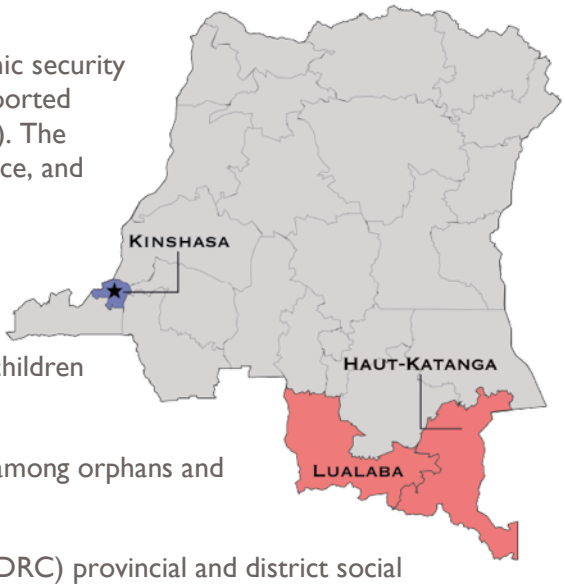
The project worked in close partnership with the provincial Divisions of Social Affairs (DIVAS/DUAS) in the three provinces, as well as DRC zonal health and HIV structures and PEPFAR clinical partners. Through these partnerships, ELIKIA established improved coordination mechanisms for key sectors and stakeholders in OVC care and support; established and strengthened referral systems for OVC households to access critical health and social services; and built capacity of government and civil society partners to implement effective OVC support and child protection activities.

As a result of these efforts, over five years ELIKIA provided support to 34,888 OVC and caregivers from 6,331 families—exceeding its life-of-project target by 29%. ELIKIA was also successful in achieving 95-95-95 goals: by the end of the project, 99.7% of at-risk OVC knew their HIV status, 100% of HIV+ children and adolescents were retained in treatment, and 98% of those were virally suppressed. Alongside its clinical accomplishments, ELIKIA measurably increased the resiliency of households participating in the program. Sixty-seven percent of all households joined a project-supported community savings and credit group, while 30% progressed to establish income-generating activities for greater financial security. Of all beneficiaries who participated in the project, 62% successfully graduated from receiving project support after achieving the objectives set forth in their household case plans and meeting established graduation benchmarks or were prepared to do so pending final graduation readiness assessments by project staff that were put on hold due to COVID-19 restrictions.

End-of-project learning conducted by ELIKIA demonstrated that the gains households made with project support were long-lasting. Across a variety of indicators, households were able to sustain increases in HIV treatment adherence, household financial security, children's educational enrollment, and the ability to cope with shocks 12-18 months after graduating from the project—even in the face of the pandemic's many challenges. These results are a testament to the lasting impact of the ELIKIA model on vulnerable children and families in the DRC, which EDC is pleased to share in the enclosed report.

INTRODUCTION

The Enhancing Services and Linkages for Children Affected by HIV and AIDS (ELIKIA) project was a five-year contract awarded by USAID/DRC and PEPFAR to Education Development Center (EDC). The ELIKIA contract was implemented from April 28, 2016 to April 27, 2021, with a final total award amount of $15,160,490.



ELIKIA worked to improve the health, wellbeing, and economic security of orphans and vulnerable children (OVC) in 15 PEPFAR-supported health zones in the Democratic Republic of the Congo (DRC). The project initially implemented activities in Haut-Katanga province, and later expanded activities to Kinshasa and Lualaba.

ELIKIA's objectives include the following:

OBJECTIVE 1 Reduce economic vulnerability of target households to provide for the essential needs of children in their care.

OBJECTIVE 2 Increase utilization of essential services among orphans and vulnerable children and their households.

OBJECTIVE 3 Strengthen Government of the DRC (GDRC) provincial and district social welfare systems.

Together, these objectives aimed to reinforce the HIV continuum of care, strengthen clinic-community linkages, and improve HIV and child wellbeing outcomes for children and adolescents. ELIKIA contributed to PEPFAR strategic objectives in the DRC, as well as the country's 95-95-95 goals. This was achieved through close partnerships with PEPFAR clinical implementing partners, as well as provincial-level divisions of the Ministry of Social Affairs (MINAS), as well as provincial and zonal Ministry of Health and Ministry of Education counterparts.

EDC managed project activities from its office located in Lubumbashi (Haut-Katanga province). The project was implemented in collaboration with two international subcontractors—Catholic Relief Services (CRS) and The Palladium Group—and five local NGO partners (ADHG, BDOM/Kolwezi, Caritas Katanga, CRISEM, and RNOAC).

THE ELIKIA OVC SUPPORT APPROACH

ELIKIA's approach to supporting OVC and their households focused on a family strengthening model that engaged directly with OVC aged 0-18 as well as their primary parents and caregivers. ELIKIA began by broadly targeting HIV-affected households—including families with HIV+ parents/caregivers, sex workers with children, and households at otherwise high risk of children contracting HIV. Over time, following PEPFAR guidance the project shifted to an exclusive focus on enrolling children and adolescents living with HIV (C/ALHIV) and their households.

ELIKIA improved caregiving practices for parents and other family members of orphans and vulnerable children, in support of better HIV outcomes and overall child wellbeing.

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The project provided assistance through direct engagement and services for OVC, as well as support to the parent or caregiver primarily responsible for their day-to-day care. This dual approach ensured that children's immediate needs were met, while simultaneously building parent and caregiver capacity to prioritize and ensure their children's long-term wellbeing.

ELIKIA's package of support was designed to complement HIV care and treatment services provided through clinical partners, providing an extension of care to the family and community levels and supporting overall child wellbeing. ELIKIA's holistic, family-centered approach was particularly important for HIV-affected households given the overlapping vulnerabilities of HIV infection, social isolation, poverty, gender inequality, and other related forms of vulnerability and discrimination.

The core components of the ELIKIA household support package included:

- Identification and support to HIV+ OVC through household HIV risk evaluations, referrals for HIV testing by clinical partners, support for HIV treatment (ART) adherence and retention, viral load monitoring, and adolescent HIV disclosure support;

- Linkages to essential health and social services through a strengthened referral system;

- Provision of progressive household economic strengthening interventions tailored to each household's level of vulnerability and capacity;

- Varied parenting interventions designed to improve the quality of childcare and positive family dynamics;

- Psychosocial support and targeted counseling services to address social-emotional needs and help children and families overcome challenges;

- Financial and logistical support for children's school enrollment, retention, and academic success;

- Linkages to group-based activities to strengthen peer support, inclusion, and social capital.

These services were facilitated through a comprehensive case management approach, whereby ELIKIA's cadre of trained case managers provided one-on-one support to individual households and children, and linked them to a tailored package of services based on their identified vulnerabilities, needs, and goals. Through a series of regular home visits, case managers were able to monitor

households' progress to achieving the objectives of their case plans, assess child wellbeing, link to necessary services and provide additional facilitation or assistance where needed, and support each household's journey toward greater self-reliance.

The project regarded each family individually and as a full partner in their own development. Assessments of each household's vulnerability also integrated conversations about each household's intrinsic assets. Case plans were created jointly by case managers and heads of household, with collaborative goal-setting that gave families ownership over their own growth process. Rather than creating a dependency on services, from the outset of their relationship with participants ELIKIA case managers clearly described a pathway to graduation from project support. With this emphasis on assets, progress, and graduation, the project's support would enable them to build greater resources, skills, habits, and confidence to successfully maintain viral suppression, financial stability, and wellbeing that would allow their children to thrive.

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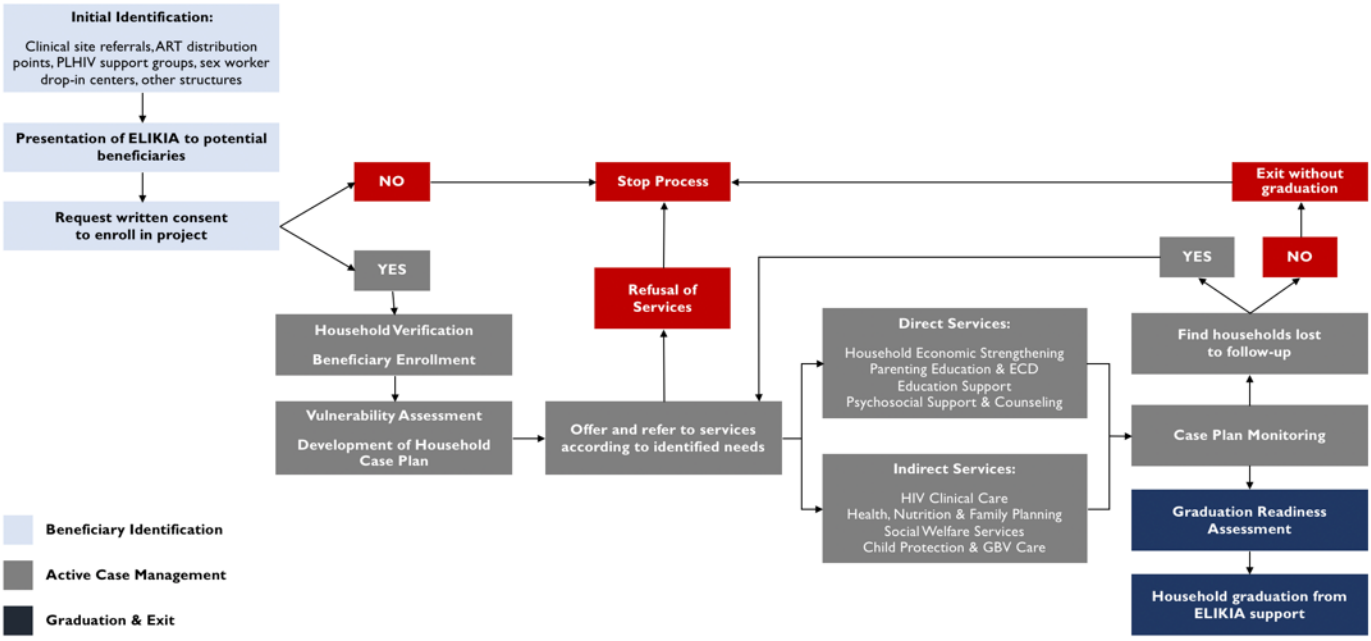
THE ELIKIA HOUSEHOLD CASE MANAGEMENT FRAMEWORK

ELIKIA used its household-based case management system as the central approach for providing assistance to OVC and their caregivers and families. Active, consistent case management—facilitated through the development of case plans and regular home visits—enabled the project to provide comprehensive support to vulnerable children and families, while simultaneously monitoring child wellbeing and household progress toward greater health and resiliency.

While people living with HIV (PLHIV) will maintain a lifelong need for services in order to maintain their treatment regimes, ELIKIA support was designed to be a temporary process of improving parent and caregiver practices and increasing household resiliency in support of better child outcomes. Households'

participation in the ELIKIA project was explicitly oriented toward increasing their resilience and enabling them to graduate from receiving project assistance. Case management was designed to take place over a period of 18-24 months for most households. During this period of active support and service delivery, case managers would work with primary caregivers to pursue specific, agreed-upon objectives in the case plan designed to reduce identified vulnerabilities and improve child wellbeing.

Case managers monitored progress through regular home visits conducted on a monthly to quarterly basis, depending on a household's vulnerability level and associated need for more or less intensive support. Once households completed the case plan objectives, they were assessed for readiness to transition out of project support based on completion of the case plan and achievement of PEPFAR graduation benchmarks, and formally graduated from project enrollment. The case management framework centered on the following process from enrollment to graduation:



BENEFICIARY IDENTIFICATION & ENROLLMENT

ELIKIA worked in close coordination with PEPFAR clinical partners, HIV care and treatment sites, and other focal points to identify and refer qualified OVC households. Key partners for beneficiary identification and referral included the Integrated HIV projects (IHAP) and the LINKAGES project supporting sex workers. Beginning with the establishment of MoUs that outlined collaboration between ELIKIA and the various projects and local government structures, ELIKIA was able to institute a system of identifying project participants—primarily at the facility level—based on established criteria, and referring them for enrollment.

With an initial focus on enrolling HIV-affected children and families, the project began by identifying eligible OVC households in clinical sites offering HIV care and treatment services, associated support groups for people living with HIV (PLHIV), drop-in centers for sex workers, as well as other community structures to which vulnerable households were known. Many of the families served by the project from 2016-2018 were those with an HIV+ parent/caregiver; others included children of female sex workers or households caring for children who were orphaned or outside of parental care due to HIV/AIDS.

Following PEPFAR guidance starting in FY18, ELIKIA shifted to an exclusive focus on identifying and enrolling households with C/ALHIV. As project targeting requirements changed over time in response to PEPFAR guidance, ELIKIA was able to update criteria and procedures for beneficiary identification through its system of quarterly case conferences with health and social welfare system stakeholders in each participating health zone. The project's case conferencing approach is described in more detail in Section 3.2.

ELIKIA management coordinated with clinical partners to schedule orientation sessions on the project at clinical sites. ART clients with children were invited to attend the sessions, which were jointly facilitated by facility nurses and ELIKIA case managers. Households were screened for eligibility to enroll in ELIKIA, and case managers then conducted follow-up home visits to complete the enrollment process and develop the initial case plan. Once the project was underway and facility nurses were able to independently screen and brief clients on the ELIKIA approach, eligible beneficiaries were referred to case managers on a rolling basis. This enabled the project to rapidly enroll newly-diagnosed C/ALHIV.

VULNERABILITY ASSESSMENTS & CASE PLAN DEVELOPMENT

Once households were enrolled in ELIKIA, a vulnerability assessment was the first step in tailoring the project's package of support to each household's individual needs and goals. During the initial home visit, case managers conducted the 25-question assessment using a digital Household Vulnerability Assessment Tool (HVAT) loaded onto their case management tablet. The HVAT's categories included questions on income and household assets, ability to pay for critical expenses such as food and healthcare, savings habits, enrollment of children in school, early childhood development and care practices, details of the physical home environment, and knowledge of HIV status. Concurrent assessments of individual OVC within the household examined HIV risk and other key risk/child protection factors including school attendance, early marriage, experiences of abuse/violence, orphanhood, birth registration, vaccination status, and nutritional status.

Following completion of the assessments, case managers worked with heads of household to jointly develop a case plan. Case plans contained key objectives for the household based on identified areas of vulnerability, needs, and child welfare gaps. Core case plan objectives included ensuring all children's HIV status was known, treatment adherence for all HIV+ C/ALHIV in the household, enrollment and regular attendance of children in schools, and completion of at least one cycle of participation in a community savings (SILC) group.

Case plans served as the case manager's core tool to assess households' progress toward improving child outcomes and strengthening household resiliency. Case managers would actively monitor and update each household's case plan every six months to determine progress and make corrections. As specific milestones were achieved, case managers and parents/caregivers would identify additional steps and tasks to continue their progression toward graduation readiness.

HOME VISITS

Case management was facilitated primarily through home visits to all active OVC households. Home visits enabled case managers to check in with caregivers and children, monitor the household environment, address challenges or concerns, make referrals to services, and offer psychosocial support to address emotional needs. Home visits were guided by the household's case plan, which was a critical tool for case managers to monitor household progress on various HIV, health, protection, and child wellbeing objectives.

ALISHA KEIRSTEAD / EDC

Vulnerability assessment results determined the frequency of home visits for each households. The project established a **SUPPORT-STRENGTHEN-SUSTAIN** system of categorizing households into three tiers based on their level of vulnerability:

Those in the **SUPPORT** stage were the most highly vulnerable, and therefore needed the most intensive support from case managers to identify children at risk of HIV and initiate treatment, address acute child protection concerns or other high-risk situations, and stabilize the household situation to ensure provision of the most basic childcare. In many cases, households in the SUPPORT stage were those experiencing extreme poverty who had multiple HIV+ family members, large family sizes, multiple children not in school, and were often single-parent households. Case management for these households included more frequent check-ins, hands-on support to ensure completion of service referrals, enrollment in the project's cash transfer program to triage states of household economic crisis, and multi-stage interventions to address acute child protection and welfare concerns. This category represented 32% of households enrolled in the project.

Households in the **STRENGTHEN** stage were making significant progress on achieving greater stability and pursuing key elements of the case plan. These households were frequently those with lower socio-economic vulnerability and/or those who had achieved a basic level of stability, and who were actively participating in project activities to increase resiliency.

Meanwhile, households in the **SUSTAIN** stage were those who had progressed successfully through multiple elements of the case plan, were independently meeting child welfare needs and maintaining HIV treatment regimens with viral suppression, and were on track for project graduation.

Households with greater vulnerability received more intensive home visits (monthly or more), while those who were less vulnerable had less intensive support needs and thus received a quarterly home visit, phone call, or check-in at a savings, parenting, or PLHIV support group meeting. As households progressed in achieving milestones on their case plan and reducing their vulnerability, case managers (with support from their supervisors) would adjust their categorization as appropriate; similarly, households that experienced a sudden decrease in vulnerability—such as through the loss of a family member or major source of income—were moved into a different tier for more intensive support. This flexible system enabled case managers to support households based on real needs, while managing their caseload with optimal efficiency. Because case managers' time was allocated effectively while still ensuring households progressed successfully, they were able to take on larger caseloads, achieve project outcomes, and reduce burnout.

Psychosocial support and counselling were critical enablers of all aspects of the case management process. This began from the first moments a potential household came into contact with the project. Many households required initial reassurance from case managers before they were willing to enroll in the project, due to confidentiality concerns or their historical experiences of stigma and discrimination that led to increased social isolation.

Meanwhile, the continued encouragement, open communication, problem-solving, and facilitation provided by case managers during home visits and throughout households' engagement with the project provided them with the confidence and emotional support they needed to join other project activities, such as savings groups and parenting classes. Many highly-vulnerable households and HIV+ caregivers were not confident about their social and economic positions vis-à-vis their peers, so were often hesitant to join group-based activities. Case managers provided gentle coaching on the project's confidentiality and stigma-reduction approaches, and the supportive environment and benefits offered through ELIKIA groups. They combined these with video testimonials from other project participants, which were pre-recorded and loaded onto case managers' tablets and played during home visits to bolster recruitment among households who remained hesitant to enroll.

> "I no longer have to worry about the rent. The ELIKIA project taught me how to organize myself and take care of my family."
>
> *Father of seven children*

On an ongoing basis, this psychosocial support from case managers enabled them to uncover the reasons behind households' hesitations and challenges in seeking health and social services, to explore those barriers in a supportive way, and help caregivers develop greater knowledge and confidence to successfully navigate their use of services. As a result, ELIKIA was able to steadily build support for service utilization and strengthen the completion of referrals.

SERVICE DELIVERY

During home visits, case managers connected participating households to essential services—both those provided directly by the project, and by referral to those delivered through health facilities, community structures, and other care providers. Linking households and children to services supported multiple outcomes for children and families:

- Meeting immediate health and child protection needs, such as HIV testing and treatment initiation, primary health care, nutrition support, or birth/civil registration;
- Supporting households to participate in activities that reduce vulnerability and strengthen resiliency, such as community savings groups and parenting programs;
- Building caregiver and adolescent knowledge, skills, and confidence to utilize available health and social services.

ELIKIA conducted an initial service mapping in each of its target health zones, identifying available services for OVC households. The project then established MoUs with key care providers, which laid the groundwork for ongoing collaborative partnerships that enabled successful service referrals. Guided

by referral SOPs, case managers provided households with referral forms to facilitate transfer of households to services, as well as counter-referral forms that enabled them to track service completion.

PROGRESSING TOWARD GRADUATION

ELIKIA's goal for OVC support was to strengthen each participating household to a point where they were self-sufficient enough to transition out of receiving project assistance. Households were informed of this process from the outset as part of their orientation to the project, with case managers emphasizing an approach the focused on leveraging households' assets and building empowerment and self-sufficiency.

Once a household had completed all objectives in the case plan, case managers completed a checklist containing key indicators of the household's readiness to graduate (see box at right), which was then verified by the Case Management Supervisor based on details of the case plan and household case file. The project framework was designed for households to achieve graduation within 18-24 months.

ELIKIA Graduation Criteria

1. Have all children in the family had an HIV risk evaluation?
2. Do the caregivers know the HIV status of all children?
3. Are all HIV+ children on treatment?
4. Do all children in the household regularly attend school?
5. Has the household completed at least one SILC cycle?

DEVELOPMENT OF TOOLS & RESOURCES

ELIKIA developed a total of 50 tools and resources for case managers and supervisors. This toolkit covered all phases of the case management process, from identification and enrollment through graduation and case closure. These included:

- Standard Operating Procedures (SOPs), checklists, and guidance documents for various aspects of the case management process
- Assessment forms to identify household and individual vulnerabilities and needs
- Case planning and progress monitoring tools
- HIV risk assessments for children and adults
- Service referral and counter-referral forms and guidelines
- Reference sheets for psychosocial support and counseling
- COVID-related protocols
- Case manager performance and data management resources

These tools and resources served as critical job aids for case managers throughout their engagement with each household, and ensured service quality and fidelity of implementation of the ELIKIA case management model. A number of these resources were digitized and loaded onto tablets used by case managers. Resources were refined and added over time based on project needs, changes to the project scope of work, and lessons learned during implementation that led to adaptive management strategies.

A full inventory of case management tools and resources developed by the project is contained in Annex C.

STRENGTHENING THE SOCIAL SERVICE WORKFORCE

While many current PEPFAR OVC projects rely on "community cadres" of paraprofessionals or volunteers to conduct regular home visits and case management tasks, ELIKIA engaged salaried staff as household case managers. ELIKIA's case managers included personnel recruited by ELIKIA's Congolese NGO partners, as well as social workers engaged by the provincial Division of Social Affairs in Haut-Katanga and Lualaba provinces, and the Urban Division of Social Affairs (DUAS) in Kinshasa. Some case managers held university degrees in social sciences, community development, or similar subjects; others held the equivalent of a baccalaureate degree combined with previous work experience with vulnerable children/families and were capable of conducting data entry using paper forms and tablets. Case managers from ELIKIA's local implementing partners in Lubumbashi (ADHG, Caritas, CRISEM) had contracts as field agents conducting case management activities full-time, while those from the Haut-Katanga DIVAS and NGO partners BDOM Kolwezi (Lualaba) and RNOAC (Kinshasa) conducted activities part-time.

From 2016-2019, via its local partners ELIKIA recruited a total of 96 case managers and 41 supervisors. Of these, 69 case managers and 16 supervisors remained through the end of the project, a 79% retention rate for the project's case management workforce.

SUZANNE REIER / EDC

While current global social service workforce guidance for paraprofessionals recommends a caseload of approximately 15 households per case worker, given the higher performance capacity of ELIKIA's case managers the project was able to increase the size of each case manager's portfolio to an average of 60 households per full-time case manager and 30 per part-time case manager. Full-time case managers covered a maximum of 80 households and part-time case managers covered up to 50 households. Caseloads were based on: 1) home visit frequency based on the vulnerability level of each household in the portfolio; 2) geographic distribution of households/ease of access; and 3) individual case manager performance. The prioritization of households into different support categories enabled case managers to efficiently and effectively manage caseloads of this size.

ELIKIA conducted a series of intensive intake trainings for new case managers on core case management topics, beginning in the project's original area of operations in Haut-Katanga and later rolled out in Kinshasa and Lualaba. These were followed by individual topic-specific trainings as additional program components and practices came on line. Other short refresher and update trainings were offered according to skills needs identified by the project.

The rollout of the ELIKIA case management training program is outlined below:

ELIKIA CASE MANAGEMENT TRAINING PROGRAM		
TRAINING TOPIC	DATES DELIVERED	LOCATION
Case Management Foundations	October-December 2017	Haut-Katanga
Case Management Foundations	June 2017	Haut-Katanga
Cash Transfers & SILC Groups	July 2017	Haut-Katanga
Positive Parenting – Children	March 2017	Haut-Katanga
Positive Parenting – Adolescents	April 2017	Haut-Katanga
Case Management Supervision	July 2017	Haut-Katanga
Child Protection	January 2018	Haut-Katanga
Case Management Foundations	February 2018	Haut-Katanga
Case Management Refresher	February 2018	Haut-Katanga
Data Management	March 2018	Haut-Katanga
Service Referrals & HIV Continuum of Care	April 2018	Haut-Katanga
Psychosocial Support Provision	June 2018	Haut-Katanga
Case Management Foundations	August 2018	Lualaba
Case Management Refresher / 4C-ELIKIA Transition	November 2018	Kinshasa
Adolescent HIV Disclosure	May 2019	Haut-Katanga
Adolescent Counseling & Disclosure	October 2019	Kinshasa
Adolescent Counseling & Disclosure	November 2019	Haut-Katanga
Data Management	November 2019	Kinshasa

Throughout the project, the ELIKIA technical and M&E team in the field provided robust coaching for performance improvement of case managers, supervisors, and project management staff within each partner organization. This included a combination of weekly technical meetings for all project partners involved in implementation. Once a month, meetings focused on data reviews with partners. These meetings enabled the identification of gaps, challenges and necessary corrections, the development of actions through the end of the quarter, and plans for supportive supervision through joint field visits and coaching calls; and more structured performance assessment processes, such as data quality audits (DQA) and preparation for PEPFAR SIMS visits through internal "SIMS" exercises.

Weekly meetings were a critical strategy for improving case manager performance and ensuring the achievement of project results. The project team held these meetings with case managers and supervisors from each implementing partner. Using the project's interactive data dashboard, the team was able to look at performance across partners and down to the level of each case manager's portfolio. The frequency and detail orientation of these reviews was instrumental in the project's ability to identify performance shortfalls early, discuss individual cases and broader challenges, provide coaching on corrective actions, and quickly follow up remediation strategies undertaken. Through this hands-on approach, the project rapidly established a culture of program quality assurance and accountability within its case management workforce, and built capacity of case managers and supervisors to track performance and correct problems.

THE ELIKIA DIGITAL CASE MANAGEMENT SYSTEM

ELIKIA built and utilized a robust digital case management system that served multiple project functions and outcomes. Each case manager was provided with a tablet, linked to a cloud-based DHIS2 database, used to enter household data during enrollment and home visits. Tablets were loaded with a suite of forms and tools that facilitated key case management tasks, including household vulnerability assessments and service referral tracking. Case managers were able to enter data offline without an internet connection while in the field, and would conduct daily data syncs at the end of their workday to upload new data through the cloud.

As a result, case managers captured a rich set of beneficiary, household, and project data during the course of their day-to-day case management work. This enabled real-time results tracking by case management supervisors and ELIKIA project managers, without the need for additional data entry staff.

More detail on the digital case management system is included in Section 7: Monitoring & Evaluation Accomplishments.

ALISHA KEIRSTEAD / EDC

ESTABLISHING STRONG LINKAGES TO THE HIV CONTINUUM OF CARE

ELIKIA viewed itself as a critical contributor to the HIV continuum of care for OVC and caregivers, putting in place approaches to coordinate effectively with HIV care and treatment structures and extend support seamlessly from the clinic to community levels. This close coordination resulted in ELIKIA's ability to enroll eligible OVC households—with emphasis on targeting children and adolescents living with HIV—and support the achievement of 95-95-95 goals.

PARTNERSHIPS WITH PEPFAR CLINICAL PROGRAMS

To facilitate strong collaboration and integration with PEPFAR clinical projects, ELIKIA established Memoranda of Understanding (MoUs) with several key clinical partners, including the IHAP project implemented by PATH in Haut-Katanga/Lualaba and EGPAF in Kinshasa, and the LINKAGES project implemented by FHI360. These MoUs outlined collaborative processes around the following objectives:

- Establish shared commitments to collaboration around improving HIV outcomes and the delivery of well-coordinated services for ART clients and vulnerable children and families;
- Delineate roles and responsibilities between ELIKIA, clinical partners, and other key stakeholders;
- Define key collaborative processes, including beneficiary identification and enrollment, referrals between programs and services, and case conferencing;
- Establish mechanisms for data sharing.

These MoUs served as the backbone for what proved to be increasingly effective coordination around HIV/OVC services between ELIKIA and the PEPFAR clinical partners. Over time, particularly as ELIKIA's enrollment focus shifted from HIV-affected households to a more specific effort targeting HIV+ children and adolescents, coordination around identification of eligible beneficiaries through clinical structures was paramount to ELIKIA's ability to successfully enroll and serve its target beneficiaries.

SUPPORTING HIV CASE-FINDING

ELIKIA represented a critical extension of clinical care structures into communities and homes, as a means of supporting increased HIV case-finding. The project facilitated increased testing through a variety of strategies. First, the project aimed for—and achieved—a 100% rate of known HIV status among OVC under age 18 by their caregivers. ELIKIA case managers conducted HIV risk assessments as part of initial household case planning, identifying any children at risk of HIV whose status was unknown to their parents/caregivers. While most children supported by the project were screened and identified as not being at risk of HIV, using the screening tool case managers identified a small percentage who were at risk of HIV and whose status was not known.

For children with identified HIV risk, case managers facilitated referrals to clinical sites for testing. The project's standard operating procedures for facilitating HIV testing referrals included the case manager making an appointment with the clinic for testing and accompanying the caregiver if needed, providing a referral voucher to facilitate tracking at the facility, and collecting counter-referral forms from the facility to ensure testing visits had been completed.

> "Your ELIKIA project has really rescued me. I didn't know what I was seeing when my little boy kept losing weight. I had no idea about getting him tested, or finding ways to feed him. May you be filled with blessings."
>
> *Grandmother of an 18-month-old HIV+ child*

In addition to case-finding among OVC, ELIKIA also facilitated increased case-finding among adults. As households increased their awareness of the importance and availability of HIV testing services in response to identified risks, adult household members also expressed interest in knowing their own HIV status. In those cases, ELIKIA case managers facilitated testing referrals so that adults were able to learn their HIV status.

ENSURING TREATMENT ADHERENCE & VIRAL SUPPRESSION

The ELIKIA project was an important contributor to 95-95-95 outcomes through its extension of HIV care and support to the community level. In close coordination with clinical partners, ELIKIA case managers complemented the efforts of facility-based focal points and support groups to ensure treatment initiation and adherence, as well as supporting households to achieve viral suppression, for HIV+ children, adolescent, and caregivers.

For individuals referred to health facilities for testing by ELIKIA, case managers followed up with beneficiaries and, when necessary, staff at the relevant health facility, to ensure the referral was completed. Along with facility-based focal points in care and treatment structures, case managers provided sensitization and encouragement to parents/caregivers of newly-diagnosed C/ALHIV to

support treatment initiation. This included providing basic information about HIV (overview, modes of transmission, prevention and management), the treatment process, and the various requirements to optimally support HIV+ children and adolescents. ELIKIA case managers provided counseling during home visits that aided households to develop an accurate knowledge of HIV, fully understand the ART regimen, and know how best to support the needs of C/ALHIV. Case managers provided psychosocial support and coaching to caregivers to help them develop self-efficacy, hope, and confidence in envisioning a happy, healthy, productive future for themselves and their children while living with HIV.

During home visits, case managers provided ongoing monitoring and support to households to ensure treatment adherence for all HIV+ members of the family, with emphasis on C/ALHIV. This included monitoring compliance with the ART regimen through client self-reporting, ensuring households had adequate supplies of ARV drugs, verifying attendance at clinic visits and PLHIV support group meetings, reviewing children's nutritional needs and household feeding practices, and checking in on social-emotional wellbeing for HIV+ family members. Where case managers identified gaps, they took corrective action in the form of on-site coaching and additional service referrals or support as needed, including liaising with clinical structures where required.

To confirm the effectiveness of ART for each client, ELIKIA coordinated with the clinical structures to ensure viral load samples were taken for HIV+ clients enrolled in the project, and received viral load monitoring (VLM) results to ensure PLHIV were virally suppressed. Case managers verified semiannually that all HIV+ clients had completed viral load testing; those who had not had viral counts taken were referred to the health facility for sampling and followed up to ensure completion. In cases where individuals were not virally suppressed, case managers took corrective action during home visits through enhanced adherence counseling, cooperative problem-solving to reduce barriers to observing and adhering to treatment, and coordination with clinical focal points as needed. In coordination with clinical focal point, non-suppressed clients were referred for quarterly VLM and jointly monitored by clinics and ELIKIA, with case managers conducting frequent follow-up and adherence counseling until they achieved and sustained viral suppression.

Where case managers encountered difficult cases of persistent non-adherence and non-suppression, they enlisted support of case management supervisors for more robust troubleshooting and the involvement of clinicians.

IMPROVING SERVICE COORDINATION: CASE CONFERENCING

To improve overall coordination between ELIKIA and relevant health and social welfare structures—including zonal health officials, DIVAS staff, and PEPFAR clinical IPs—the project organized quarterly case conferences at the health zone level. The ELIKIA management team began these multi-stakeholder meetings early in the project, which introduced the project approach, established processes for beneficiary referrals and service coordination, and laid the groundwork for effective collaboration between the project and relevant HIV and OVC support structures. Chaired by the Chief Zonal Medical Officer with operational support from the ELIKIA team, case conferences provided an opportunity for stakeholders to share updates and data, discuss bottlenecks in service delivery and referrals, strengthen collaborative processes, address operational challenges, and develop plans for joint activities.

Joint data reviews were a central part of the case conferencing agenda, using quarterly data bulletins for the health zone prepared by ELIKIA. This provided a clear means for assessment of coordination effectiveness and OVC support outcomes. Identified challenges with beneficiary identification and enrollment, service delivery and referrals, and clinical outcome achievement were addressed through a collaborative discussion and action-planning process; action steps were reviewed at subsequent meetings to ensure corrective actions were completed.

ELIKIA paid special attention to highly-vulnerable priority groups at increased risk of HIV, including HIV-exposed infants, pregnant women, adolescents living with HIV, and female sex workers.

ALISHA KEIRSTEAD / EDC

TAILORED SUPPORT TO PRIORITY GROUPS

ELIKIA's efforts to support and strengthen the HIV continuum of care together with clinical partners included a concurrent focus on a number of priority groups. These included groups at high risk of HIV, and those for whom coordinated services were required to ensure optimal case-finding and treatment initiation/adherence. These strategies included:

HIV-EXPOSED INFANTS & PREGNANT MOTHERS All HIV+ women who were pregnant or with children under one year of age were referred by clinical structures for enrollment in the project, with emphasis on ensuring prevention of mother-to-child transmission (PMTCT) and monitoring HIV-exposed infants before confirming the child's final status. ELIKIA support was offered to this vulnerable group in order to maximize treatment adherence and outcomes for pregnant and lactating mothers in order to prevent mother-to-child transmission, strengthen retention in facility-based PMTCT programs, and ensure child wellbeing in an infant's first years.

ADOLESCENTS LIVING WITH HIV Adolescents were a particular focus group for ELIKIA support given high risks of HIV acquisition among adolescents (especially girls) and elevated risk of ART defaulting among adolescents who have recently learned their status or have transitioned from pediatric to adult care. ELIKIA screened all children and adolescents for HIV risk with parental consent, and paid particular attention to the health, HIV status, and needs of adolescents. Case managers delivered an adolescent counseling series that included modules on HIV and GBV prevention; they also performed close surveillance of ART adherence, facilitated support for HIV status disclosure, and monitoring the transition from pediatric to adult care for adolescents aging out of project support at age 18.

FEMALE SEX WORKERS Because female sex workers (FSW) and their children are considered high-risk for acquiring HIV, from 2016-2019 ELIKIA worked with civil society organizations who provide support to FSW, as well as the PEPFAR LINKAGES project, to identify FSW with children for enrollment in ELIKIA. Partners reaching FSW provided sensitization on HIV and referred them for testing by clinical partners; during these engagements, FSW with children were screened for eligibility to enroll in ELIKIA and benefited from the ELIKIA OVC support package.

DIRECT & INDIRECT SERVICE DELIVERY

ELIKIA's mix of services offered to participating households included those delivered directly by the project, as well as services facilitated through referral to other programs and care structures. This mix ensured the greatest possible support to OVC and their

households, leveraging other USAID/PEPFAR investments and those of the Congolese government for a comprehensive package of services to meet child and household needs.

DIRECT SERVICES

The project offered a number of direct services during the five-year activity period. The mix of services changed over time based on PEPFAR priorities and the availability of funding. ELIKIA prioritized services based on identified needs, concentrating on those that had the greatest impact on 95-95-95 outcomes. The project's direct services package included four key components: household economic strengthening, parenting education, education support for learners, and psychosocial support and counseling. ELIKIA's direct service package included the following components, tailored to household needs and interests:

Household Economic Strengthening	Parenting Education	Education Support	Psychosocial Support & Counseling
Cash Transfers to Highly Vulnerable Households*	Sinovuyo Kids & Teens Parenting Groups**	Scholarships*	Household & Individual Psychosocial Support
Community Savings & Lending (SILC) Groups	The Faithful House Couples Program**	Block Grants to Schools**	Adolescent Counseling
Support for Income-Generating Activities	Early Childhood Development	Enrollment Support & Education Monitoring	HIV Status Disclosure Support

** Offered in Haut-Katanga and Kinshasa only*
*** Offered in Haut-Katanga only*

HOUSEHOLD ECONOMIC STRENGTHENING Economic strengthening activities were critical to households' ability to meet basic child needs, ensure HIV treatment adherence, and increase overall resiliency. ELIKIA offered a continuum of household economic strengthening interventions based on each household's capacity and level of need. Savings & Internal Lending Communities (SILC groups) were the foundational economic strengthening approach for ELIKIA households. SILC groups—an evidence-based economic strengthening approach originally developed by CRS—were composed of 20-25 members of the community, who participated in year-long cycles of mutual savings activities. SILC groups received financial literacy training from trained field agents, elected officials from within their own membership, and operated a rotating loan fund to enable members to pay for emergency expenses. At the end of each one-year cycle, participants shared dividends based on their contributions over the year. SILC field agents who successfully facilitated multiple groups through savings cycles were eligible to be certified as Private Service Providers, which allowed them to operate as independent SILC agents and form additional groups outside of the project as a source of income, as members agreed upon a fee payment for the field agent's facilitation services.

The project's most vulnerable households—those in the SUPPORT stage—often questioned their initial ability to participate successfully in SILC activities. Many were too economically vulnerable to meet basic needs, let alone save money each month. Others experienced a high degree of social isolation, and did not feel confident engaging in group-based activities with peers who were relatively better off financially.

For these households[1], the project provided temporary cash transfers to help triage emergency situations and stabilize household expenses.

Cash transfers were provided over a period of 6-12 months via mobile money, with amounts varying based on needs including household size, number of school-age OVC, nutritional status of children, and health status of PLHIV. The cash transfer scheme included conditions each household was required to meet in order to continue receiving cash, including ART adherence, enrollment of OVC in school, maintaining children's vaccination schedules, completing civil registration for newborns, and maintaining children's nutritional status. The transfers were intended to aid highly vulnerable households in meeting basic needs for food, shelter and medical care, and reaching a point where they had the stability necessary to begin saving small amounts of money each month. Simultaneously, coaching and encouragement from case managers and field agents provided them with added confidence in their ability to progress to participating in SILC groups within six months.

ALISHA KEIRSTEAD / EDC

For households who were relatively less vulnerable—typically those who had successfully participated in at least one SILC cycle—the project offered training and support for the initiation of income-generating activities (IGAs). Also facilitated by SILC field agents, IGA training provided households with information and skills to identify microenterprise opportunities based on local needs and market gaps, develop basic business plans, identify initial resource needs, manage expenditures and income, and balance business capital requirements with the use of income for household needs. The savings households generated through participation in SILC groups—as well as the group's credit fund—provided a logical springboard for initiation of IGAs, which were a critical source of resilience-building on their pathway to graduation.

PARENTING EDUCATION To improve parenting practices in support of improved child health, development, and protection outcomes, ELIKIA provided support to parents/caregivers of OVC at both the community and household levels. Case managers routinely surveyed child wellbeing and parenting practices during home visits, and provided guidance and coaching on improved childcare behaviors. Using skills and competencies on age- and stage-specific child and adolescent development acquired during foundational trainings, case managers were able to inform and engage parents in thinking critically about their parenting behaviors, communication skills, and disciplinary approaches. Conversations focused on exploring the ways in which caregivers engaged their children and could support their growth and development in healthy ways, based on each child's age and developmental needs. These

[1] Cash transfers were offered to households in Haut-Katanga only due to budget limitations in later project years.

conversations often opened caregivers' eyes to new ways of approaching parenting in positive, cooperative ways, and new views on developing harmonious relationships with their children and among the household.

In Haut-Katanga, the project offered a number of group-based parenting interventions to build skills and capacities in caring for children and adolescents. ELIKIA used the Sinovuyo Caring Families[2] curricula to strengthen parenting skills and relationships between parents/caregivers and their children and adolescents, as well as CRS' The Faithful House, an evidence-based curriculum that strengthens communication, relationships, and shared parenting practices between couples. The positive parenting curricula used by ELIKIA included the following components:

Sinovuyo Kids	Sinovuyo Teens	The Faithful House
• Spending Quality Time • Talking About Feelings • Praising Children • Rewards for Good Behavior • Clear & Positive Guidance • Keeping Children Safe • Household Rules • Managing Difficult Behaviors • Discipline & Consequences • Problem-Solving	• Building Positive Relationships • Spending Quality Time • Praising Each Other • Talking About Emotions • Handling Difficult Emotions • Problem-Solving • Saving & Budgeting • Managing Conflicts • Rules & Routines • Staying Safe • Responding to Crisis • Sources of Support	• Foundations for a Strong & Healthy Marriage • Love, Faithfulness, Respect & Dignity, Communication • Core Values & Priorities • Sources of Influence • Conflicts & Forgiveness • Healthy Sexual Relationships • Cultural Values • HIV Prevention & Family Planning • Alcohol & Domestic Abuse

ELIKIA also provided caregivers with support to strengthen early childhood development (ECD) for younger children. Case managers were trained in providing key ECD messages to caregivers and coaching them on the integration of these behaviors during home visits. Case managers also received training in monitoring age-appropriate development for younger children, to identify those in need of more intensive ECD support from parents. ECD strategies promoted by case managers included topics such as involving children in basic household activities, increasing communication with children to build verbal and social skills, and using play to build motor skills. In Kinshasa, households were also linked to facility-based ECD services carried over from the previous 4Children project.

EDUCATION SUPPORT Recognizing the protective effect of education on HIV prevention, reducing early marriage, supporting girls' empowerment, and fostering healthy futures for children, ELIKIA provided support for children's enrollment and retention in schools. While (per national policy adopted in 2019) the DRC has universal free primary education, in practice most children are required to pay enrollment and exam fees as the universal free education system is not fully functional; those whose parents are unable to pay are typically sent away from school or not permitted to sit for exams. Financial limitations were frequently cited as a barrier to households' ability to keep children in school. In response, ELIKIA provided financial assistance to highly-vulnerable households to enable children's

[2] Sinovuyo Caring Families is an evidence-based curriculum originally developed by Clowns Without Borders South Africa, and promoted for use as an evidence-based parenting and violence prevention intervention by PEPFAR programs.

enrollment in school[3]. In the project's first year, eligible households received scholarships for children which were paid directly to schools. In years 2-3 the project provided block grants to participating primary schools. These agreements between ELIKIA and individual schools allowed for small improvements to the learning environment, such as purchasing new furniture; repairing toilets, walls, and roofs, and donation of supplies for students or consumable goods (chalk, notebooks, cleaning supplies, etc.). In exchange for the financial assistance provided to schools in the form of in-kind contributions, schools agreed to waive enrollment and exam fees for identified OVC.

ELIKIA case managers provided enrollment support and education monitoring for all households with school-age children. This included sensitizing caregivers on the importance of education—particularly for girls and secondary school students—and providing guidance on enrollment and prioritization of children's school fee payments as part of household budgets (including linking school fee payments in planning around SILC group savings and dividends). During home visits case managers followed up to ensure enrollment, monitored attendance and performance, and provided coaching to parents and students to remediate potential dropout or failure to pass the current school year. Where needed, case managers liaised with school officials on difficult cases.

ALISHA KEIRSTEAD / EDC

PSYCHOSOCIAL SUPPORT & COUNSELING Psychosocial support and counseling provided to households and individual OVC and caregivers was a central component of ELIKIA's case management and family strengthening approach. While services such as household economic strengthening, HIV testing and treatment, and parenting education were all key components of the project's support package, addressing the social and emotional needs of caregivers and OVC was vital to ensuring their full participation in these other activities. Sensitization, encouragement, confidence-building, and problem-

[3] Financial assistance for school enrollment was provided to households in Haut-Katanga and Kinshasa only.

solving to address barriers and challenges were all major contributors to household success in other areas of the program, and in life.

Case managers received an intensive training in psychosocial support (PSS) —developed by EDC—as part of the foundational case management curriculum. This training provided case managers with the framework, knowledge, understanding, and skills to engage with and relate to vulnerable household members of all ages.

Case managers provided psychosocial support and counseling to households during each home visit, as well as during follow-up check-ins as needed. This consistent engagement helped caregivers and OVC consistently build self-efficacy, a sense of personal agency, and a greater feeling of hope about their lives and futures.

ELIKIA Psychosocial Support Provider Curriculum

- Identifying PSS Needs
- Defining Constructive Assets
- Communication Strategies for Children, Adolescents & Adults
- The Counseling Process
- Addressing Challenges (grief, stigma and discrimination, family distress, GBV)
- Planning a Counseling Session

INDIRECT SERVICES

In addition to the direct services offered by the project, ELIKIA case managers facilitated referrals to a number of indirect services. During project start-up, ELIKIA conducted a comprehensive service mapping in the target health zones, identifying key services and providers that would contribute to household resiliency and child wellbeing. Case managers were provided with service directories, enabling them to quickly and easily refer households to available services.

Referral system strengthening was a key contributor to ELIKIA's ability to successfully offer indirect services to households. ELIKIA mapped available services at the start of implementation in new health zones, worked with service providers and key stakeholders to establish referral pathways and processes, and facilitated ongoing collaboration to strengthen referral and counter-referral mechanisms for improved care of vulnerable children and families. Services offered to households via referral included:

- HIV testing for children and adults
- Viral load testing
- Primary health care services
- Family Planning
- Nutritional counseling and treatment
- Child protection and GBV response
- Birth and civil registration
- Indigence certificates

PROJECT TIMELINE & EVOLUTION

PROJECT GEOGRAPHY

At the time of EDC's initial award, ELIKIA was designed to be implemented in ten health zones in Haut-Katanga province. Per PEPFAR guidance, in Q4 FY18 the project reduced its footprint in Haut-Katanga and added two health zones in Lualaba province (Dilala and Manika); ELIKIA later assumed OVC operations in Kinshasa in Q1 FY19 following the end of the CRS-led 4Children program. The project geographic operations over the five-year life of award are as follows:

ELIKIA GEOGRAPHIC COVERAGE, BY HEALTH ZONE																			
	FY16		FY17				FY18				FY19				FY20				FY21
Health Zone	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Haut-Katanga																			
Kamalondo																			
Kampemba																			
Kenya																			
Lubumbashi																			
Kisanga																			
Kafubu																			
Katuba																			
Mumbunda																			
Tashimilemba																			
Rwashi																			
Kinshasa																			
Bandalungwa																			
Kikimi																			
Kingasani																			
Masina 2																			
Lualaba																			
Dilala																			
Manika																			

ELIKIA PARTNERS

EDC worked with seven implementing partners over the course of the ELIKIA project. These project partners and their roles were as follows:

ELIKIA PROJECT PARTNERS			
PARTNER	PROJECT ROLE	DATES	TOTAL FUNDING
Catholic Relief Services (CRS)	Household Economic Strengthening Parenting Education	2016-2020	$3,615,392*
The Palladium Group	Monitoring & Evaluation Technical Assistance Database Development Development of Case Management Tools	2016-2018	$598,522
Caritas Katanga	Case Management (Haut-Katanga) Household Economic Strengthening (Haut-Katanga)	2016-2018	$371,126
ADHG	Case Management (Haut-Katanga)	2017-2021	$362,458
BDOM/Kolwezi	Case Management (Lualaba)	2018-2021	$143,641
CRISEM	Case Management (Haut-Katanga)	2017-2021	$359,059
RNOAC	Case Management (Kinshasa) Early Childhood Development (Kinshasa)	2018-2021	$307,444

** The total funding for CRS includes $240,130 in subcontracts issued to RNOAC in FY19-20. This amount is also reflected in the overall total for RNOAC to demonstrate total funding issued to each partner.*

Catholic Relief Services remained a core implementing partner for the project's package of household economic strengthening and parenting education activities through the end of FY20. In their role, CRS was responsible for establishing the SILC and cash transfer methodology; recruiting, training and supervising SILC field agents (including their eventual certification as Private Service Providers); recruiting, training, and supervising parenting educators in the Sinovuyo and The Faithful House methodologies; and providing technical assistance, training, and oversight of support for households in developing IGAs. Following the end of the 4Children OVC activity in Kinshasa, which was previously led by CRS, the Kinshasa-based CRS team continued to provide technical and operational support to local implementing partner RNOAC through FY19.

ALISHA KEIRSTEAD / EDC

The Palladium Group joined the project from its start-up phase, providing technical assistance in monitoring and evaluation and database development. Palladium worked closely with EDC and contractor BAO Systems to develop and establish the DHIS2-based database that facilitated ELIKIA's digital case management system. Palladium provided technical assistance for the adaptation and development of ELIKIA's suite of case management tools; supported technical training for ELIKIA staff and partners in use of the database; and provided operational support as the database, user platforms, and data entry, analysis, and management processes became established. Palladium's subcontract was ended in FY18 once the digital case management system had become fully functional and operationalized.

Alongside the Haut-Katanga DIVAS as a primary government partner, Caritas Katanga was included as ELIKIA's primary local implementing partner for case management activities from the project's inception. Caritas Katanga facilitated both case management services as well as household economic strengthening activities under their subcontract. Due to ongoing performance and leadership challenges, EDC opted to end Caritas' subcontract at the end of FY18.

Meanwhile, EDC worked with three additional local partners selected through competitive RFA processes. EDC conducted an initial call for proposals for local organizations in Haut-Katanga in

September 2016, and selected ADHG and CRISEM as its two additional case management partners. On start-up of activities in Lualaba, EDC conducted another RFA and selected BDOM/Kolwezi as its case management partner in the two target health zones of Lualaba. Finally, Kinshasa-based partner RNOAC was transitioned directly into ELIKIA as an existing partner on the previous 4Children award. These organizations operated on fixed-amount awards with payments linked to achievement of specific milestones; this enabled the project to monitor performance and build capacity throughout the course of implementation. Additional details on the capacity building process are outlined in Section 4.4.

SHIFTS IN TECHNICAL SCOPE

Over the course of the project, ELIKIA had several shifts in technical scope in response to PEPFAR technical and programmatic guidance as well as budget reductions. A year-by-year summary is as follows:

FY17

- Reduction of health zones in Haut-Katanga from ten to five with transition to CDC/ICAP per PEPFAR guidance
- Changes to PEPFAR OVC enrollment guidance

FY18

- Addition of two new health zones in Lualaba and Sakania
- Preparation for the addition of five health zones in Kinshasa
- Exclusive focus on C/ALHIV enrollment
- Integration of adolescent counseling and disclosure support (Q4)
- Support for viral load monitoring

FY19

- Addition of activities in Kinshasa previously implemented by 4Children
- Elimination of parenting education programs in Haut-Katanga
- Reduction of cash transfers
- Elimination of school block grants and scholarships
- End of Palladium Group subcontract
- Commencement of household graduation
- Initiation of adolescent HIV status disclosure process and adolescent counseling series
- Exclusive enrollment of C/ALHIV as OVC beneficiaries

RESPONSE TO COVID-19

With the arrival of COVID-19 in the DRC and a resulting declaration of a state of public health emergency by the Congolese government from April-June 2020, which placed strict limitations on public gatherings and individual movement, the project took significant steps to comply with GDRC directives and safeguard staff and beneficiaries. With support of the EDC home office, ELIKIA developed a comprehensive COVID-19 response plan and modified operations and activities accordingly. Key elements of ELIKIA's COVID-19 response plan included:

- A shift to exclusively phone-based case management, with the exception of emergency cases of treatment default/loss to follow-up or non-suppression, or other serious child protection concerns;

- Cessation of SILC group meetings during the mandatory public lockdown, with the option for groups to resume meetings when allowed with appropriate COVID-secure measures in place;

- A transition to teleworking arrangements for project staff and partners. ELIKIA worked with local partners to re-budget operating expenses accordingly, shifting resources from transport costs to telecommunications costs to enable remote working, as well as providing additional IT equipment to partners to facilitate telework;

- The enhanced use of virtual meeting and collaboration platforms to enable consistent facilitation of weekly meetings, delivery of programmatic guidance, and collaboration among staff and partners. This included providing and training staff on the use of videoconferencing software, and increased use of WhatsApp groups for case managers;

- Development of detailed COVID-secure protocols for planning and holding meetings and trainings in line with EDC global guidance for programs;

- Development of COVID-19 prevention messaging for households and guidance to case managers on dissemination of information and counseling for households.

Because of ELIKIA's experience with phone-based case management visits and household categorization based on vulnerability level and need, the project made a smooth transition to virtual case management during the COVID-19 period. As a result, case managers were able to ensure that each household continued to receive the required level of support to sustain the gains they had made toward greater child wellbeing and continue their pursuit of case plan objectives. While some services—notably SILC group meetings and the facilitation of adolescent counseling sessions—were interrupted due to COVID-19 prevention protocols, case managers emphasized continued adherence to treatment, including support for HIV+ clients to receive multi-month dosing of ARV drugs to reduce the need for clinic visits, as well as continued VLM. As a result, ELIKIA did not report significant performance shortfalls during the COVID-19 period with the exception of targets for activities that were prohibited due to prevention measures in place.

> "During the COVID-19 period, to offer psychosocial support over the phone, having forged bonds of trust is a prerequisite. We have had to adapt and trust that the information they are telling us is accurate without being able to verify it ourselves in the home."
>
> *ELIKIA Case Manager*

Case managers attributed the success of the virtual case management process to the high degree of trust established between themselves and the households they supported. The success of this approach was detailed in a Q&A with several case managers featured on EDC's website in 2020.

In May 2020, EDC conducted a six-country study of the impact of COVID-19 on project beneficiaries around the world. ELIKIA was included in the study, and collected data from 757 project beneficiaries on the impact of COVID-19 on their lives, wellbeing, and resiliency. Results from the study are available via EDC's interactive COVID-19 Study Dashboard, which can be accessed at https://covid19research.edc.org/.

As part of the ELIKIA final project learning agenda, EDC collected and reviewed longitudinal data on the status of graduated project beneficiaries, which included a comparison of key indicators of household

resiliency before and during COVID-19. A summary of the results is outlined in Section 7, and a formal study report on these findings is forthcoming.

KEY ACCOMPLISHMENTS

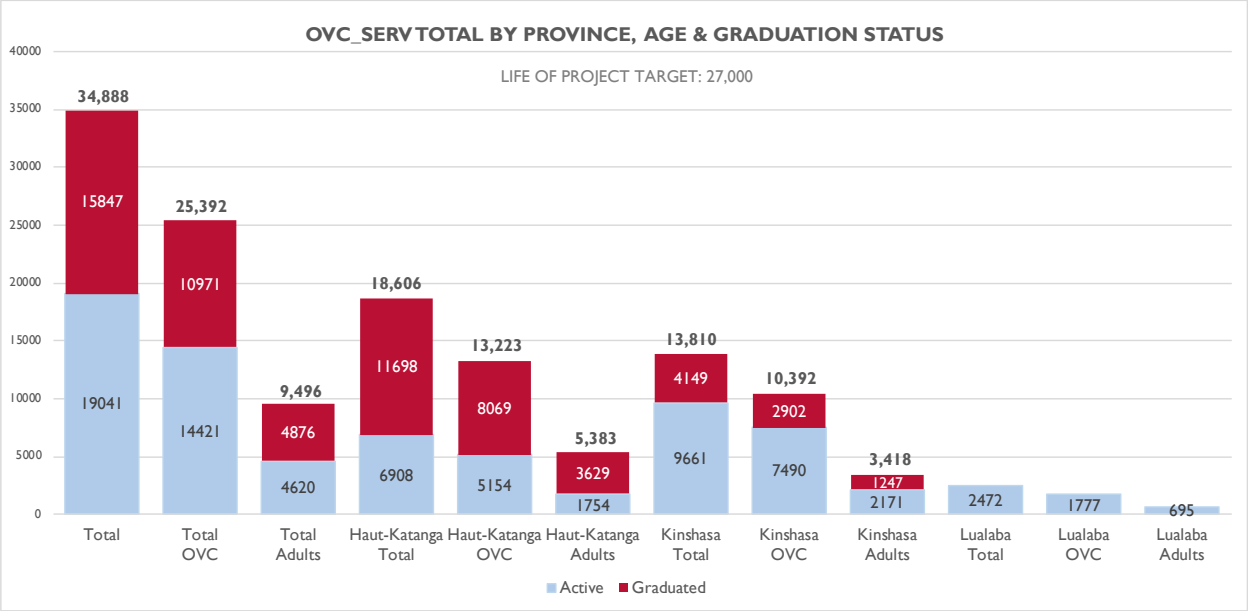
SUPPORTING CASE-FINDING, TREATMENT, AND VIRAL SUPPRESSION: ELIKIA'S CONTRIBUTION TO 95-95-95 GOALS

PERFORMANCE SUMMARY: KEY PEPFAR INDICATORS

As part of its Performance Monitoring Plan, ELIKIA reported on two primary PEPFAR OVC indicators: **OVC_SERV** and **OVC_HIVSTAT**.[4] These results were reported semiannually.

ELIKIA's OVC_SERV target for the life of the project was 27,000 OVC and primary caregivers reached. At the end of Q1 FY21, ELIKIA's last quarter of active project implementation, the project had reached an OVC_SERV total of 34,888 OVC and caregivers—an achievement of 129% of the project target. Of the 34,888 OVC and caregivers reached by ELIKIA, 25,392 (73%) were OVC under age 18, while 9,496 of ELIKIA direct beneficiaries were primary parents/caregivers (27%). Details on beneficiaries served by health zone, age, and graduation status are summarized below:

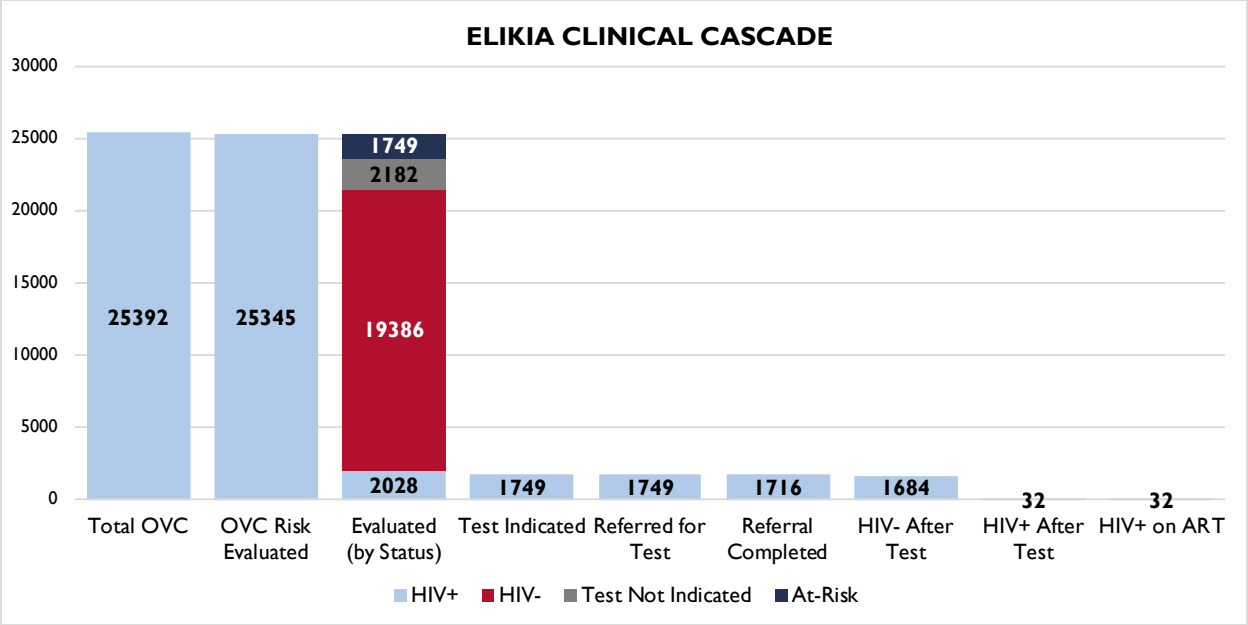
OVC_SERV target	OVC_SERV achieved
27,000	34,888



[4] OVC_SERV, from the list of PEPFAR prevention indicators, is defined as the number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV. OVC_HIVSTAT, from the list of PEPFAR testing indicators, is defined as the number of OVC (<18 years old) with HIV status reported, disaggregated by HIV status. *Source: PEPFAR Monitoring, Evaluation & Reporting (MER) Indicator Reference Guide 2.3.*

Within its own beneficiary population, ELIKIA met 90-90-90 goals in Q4 FY19, and reached 95-95-95 in Q2 FY20. ELIKIA was able to sustain 95-95-95 outcomes across the testing-treatment-viral suppression cascade until the end of project activities, even with operational challenges related to COVID-19.

The ELIKIA clinical cascade for OVC throughout the life of the project was as follows:



THE FIRST 95: HIV CASE-FINDING ELIKIA's contribution to the case-finding was measured through reporting on OVC_HIVSTAT (number of children with known HIV status). Following a training in HIV risk assessment protocols delivered in Q3 FY17, beginning in Q4 FY17 case managers screened all enrolled children and adolescents for HIV risk (with parental consent) and referred those at risk for testing. Once the risk screening process was put into place, including strengthening the system for bi-directional referrals of at-risk OVC with unknown HIV status to clinical partners for testing, the project made rapid progress in increasing the proportion of active OVC whose HIV status was known to caregivers, eventually reaching 99.7% by the end of the project. A summary of ELIKIA's case-finding results (OVC_HIVSTAT) among OVC <18 was as follows:

ELIKIA OVC_HIVSTAT RESULTS, BY REPORTING PERIOD

	FY17 Q4	FY18 Q3	FY18 Q4	FY19 Q2	FY19 Q4	FY20 Q2	FY20 Q4	FY21 Q1
All OVC <18	8,562	8,662	8,896	13,616	16,990	13,323	17,075	16,074
HIV+ OVC	661	598	607	870	1,520	1,706	1,877	1,791
HIV- OVC	3,384	5,456	6,088	10,636	13,312	10,683	14,338	13,616
Test Not Indicated	911	1,803	2,017	1,935	1,990	759	751	622
Status Unknown	3,606	805	184	175	168	175	109	45
OVC_HIVSTAT	**57.8%**	**90.7%**	**97.9%**	**98.7%**	**99.0%**	**98.7%**	**99.3%**	**99.7%**

Among OVC referred for testing following risk evaluations by case managers, ELIKIA tracked referral completion and testing outcomes. In total, case managers identified 1,749 OVC at risk of HIV with unknown status and referred all for testing; more than 98% completed their referrals. Of those, 32 (1.8%) resulted in positive HIV tests; all were subsequently supported to initiate and maintain ART.

As a key part of the process of conducting HIV risk assessments for OVC, case managers often needed to sensitize households on the nature of HIV transmission risk and the importance of knowing children's HIV status. Often, caregivers expressed initial hesitation to have their children tested for HIV due to concerns about confidentiality or reluctance to learn the results in case of a positive test. After encouragement from case managers about the process and its benefits, not only did caregivers agree to have at-risk children tested for HIV, many of them—as well as other family members—expressed interest in learning their own HIV status. ELIKIA case managers also facilitated testing referrals to clinical partners for adults at risk of HIV or those who simply wanted to know their status.

16,822

Number of adherence monitoring visits conducted by ELIKIA case managers

THE SECOND 95: SUPPORT FOR TREATMENT INITIATION AND ADHERENCE The primary objective of the ELIKIA project was to ensure that all HIV+ beneficiaries were on treatment. ELIKIA consistently ensured that 100% of HIV+ beneficiaries were on ART, and were monitored in households to reinforce their adherence to treatment, particularly for C/ALHIV. Case managers provided ART counseling during every home visit, and prioritized questions about adherence during group- or phone-based check-ins with more stable households.

THE THIRD 95: ENSURING VIRAL SUPPRESSION While clinical IPs were responsible for ensuring viral suppression outcomes, beginning in Q4 FY18 ELIKIA was called upon to contribute to closing gaps in reaching viral suppression targets through viral load monitoring of project beneficiaries. ELIKIA actively referred households who did not know their viral counts for viral load monitoring. This monitoring, conducted in close coordination with clinical structures, enabled case managers and project staff to track the success of ELIKIA interventions on treatment outcomes, and to target intensive support appropriately for non-suppressing households.

Evolution of viral suppression results from FY18-21 for ELIKIA households with PLHIV are included in the table at left.

ELIKIA VIRAL SUPPRESSION RESULTS, BY YEAR

	FY18	FY19	FY20	FY21
ALL HIV+ OVC				
Virally Suppressed	198	1,097	1,628	1,630
Not Virally Suppressed	14	153	62	31
% Viral Suppression Achieved	93%	88%	96%	98%
ALL HIV+ ADULTS				
Virally Suppressed	198	1,097	1,628	1,630
Not Virally Suppressed	14	153	62	31
% Viral Suppression Achieved	93%	88%	96%	98%

Note: Data includes beneficiaries whose VLM results were available at the time of reporting, and does not include figures for beneficiaries awaiting VLM samples or return of results.

OBJECTIVE 1: REDUCE ECONOMIC VULNERABILITY OF TARGET HOUSEHOLDS SO THEY CAN BETTER PROVIDE FOR THE ESSENTIAL NEEDS OF CHILDREN IN THEIR CARE

CASH TRANSFERS: STABILIZING HIGHLY-VULNERABLE HOUSEHOLDS

Numerous OVC households began their participation in the ELIKIA project in dire situations. At the time of enrollment, many struggled to consistently provide a meal for all family members each day, lacked any stable source of income, and had multiple children out of school due to inability to pay school fees. Covering the cost of medicines or transport costs to reach a health facility were prohibitive barriers to seeking basic medical care or keeping up with HIV treatment, and home environments did not provide safe, adequate shelter for children. Many were single-parent families with an HIV+ female head of household, or families where a grandparent was caring for multiple children.

While ELIKIA case managers worked with primary caregivers from these highly-vulnerable households to develop case plans that would help them get back on track, simply addressing household habits and priorities was not sufficient to stabilize households who existed in a consistent state of destitution. The project's cash transfer program was vital for these households to minimize reliance on harmful coping methods and have the resources to provide for children's immediate basic needs.

From FY17-20, ELIKIA provided cash transfers to a total of 830 households in Haut-Katanga (761 households) and Kinshasa (69 households)[5] against a target of 700 households (119%). This represented 13% of all ELIKIA beneficiary households. The project distributed a total of $515,411 in cash transfers, with an average monthly transfer amount of $140. Details on the cash transfer program are as follows:

ELIKIA CASH TRANSFER SUMMARY						
	FY17	FY18	FY19	FY20	FY21	TOTAL
Households receiving cash transfers	444	122	130	134	0	830
Haut Katanga	*444*	*122*	*130*	*65*		*761*
Kinshasa				*69*		*69*
Total cash disbursed	$146,851	$290,560	$52,400	$25,600	$0	$515,411

Adherence to the conditionalities applied to cash transfers—such as enrolling children in school and keeping up with vaccination schedules—was an important strategy for ensuring cash transfers were used in ways that ensured child welfare and stabilized the household's economic situation. The stabilizing impact of ELIKIA's cash transfers was evident in the progression of most cash transfer recipients to sustainable, self-led economic strengthening activities: of the 830 households who received cash transfers, 85% reached a point of financial stability where they were able to generate savings and join a SILC group, and 50% went on to progress from SILC membership to establishment of an income-generating activity.

Due to funding reductions in FY18, ELIKIA had to substantially reduce the number of cash transfers distributed starting in that year. This coincided with the start-up of activities in Lualaba province, which created a challenging situation for highly-vulnerable households who were newly enrolled and not in a position to join SILC groups. Similar challenges were experienced by households in Kinshasa, which has high rates of extreme poverty that made participation in other household economic strengthening activities difficult. In response, EDC and CRS both provided private funds to top-up emergency

[5] Cash transfers were planned and budgeted as part of the ELIKIA package of services at the time of project start-up when activities were implemented solely in Haut-Katanga. Budget constraints prohibited delivery of cash transfers in Lualaba, and on a very limited basis in Kinshasa.

assistance to households in extreme vulnerability. EDC provided $20,000 in in-kind support (food and supplies) to SUPPORT stage households in Lualaba who were not able to receive cash transfers, while CRS provided cash transfers to an additional 1,540 households in Kinshasa.

SILC GROUPS: BUILDING HOUSEHOLD ASSETS AND FINANCIAL LITERACY

The majority of ELIKIA's OVC households were generally able to make ends meet, but often struggled to consistently cover a majority of routine costs, ensure a stable source of income, and save money for unplanned expenses. Many lacked financial literacy skills around basic household budgeting and money management, and struggled to independently make the shift to more productive financial habits. ELIKIA's Savings and Internal Lending Communities (SILC groups) were instrumental in helping OVC caregivers build these basic skills, begin generating savings, access credit for emergencies or small business start-ups, and build social capital among peers who serve as supportive resources in times of need.

> "I no longer have to worry about the rent. The ELIKIA project taught me how to organize myself and take care of my family."
>
> *Father of seven children*

From FY17-FY20, ELIKIA established a total of 322 SILC groups[6] in Haut-Katanga (154), Kinshasa (120), and Lualaba (58), which included 4,325 ELIKIA beneficiaries. This represented an achievement of 107% of the life-of-project target of 300 SILC groups created.

68% of all OVC households enrolled in the project participated in SILC. As a result of the participation of these 4,325 households, a total of 24,851 ELIKIA beneficiaries (OVC and primary caregivers) benefited from SILC's financial literacy and savings approach and increased financial assets.

ELIKIA SILC GROUP RESULTS

	FY17	FY18	FY19	FY20	FY21	TOTAL
SILC groups created	82	32	109	72	44	322
OVC caregivers participating in SILCs	420	1,564	1,943	2,324	1,509	4,325
ELIKIA beneficiaries benefiting from SILCs	420	7,038	8,744	10,458	6.791	24,851
# groups sharing dividends	N/A	45	108	65	51	269
Total dividends disbursed*	N/A	$82,638	$154,497	$93,509	$44,295	$374,939

** Note: Because the SILC methodology involves forming groups by community enrollment rather than beneficiary-specific targeting, not all SILC members were ELIKIA beneficiaries (38%). Figures for total savings generated include total funds saved by all SILC members, regardless of status as an ELIKIA beneficiary.*

Of the 322 groups formed, 97% completed at least one one-year SILC cycle and shared dividends among members, with a total of $374,939 in dividends disbursed among participants at the completion of all SILC cycles. On average, each SILC member was able to save $64 per cycle. Many groups reached a significant degree of maturity—84% of SILC groups operational at the close of the project were in their

[6] This figure does not include an additional 17 groups that were formed by ELIKIA and subsequently handed over to the ICAP project.

second cycle or more, with 61 groups reaching a third cycle, 32 in a fourth cycle, and six having remained active into a fifth year of SILC activities.

SILC field agents also became a self-sustaining workforce. The project recruited, trained, and mobilized a total of 112 SILC field agents, who formed and facilitated the 278 SILC groups. 44 of the 112 SILC agents demonstrated successful leadership of their portfolio of SILC groups for at least one year, and completed certification as Private Service Providers (PSPs), which enabled them to independently form SILC groups outside of the project structure as a source of income.

At the end of Q1 FY21, 256 SILC groups remained active and continued to generate savings and issue credits to members. Project staff coached these groups to put COVID-secure measures in place to enable meetings to continue safely. The continued ability to generate savings and access credit in the case of emergency expenses provided a vital lifeline to many households during the COVID-19 period.

INCOME-GENERATING ACTIVITIES: STRENGTHENING HOUSEHOLD RESILIENCY

While SILC participation provided a basic foundation in financial literacy and money management—and was sufficient for many households with existing income to build better savings and budgeting habits—some households utilized SILC savings and credit access to generate start-up capital for microenterprises that provided their families with a steady source of income for the first time.

A total of 1,890 aspiring microentrepreneurs—30% of all ELIKIA households—received training in identifying market opportunities, budgeting, and business planning, and launched new or additional small businesses and launched their own income-generating activities (IGAs). The average start-up capital for ELIKIA participants' small business was $110, making participation in SILC groups an essential springboard for progression to establishing a microenterprise. Many SILC members utilized a mix of their own savings plus funds accessed through SILC groups' rotating lending and credit funds to provide seed capital for their IGAs. Common IGAs included food stands (fruits/vegetables, other foodstuffs), sale of charcoal, fishing and small livestock, small restaurants and catering, sale of clothing and fabrics, and trade in goods.

% of cash transfer recipients who progressed to

SILC groups **85%**

small businesses **50%**

Starting in 2018, the project trained and mobilized 74 SILC field agents in basic entrepreneurship concepts, enabling them to provide training, coaching, and supervision to SILC participants who were interested in developing income-generating activities (IGAs). The training provided field agents with skills in conducting market assessments, assessing viability of microenterprise opportunities, and developing business plans. Representing 66% of the SILC field agent/PSP cadre, following the training these PSPs had the ability to offer additional, highly-marketable services to non-ELIKIA clients on a fee-for-service basis.

Field agents monitored IGAs throughout the project, including during the COVID-19 period. At the end of FY20, despite interruptions to markets and movements, only 10% of IGAs had ceased continuing to operate, while another 30% reported a decline in sales related to the pandemic. Other ELIKIA participants capitalized on the pandemic by making and selling masks and hand sanitizer to respond to market demand.

PARENTING EDUCATION: ENSURING IMPROVED CHILDCARE

Raising children—particularly adolescents—presented a consistent challenge for many parents and caregivers of OVC supported by ELIKIA. Many caregivers struggled to provide positive, consistent, age-appropriate care as they attempted to confront instability and rapidly-changing conditions that negatively impacted their health and wellbeing and that of the children in their care. Many caregivers expressed difficulty understanding their children—recognizing their needs, communicating with them effectively, and solving problems in supportive, empowering ways. Young and first-time parents especially felt they lacked the skills to provide guidance and care that fostered their children's healthy growth and development. Children and adolescents, feeling the pressures faced by the adults in their lives, often did not know what to do or where to turn for help and support; many received bad advice or lacked positive influences, and fell into patterns of poor decision-making and negative behaviors.

ELIKIA's efforts to improve caregivers' parenting skills and practices were cited by all beneficiaries as being incredibly transformative in parent-child relationships and overall harmony within the household. The project's rich combination of group-based parenting education and one-on-one coaching and counseling delivered by case managers during home visits were instrumental in changing attitudes and practices among OVC and caregivers alike, resulting in happier, healthier, stronger families.

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A total of 1,993 households (31%) benefited from formal positive parenting interventions, including Sinovuyo Kids and Teens, The Faithful House, and early childhood development (ECD) services. Due to budget reductions beginning in FY18 that led to the elimination of positive parenting activities, Sinovuyo and The Faithful House were delivered only in FY17 in Haut-Katanga; ECD services were provided and tracked in Kinshasa only starting in FY19.

A summary of positive parenting participation is as follows:

ELIKIA POSITIVE PARENTING SUMMARY (HOUSEHOLDS)				
	HAUT-KATANGA	KINSHASA	LUALABA	TOTAL
Sinovuyo	577	308	N/A	885
The Faithful House	58	N/A	N/A	58
ECD Services (home-based)*	N/A	1,050	N/A	1,050
TOTAL	**635**	**1,358**	**N/A**	**1,993**

** ELIKIA tracked ECD services provided in Kinshasa only, as a previous practice under the 4Children project; in Haut-Katanga and Lualaba ECD messages and coaching provided during home visits were counted as psychosocial support.*

In addition to the formal positive parenting activities, ELIKIA case managers offered support for improved parenting practices during home visits. Having received training in the Sinovuyo package during their foundational training, case managers were familiarized with key parenting messages that were designed to be shared in the home in order to reinforce content in the family setting. Once formal parenting activities ended, case managers were able to continue promoting these strategies and behaviors through their interactions with families. However, this support was not tracked separately from the provision of psychosocial support by case managers, as these conversations and coaching moments were often conducted simultaneously.

The Sinovuyo Teens curriculum formed the basis for ELIKIA's in-home adolescent counseling sessions, which is described in detail under Objective 2.

> "Building a positive relationship by spending time together with my wife and children has been a turning point in my family's life. After each parenting session, the facilitator asked us to practice at home—we have become accustomed to sharing our emotions and our problems. This has clearly contributed to the positive changes in our relationships. Now it's a routine that we share and have a great time together."
>
> *Positive Parenting participant, age 17*

OBJECTIVE 2: INCREASE UTILIZATION OF ESSENTIAL SERVICES AMONG TARGET ORPHANS AND OTHER VULNERABLE CHILDREN AND THEIR HOUSEHOLDS

STRENGTHENING THE HEALTH AND SOCIAL SERVICE REFERRAL SYSTEM

At the time of ELIKIA's inception, a comprehensive health and social service system for OVC did not exist in the project zones of intervention. Clinical focal points within the HIV care and treatment system—such as nurses, PMTCT and pediatric care group facilitators, and peer navigators—had limited bandwidth to identify available health and social services outside of the immediate clinic setting and facilitate referrals to the range of necessary supports required by HIV-affected households. Meanwhile, community structures did not exist for identifying at-risk OVC and referring them to clinical structures for testing and treatment or other services—most referrals were ad-hoc and inconsistent, with limited follow-up to ensure completion and ongoing support. The systems put in place in ELIKIA's target health

zones were transformative for establishing processes and partnerships that yielded a safety net of comprehensive services and support that met multiple needs.

ELIKIA established service maps at the start of its activities in all 15 health zones where the project operated over the course of implementation, and facilitated linkages between case managers and focal points at HIV care and treatment structures, health clinics offering primary care (immunizations, family planning, child health services) and nutrition support, child protection and violence response structures (police and judicial services, as well as community child protection networks), schools and accelerated education centers, and civil authorities that provide birth registration and indigence certificates that enable households to access social benefits. Establishing this network in each health zone was central to case managers' ability to connect households to the necessary services, and to conduct follow-up monitoring or offer additional support to ensure that referrals were completed. The project developed a number of tools and protocols for referral and counter-referral procedures to enable the system to function.

ELIKIA COVERAGE OF OVC ON ART IN CLINICAL PARTNER COHORTS (Q1 FY21)

	# HIV+ OVC (Tx_CURR_PED IHAP)	# HIV+ OVC ENROLLED IN ELIKIA	% COVERAGE
HAUT-KATANGA			**43%**
Kamalondo	198	113	57%
Kampemba	561	219	39%
Kenya	443	402	91%
Lubumbashi	966	179	19%
Ruashi	311	163	52%
KINSHASA			**99%**
Bandalungwa	127	98	77%
Kikimi	260	210	81%
Kingasani	181	207	114%
Masina 2	196	242	123%
LUALABA			**31%**
Dilala	370	154	42%
Manika	342	69	20%
TOTAL	**3,955**	**2,056**	**52%**

CASE CONFERENCES HELD

	FY18	FY19	FY20	TOTAL
Haut-Katanga	15	10	5	30
Kinshasa	N/A	12	0	12
Lualaba	N/A	4	2	6

A key aim of ELIKIA's referral system was to reinforce the HIV continuum of care and strengthen clinic-community linkages. This effort centered around coordination with the PEPFAR-funded IHAP projects to enroll the majority of HIV+ OVC in clinics. While the project initially enrolled households with an HIV+ parent or caregiver, as well as families caring for children orphaned due to HIV/AIDS, starting in FY18 the project established an exclusive focus on enrollment of HIV+ children and adolescents. This required enhanced coordination with IHAP to facilitate referral of all C/ALHIV caregivers within the pediatric care and treatment program—this included surge enrollment of C/ALHIV households in IHAP's caseload, followed by ongoing referrals of newly-diagnosed C/ALHIV as well as HIV-exposed infants identified through HIV+ mothers.

By the end of the project, ELIKIA had enrolled 52% of all C/ALHIV in care under the IHAP project.

Case conferences were a critical strategy for facilitating coordination of ELIKIA activities in each health zones, strengthening the bi-directional referral system, and ensuring that referral processes operated effectively. These meetings commenced in Haut-Katanga in FY18 following the establishment of

MoUs and coordination processes with clinical partners and other OVC stakeholders during FY16-17 as project activities got underway. COVID-19 restrictions prevented the majority of case conferences from being held as planned in FY20-21.

REDUCING BARRIERS TO HEALTH AND HIV SERVICES

With an operational referral system in place, referrals to HIV services were the most common referrals made for ELIKIA households. Primarily through HIV risk assessments, ELIKIA referred 1,749 OVC to clinical facilities for HIV testing, with 98% of all testing referrals for OVC <18 completed.

ELIKIA HIV TESTING REFERRAL COMPLETION

COHORT	OVC REFERRED	REFERRALS COMPLETED						
		FY17	FY18	FY19	FY20	FY21	TOTAL	%
Referred FY17	679	456	221	2	0	0	679	100%
Referred FY18	497		484	10	0	0	494	99%
Referred FY19	354			334	19	0	353	99%
Referred FY20	153				117	16	133	87%
Referred FY21	66					57	57	86%
TOTAL	**1,749**	**456**	**705**	**346**	**136**	**73**	**1,716**	**98%**

In addition to testing referrals, ELIKIA case managers referred households to non-HIV health and social services. Case managers tracked referrals to health facilities for family planning services and nutrition support in cases of malnourished children; to civil authorities for birth registration and indigence certificates for social welfare benefits; and to child protection structures in cases of serious abuse. In total, 7% of households received at least one referral to these services during the course of the project.

ELIKIA NON-HIV SERVICE REFERRALS

	HAUT-KATANGA		KINSHASA		LUALABA		TOTAL	
	Households	Beneficiaries	Households	Beneficiaries	Households	Beneficiaries	Households	Beneficiaries
Family Planning	28	29	0	0	6	7	34	36
Nutrition Support	25	30	9	9	1	2	35	41
Birth Registration	56	94	46	76	20	54	122	224
Indigence Certificates	36	48	194	374	14	32	244	454
Child Protection	9	9	1	1	1	1	11	11
TOTAL	**154**	**210**	**250**	**460**	**42**	**96**	**446**	**766**

ELIKIA case managers also facilitated referrals to schools for enrollment, as well as made internal referrals to other project activities, namely economic strengthening and positive parenting.

REDUCING BARRIERS TO EDUCATION FOR CHILDREN & ADOLESCENTS

Caregivers of OVC cited educational access as one of the primary challenges they faced in providing care for children. Within a common context of scarce financial resources and competing priorities for household expenses, payment of school fees, exam fees, uniforms, and supplies for multiple children was often prohibitive for vulnerable households with limited economic means. Other households did not strongly prioritize education—particularly for girls and older children—and were reluctant to allocate funds within the household budget.

ALISHA KEIRSTEAD / EDC

For OVC themselves, distances to school, the need to contribute labor to the family in the form of earning income or providing childcare, academic difficulties, health problems, or challenging experiences within the school environment—including bullying, harsh discipline, and social isolation—presented additional barriers to pursuing and succeeding in their education. Limited access to consistent meals and poor household nutrition practices further compromised children's ability to focus and learn. C/ALHIV experienced additional challenges in attending school regularly due to side effects of ART or other health issues.

ELIKIA SCHOOL SUPPORT PROVIDED

	2016-17	2017-18	2018-19	2019-20
Scholarships	238			
Block Grants		1,981	2,962	
Academic Monitoring		2,560	7,184	10,244

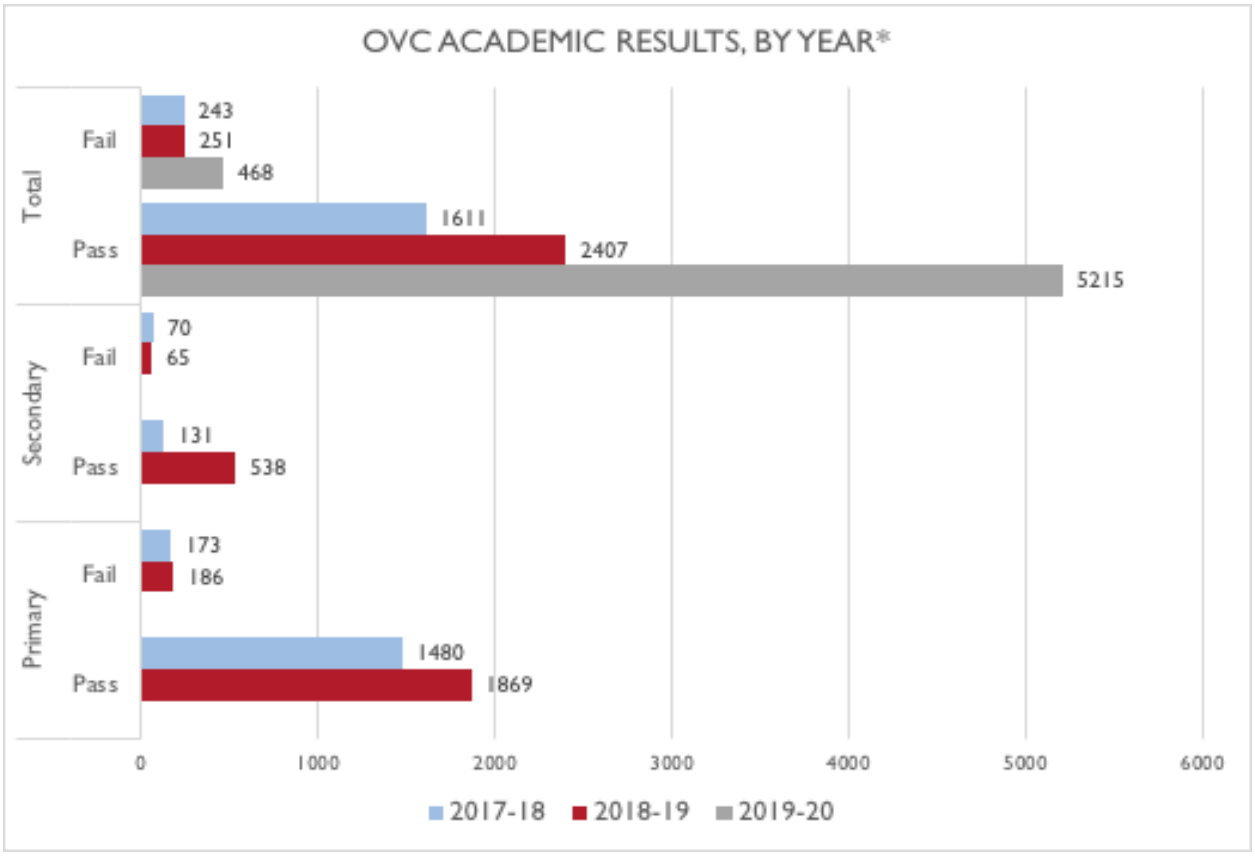
ELIKIA took a multi-pronged approach to addressing barriers to education for school-age OVC. In the project's first year, as the 2016-17 school year was already in session, the project provided scholarships directly to OVC to cover the cost of school and exam fees. For the 2017-18 and 2018-19 school years, ELIKIA established block grant agreements with 77 schools in target health zones in Haut-Katanga. Block grants

were a means of working collaboratively with school management structures to better provide for the needs of OVC. In exchange for waiving enrollment and exam fees for identified OVC, schools received in-kind contributions from the project based on identified needs. ELIKIA facilitated participatory planning processes with school management committees to identify and prioritize needs and develop plans for each school's block grant request based on the number of OVC served by the school. In-kind contributions frequently included items such as desks and chairs, school supplies, and similar items.

As a sustainability strategy, for the 2018-19 school year, ELIKIA worked with DIVAS and the EPST in Haut-Katanga to establish a tiered system for supporting enrollment for OVC, with part or all of their school fees waived based on level of need. In the first year of this approach, EPST waived school fees for the most vulnerable 15% of OVC, while the remainder were covered via block grants. Through a partnership agreement between DIVAS and EPST, facilitated by ELIKIA, starting in the 2019-2020 school year EPST waived 100% of school fees for the most vulnerable 15%, and waived 50% of school fees for the next 50% most vulnerable OVC. Obtaining a government commitment to waive school fees to support access to education for 65% of school-going OVC was a significant achievement for the project.

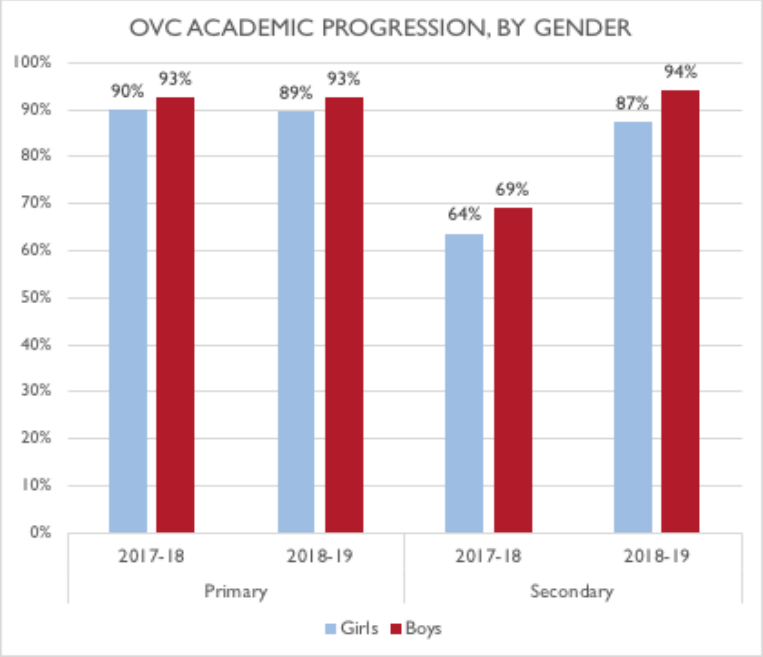
To ensure that the families of OVC were able to pay for school fees and related expenses, case managers and SILC field agents both provided support to caregivers to prioritize the cost of children's education, and to factor these expenses into household budgeting and planning. In many cases, children would enroll in school but eventually be turned away by teachers after parents had not paid school fees. To avoid this, timing caregivers' savings activities appropriately for the school calendar was critical to households' ability to enroll children and keep them in school.

Case managers were also central to ensuring enrollment and academic success. End-of-year results for enrolled OVC for the three full school years were as follows:



Starting in 2017, ELIKIA ramped up academic monitoring during case management, not only ensuring that children were enrolled in school and that fees were paid, but also monitoring attendance and academic achievement to ensure that students were not at risk of dropping out or failing exams. Case managers provided guidance to parents on supporting students' academic success through encouragement for regular and timely attendance, doing homework, practicing reading, and dealing constructively with challenges faced at school. Case managers took remedial actions where necessary to ensure student success. Throughout the life of the project, ELIKIA supported 18,537 OVC to enroll and succeed in school.

By the quarter prior to the closure of schools due to COVID-19, ELIKIA had received enrollment monitoring data for 77% of school-age OVC. Of all OVC eligible to attend school, 93% had been enrolled. By the end of the previous school year, dropout rates among enrolled OVC had reduced to only 5%.



While retention and academic success rates remained high for primary school students, ELIKIA's efforts had a significant impact on progression for secondary school students (boys and girls), with increases of 20-25% in secondary students' pass rates. Case managers paid particular attention to supporting enrollment and progression of girls in school, recognizing their relative disadvantage compared to their male counterparts. Disparities in academic achievement between boys and girls remained at between 3-7%, representing only a minimal disparity between male and female students at both the primary and secondary level. However, an increase in secondary school pass rates from 64% to 87% among secondary school girls from the 2017-18 to 2018-19 school years represents a significant achievement in supporting girls' academic success. Rates for these two school years are shown at right.

"I was very scared to know my HIV status, but fortunately I was negative. My life began to make sense as I gave up prostitution and returned to my studies."

Former female sex worker, age 15

STRENGTHENING CHILD PROTECTION STRUCTURES

Community mechanisms are at the forefront of efforts to support the protection of children, especially in contexts of developing, emergency or post-conflict countries such as the DRC. As part of these mechanisms, the Community Networks for the Protection of Children (RECOPEs) played an important

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ELIKIA supported adolescents through multiple strategies, including school support to ensure enrollment, educational success, and the progression of students from primary to secondary levels—with particular attention to ensuring that girls successfully transitioned to secondary school.

ELIKIA also provided home-based adolescent counseling, covering critical subjects including HIV and STIs, pregnancy prevention, gender and social norms, healthy relationships, and violence prevention.

For adolescents living with HIV, ELIKIA provided support to caregivers and adolescents to plan for and successfully navigate the process of disclosing HIV status.

role in raising awareness and mobilizing communities to protect the rights of children, and to prevent and respond to situations of abuse and violence of which many children are victims.

In close collaboration with DIVAS, in FY17 ELIKIA conducted an assessment of the organization and functioning of six RECOPEs in five health zones of Haut-Katanga which had been established and supported by UNICEF. Assessments highlighted the capacities of the RECOPEs, their strengths and weaknesses, and capacity building needs. Based on the results of the assessment, ELIKIA worked with DIVAS to develop an action plan for mobilizing, supervising, and strengthening the RECOPEs. In 2018-2019 ELIKIA conducted child safeguarding trainings for 97 RECOPE members based on the results of the assessments.

Due to budget reductions, ELIKIA was not able to support the implementation of the RECOPE strengthening plan. However, links were established with the six RECOPEs; these structures were listed in the project's referral mapping, and the RECOPEs' delegates were very active in OVC case conferences organized by the project. Their contributions made it possible to prevent or respond to cases of abuse or violence reported by case managers, and ELIKIA mobilized RECOPEs to sensitize caregivers on the importance of birth registration, vaccination, and COVID-19 prevention measures.

In addition to the RECOPEs, the project's collaboration was extended to other services and organizations, in particular police divisions charged with child protection, the juvenile courts, temporary accommodation and care centers for vulnerable children, and similar protection structures.

ENHANCING SERVICES FOR ADOLESCENTS

Given the high degree of HIV risk experienced by adolescents—particularly girls and those living with HIV—ELIKIA paid particular attention to supporting older OVC. This was particularly important for adolescents in vulnerable, unstable family environments, who often lacked strong family care and supervision, positive influences, and good guidance. These youth were routinely exposed to a variety of escalated risk factors, including household and intimate partner violence, gender inequality, lack of educational access, early marriage, transactional sex, and limited livelihoods prospects.

From 2017-2018, ELIKIA implemented the Sinovuyo Teens program in Haut-Katanga, targeting adolescents and their parents/caregivers for joint sessions to build stronger relationships and communications skills. Subsequently, when the project transitioned to home-based adolescent counseling conducted by case managers using an adaptation of the Sinovuyo Teens curriculum, a total of 9,827 adolescent OVC participated in one or more counseling sessions on adolescent development topics. Due

to the personal nature of the counseling sessions and the need to build trust between the adolescent and the case manager, counseling sessions were not feasible over the phone. As a result, counseling activities were suspended due to limitations on home visits due to COVID-19 restrictions. However, 1,541 adolescents who had completed some counseling sessions received follow-up phone calls from case managers to check in on their wellbeing and monitor any issues raised during the previous sessions.

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ELIKIA also supported the process of HIV status disclosure for adolescents living with HIV (ALHIV). This is frequently a challenging time in the life of a young person living with HIV; learning of their HIV status left many adolescents feeling fearful, angry, distraught, and hopeless. These feelings frequently lead to adolescents defaulting on treatment, either because they are unwilling to continue with their treatment medications or because they struggle to self-manage after transitioning out of pediatric care. Many caregivers delayed disclosure of the child's HIV status for fears of the child's resentment and other difficult feelings that would cause conflict in the parent-child relationship. Some C/ALHIV learned of their status by accident or with inadequate preparation, causing unnecessary difficulty in the child's acceptance of their status.

From 2018-2020 ELIKIA supported 466 ALHIV and their caregivers throughout the disclosure process, including directly facilitating disclosure for 244 ALHIV together with the caregiver(s), and providing follow-up psychosocial support and counseling for an additional 222 ALHIV who were disclosed by clinical care providers or other third parties. Disclosure activities were suspended with the cessation of home visits due to COVID-19, as these required in-person visits with ALHIV and caregivers.

OBJECTIVE 3: STRENGTHEN GOVERNMENT OF DRC PROVINCIAL AND DISTRICT SOCIAL WELFARE SYSTEMS

BUILDING CAPACITY OF THE DIVISIONS OF SOCIAL AFFAIRS

ELIKIA considered the provincial Divisions of Social Affairs (DIVAS) as critical partners in its efforts to strengthen coordination and support for OVC and their households. Guided by an MoU between the parties, ELIKIA worked to support DIVAS to carry out the MINAS mandate to lead the DRC's child and social protection sector, and play an active role in implementation of sectoral policy, coordination, and oversight of various child protection structures and stakeholders.

Over five years of project implementation, the ELIKIA management team provided institutional support to DIVAS, beginning with an organizational capacity assessment (OCA) conducted with the Haut-Katanga DIVAS in 2016. OCA results included key observations about DIVAS' ability to carry out its mandate, and provided recommendations to strengthen its role within the child protection system (and linkages with the HIV and health sectors), and strategies to strengthen human resource capacity.

At the time of project inception, DIVAS experienced several critical challenges to being able to effectively coordinate and oversee a range of multisectoral strategies and actors. Chief among these were chronic shortfalls in financial and human resources; a lack of clarity on coordination roles, responsibilities, and strategies (both within DIVAS and between the Divisions and their health and social service counterparts); limited relationships with other actors and stakeholders; underdeveloped processes and procedures to foster identification and referral of children and families in need of greater support; low capacity for data collection and use; and limited skills and competencies in key functional areas among DIVAS personnel.

To meet critical operational resource gaps, ELIKIA provided operational support to the Haut-Katanga DIVAS in the form of in-kind grants totaling $26,204 (office furniture, supplies, computer equipment, internet service), as well as $31,162 in transportation and communication stipends for DIVAS social work staff conducting case management services under the project.

ELIKIA's greater investment in DIVAS was engagement of staff and supervisors in project activities, with emphasis on strengthening capacity in coordination and case management. Starting in 2016, ELIKIA engaged 13 DIVAS Social Assistants as part-time case managers and three staff as case management supervisors in Haut-Katanga, as well as three Social Assistants from the Kinshasa DUAS and two from the Lualaba DIVAS. DIVAS teams were involved in all aspects of project planning and coordination, including household economic strengthening activities, school support, and parenting education. This helped to build complete ownership of the OVC support package instituted by ELIKIA. MINAS and DIVAS staff in each province participated in all project technical trainings, which built technical capacity of the workforce.

The day-to-day engagement of DIVAS staff as case managers and supervisors was the most significant capacity building strategy undertaken by ELIKIA. Haut-Katanga DIVAS staff remained in place as case managers throughout the duration of the project—this extended partnership allowed for DIVAS to gain a deep understanding of the OVC support process through regular implementation of the comprehensive case management system.

By working as case managers, 19 members of DIVAS staff had consistent opportunities for hands-on learning, and established strong skills in multiple areas, including:

- OVC identification and enrollment
- Vulnerability assessments and case planning
- Service referrals and referral system strengthening
- Coordination with HIV care and treatment structures
- Support for HIV treatment outcomes
- Psychosocial support and counseling
- Nutritional monitoring and counseling
- Child protection and GBV response
- Economic strengthening and parenting interventions
- Education and early childhood development support
- Activity monitoring and evaluation
- Use of data for decision-making
- Service quality improvement

Skill-building for the DIVAS social welfare workforce was enabled by active technical support, coaching, and guidance from the ELIKIA management team. DIVAS supervisors and case managers participated in weekly performance and data reviews, which built a clear understanding the importance of collecting program data, ensuring data quality, and utilizing data to measure performance, coordinate services, and make improvements to systems and processes.

ELIKIA's continuous quality improvement process demonstrated the importance of information-sharing, joint planning, and transparency around service delivery and coordination, both within DIVAS/DUAS as well as with the broader health and social service system. The project's case conferencing approach enhanced collaboration between MINAS (via DIVAS/DUAS), HIV, health, and child protection structures and stakeholders through quarterly meetings. Case conferences enhanced relationships between system actors, established coordination and communication processes, and strengthened referral mechanisms. With an approach centered around joint data reviews for OVC identification, referral, and service delivery outcomes—facilitated by the Chief Medical Officer of each health zone—case conferences enabled multisectoral stakeholders to develop shared understanding of progress, needs, and challenges; conduct joint planning; discuss bottlenecks or needs for process improvement as well as difficult individual cases requiring triage; and further develop collaborative partnerships with clearly-defined roles and responsibilities.

BUILDING CAPACITY OF LOCAL PARTNERS

ELIKIA provided robust technical and organizational capacity assistance to its local implementing partners—particularly ADHG, Caritas Katanga, and CRISEM, as these partners remained with the project for the longest period of implementation.

The project provided $1.54 million to five local partners in subcontracts and/or fixed-amount awards. Because payments under both mechanisms were tied to achievement of specific deliverables, ELIKIA was able to utilize its subaward strategy as a key means to build local partner capacity.

As the frontline implementers of case management activities, ELIKIA's local partners received consistent, hands-on management, coaching, and technical assistance throughout the duration of the project. The ELIKIA management team's function throughout the project was primarily one of providing technical support, oversight, and quality assurance to local partners responsible for implementing all activities with the exception of household economic strengthening and group-based parenting interventions. As a result, ELIKIA's partners took on a significant role in the project, and the ELIKIA management team ensured that their capacity was strengthened accordingly.

The technical management team used a combination of strategies to build partners' technical capacity and ability to deliver quality results, which included:

- Foundational training in core technical areas
- Annual and quarterly joint work planning
- Performance coaching through weekly data review meetings to monitor project activities
- Participation in monthly analysis and use of data for decision-making
- Joint field supervision visits with case management supervisors and other local partner senior staff
- Routine review of case files and project management tools
- Regular DQA visits
- Preparation for USAID SIMS visits and conducting SIMS visits organized by ELIKIA

In addition to technical capacity building, the ELIKIA management, finance and operations team provided organizational, financial, and administrative capacity building for its local partners. EDC conducted organizational capacity assessments (OCAs) for ADHG, BDOM/Kolwezi, Caritas Katanga, and CRISEM. OCA assessments measured standard elements of organizational capacity across domains including human resources, financial management systems, and administrative policies and procedures. The project also highlighted technical capacity strengthening areas during the selection of organizations as part of the RFP process and subsequent capacity assessments. ELIKIA organized the orientation sessions on the subjects identified as being weaknesses, in a way that groups the weaknesses identified were among others: (1) Lack of respect for administrative and financial procedures; (2) Poor or non-existent documentation on the recruitment and management of staff; (3) Lack of qualified staff for certain technical areas.

The project team organized quarterly capacity building sessions for each organization, where progress on key capacity strengthening objectives was reviewed and new objectives established for the quarter. During both formal reviews and on an ongoing basis, ELIKIA management and technical focal points provided coaching to different members of each partner's staff to address weaknesses and facilitate process improvements, and disseminate and ensure integration of updated technical guidance.

While EDC encountered leadership and management challenges within the Caritas Katanga organization that led to an eventual termination of Caritas' subcontract, its partnerships with the remaining four implementing partners remained successful. This was evidenced by the fact that all four transitioned over to the PEPFAR clinical projects as local partners to continue implementing OVC activities.

HOUSEHOLD GRADUATION

Of the 34,888 beneficiaries served by ELIKIA, 45% (15,847) graduated from project support by the end of the project. This represented a 76% achievement of the life-of-project target. The shortfall in graduation rates was due to limitations to project operations resulting from COVID-19. Completing the household graduation process requires a home visit to the household conducted jointly by the case manager and the case management supervisor for verification that the case plan had been completed and graduation readiness milestones had been achieved. While the project was able to graduate a limited number of households from Q2 FY20 to Q1 FY21, a remaining 5,825 beneficiaries (31% of remaining active beneficiaries) were prepared to graduate, as their households had completed case plan objectives and met all graduation criteria. The graduation process for these households was put on hold due to the

inability for case managers and supervisors to conduct home visits for final verification to confirm graduation readiness. Had ELIKIA been able to complete the verification process for these households, the project would have achieved a 62% graduation rate—a 105% achievement of its target for beneficiaries graduated.

ELIKIA BENEFICIARY GRADUATION RATES, BY COHORT & FISCAL YEAR						
ENROLLMENT YEAR	FY17	FY18	FY19	FY20	FY21	TOTAL
Beneficiaries enrolled	14,569	5,212	5,505	9,556	46	34,888
Beneficiaries graduated FY18	940	34	-	-		974
Beneficiaries graduated FY19	10,170	1,673	23	-		11,866
Beneficiaries graduated FY20	559	192	39	-		790
Beneficiaries graduated Q1 FY21	1,096	421	620	80		2,217
Remaining active beneficiaries	1,804	2,892	4,823	9,476	46	19,041
% Graduated	**88%**	**45%**	**12%**	**1%**	**0%**	**45%**
# Ready to graduate					5,825	31%

CROSS-CUTTING ISSUES

GENDER

ELIKIA worked to enhance gender equality for both female OVC as well as female caregivers. The project utilized financial strengthening and parenting education activities to strengthen gender equality for female caregivers and between heads of household. Reports from participants in SILC groups and The Faithful House sessions are overwhelmingly positive in terms of empowering women and increasing their financial and overall autonomy, changing gender norms that disadvantage women vis-à-vis their male partners, shifting balances of power between male and female caregivers, and increasing women's decision-making authority within the household. In addition, male caregivers participating in parenting education sessions have reported improved childcare practices and more regular and robust engagement in parenting activities.

Meanwhile, the project closely tracked educational outcomes for girls in primary, secondary, and alternative education programs receiving support by the project. ELIKIA's efforts to enroll and retain girls in school has a direct impact on their empowerment, wellbeing, and future prospects. Case managers and SILC group field agents conducted sensitization efforts targeting parents and caregivers, and directly addressed attitudes that devalued girls' education—particularly at the secondary school level. They actively promoted prioritization of school enrollment for girls, and provided support to parents and caregivers to allocate household financial resources in support of girls' education—both in the form of paying school fees but also reducing reliance on girls to generate household income or provide childcare or other household labor. Over time, ELIKIA deepened its surveillance mechanisms for school-age female OVC, with particular attention to specific risk points where girls fail to matriculate, and provided enhanced support to girls and parents to address dropout risks or poor academic performance.

The project also conducted multiple interventions that directly addressed gender norms and inequality that disadvantage girls and young women. The importance of providing equal care for male and female children was emphasized throughout the project's parenting support activities, and monitoring by case managers included oversight of gender disparities in child feeding and other caregiving practices. Parenting education for parents of adolescents, as well as counseling sessions targeting adolescents themselves, addressed gender issues and related topics specific to the elevated risks faced by adolescent

girls and young women, including sexual and gender-based violence, healthy relationships, and HIV/STI prevention and family planning.

CHILDREN IN ADVERSITY

ELIKIA contributes to all three principal objectives of the Action Plan on Children in Adversity, and undertook activities throughout the life of the project that advanced their achievement.

OBJECTIVE 1: BUILD STRONG BEGINNINGS Orphans and vulnerable children in the DRC face acute risks of failure to thrive due to issues including the impact of HIV on care and family wellbeing, persistent insecurity and conflict, and a lack of functional health and social welfare systems and governance structures. For AIDS-affected households in particular, parents and caregivers require additional support to ensure that children's health, intellectual development, and social-emotional wellbeing is positively and productively fostered from their earliest days. ELIKIA delivered comprehensive support to vulnerable households through case management, including identifying household and child vulnerability based on children's age and stage; providing psychosocial support to parents and caregivers of young children; and offering parenting education as well as individual coaching during home visits to improve parenting skills.

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ELIKIA's training for case managers has included content on early childhood development, accompanied by key messages to transmit to parents and caregivers of infants and young children to promote optimal child development. In addition, case managers paid particular attention to malnutrition among infants and young children, including malnutrition screenings at the household level, referring malnourished children to health facilities for treatment for moderate and acute malnutrition, and providing nutritional counseling to caregivers of moderately-malnourished children. The project also increased attention to identifying and enrolling HIV-exposed infants through greater efforts to target HIV+ pregnant women participating in PMTCT programs, and new mothers participating in postnatal consultations. Children of HIV+ mothers received special monitoring and attention throughout the course of their enrollment in the project, to provide optimum support to prevent HIV transmission and ensure appropriate care, particularly through support and reminders for completing HIV testing according to the monitoring schedule for HIV-exposed infants.

OBJECTIVE 2: PUT FAMILY CARE FIRST Strengthening parent/caregiver capacity to provide for children's needs was at the heart of the ELIKIA approach. The project continued to undertake a variety of activities to strengthen family care and ensure that children are retained in family settings. ELIKIA case managers routinely assessed families' vulnerability as a cornerstone to their household support strategy, and routinely monitored issues related to child neglect and abandonment, continuous provision

of parental care by a trusted caregiver, and family movements and changes for each household they support. Case managers served as the project's front line in supporting parents to keep children in family care, and helping them to address challenges that might lead to breakups of family care.

OBJECTIVE 3: PROTECT CHILDREN ELIKIA staff ensured that case managers were linked to structures for reporting and addressing child protection concerns (particularly Children's Tribunals), and provided training to case managers in identifying protection issues (e.g. abuse, neglect, exploitation, and violence), reporting protection concerns, and linking affected households to child protection services where necessary. Case managers, project partners, and staff received training in the ELIKIA child protection policy, and were required to sign in affirmation of their commitment to upholding it.

OBJECTIVE 4: STRENGTHEN CHILD WELFARE & PROTECTION SYSTEMS Throughout the project, ELIKIA continued to build the capacity of the provincial Divisions of Social Affairs (DIVAS/DUAS), which includes the mandate to oversee child protection issues and systems across the province. While ELIKIA's funding for direct work with child protection committees was cut, resulting in a discontinuation of these activities, the project team has continued to support DIVAS and DUAS in overseeing the function of these groups. In addition, the ELIKIA case management system constitutes its own child welfare and protection system; the project has taken steps to institutionalize this system by building capacity of the DIVAS and civil society partners to deliver high-quality, coordinated case management for vulnerable children beyond the life of the project.

COLLABORATION AND PARTNERSHIPS

Over the five-year period of project performance, ELIKIA was implemented in close collaboration with a range of government agencies, international partners, and civil society organizations. The project's partnership strategy focused on establishing coordination processes and synergies among health and social welfare structures, to establish a safety net of multisectoral interventions that extended the continuum of care and support for OVC and their families. This included developing partnerships and facilitating ongoing cooperation with key stakeholders and structures across the health, protection, justice, education, and social welfare sectors. ELIKIA not only established strong working partnerships with these actors, but also fostered collaborative relationships and processes between them—many of which continue beyond the life of the project. As a result of these partnerships facilitated by the ELIKIA team—and the collaborative structures between them—the HIV/OVC care and support network includes stronger clinic-community linkages, improved processes for identifying OVC in need of support, enhanced referral mechanisms between service structures, stronger multisectoral collaborative and communications frameworks and norms, and a more robust social safety net for highly-vulnerable children and households affected by HIV.

GOVERNMENT OF DRC STAKEHOLDERS ELIKIA coordinated with a range of GDRC stakeholders to successfully implement project activities in support of OVC and their households. Chief among these were the provincial Divisions of Social Affairs (DIVAS/DUAS). ELIKIA's foremost government engagement focus was on strengthening the ability of DIVAS/DUAS to carry out their mandate to coordinate child and social protection interventions across numerous government sectors. Alongside technical and operational capacity building for DIVAS/DUAS staff and teams, ELIKIA strengthened collaboration between them and other government divisions and the provincial and zonal levels, namely health/HIV and education authorities, as well as with clinical service providers funded by PEPFAR. Through these facilitated collaborative processes, ELIKIA was able to assist DIVAS in establishing a leadership and coordination role for child and social protection, and deepen its functional partnerships and collaborative approaches to working with other parties implicated in protecting children.

ALISHA KEIRSTEAD / EDC

ELIKIA's close collabroation with PEPFAR clinical partners enabled the project to extend the continuum of care from the clinic to the community level, providing a strong network of support that enhanced both clinical outcomes and household resiliency.

To strengthen collaboration among GDRC structures at the provincial and health zone level, ELIKIA and DIVAS/DUAS jointly engaged zonal health authorities, including Chief Zonal Medical Officers, provincial education authorities (EPST) and school management structures, and other official structures such as Children's Tribunals, child protection police, and orphanages. ELIKIA established partnerships with these entities early on, and through dual engagement alongside DIVAS/DUAS, gradually established inter-governmental coor dination activities and processes necessary to sustain multisectoral collaboration in support of OVC. MoUs, quarterly case conferences, and other collaborative activities were central to the establishment of these critical partnerships.

PEPFAR CLINICAL PARTNERS PEPFAR clinical IPs were ELIKIA's foremost collaborators on HIV case-finding, care, and treatment-related activities. As described above, these included the IHAP projects implemented by PATH (Haut-Katanga) and EGPAF (Kinshasa), the HIV Epidemic Control Project implemented by Kheth'Impilo, and the LINKAGES project implemented by FHI360. From project inception, EDC and PATH established MoUs outlining strong partnerships to support the extension of OVC support from the clinic to the community level. This included working together to establish mechanisms to increase identification of eligible OVC households among IHAP's client roster for enrollment in ELIKIA, strengthen processes for testing referrals for OVC and other household members at risk for undiagnosed HIV, define key actions to increase treatment retention and adherence, and establish referral and data-sharing processes for joint viral load monitoring. Meanwhile, EDC and FHI360 collaborated in the project's early years to identify and refer high-risk children of female sex workers for project enrollment.

The collaboration with clinical IPs was critical to ELIKIA's ability to identify and enroll eligible beneficiaries in line with PEPFAR priorities. Beginning in FY18, ELIKIA's focus was on maximizing coverage of C/ALHIV on ART served by clinical IPs working in the same health zones as ELIKIA, aiming to enroll as many of these beneficiaries/households as possible. Simultaneously, partnership with ELIKIA enabled clinical IPs to strengthen their care and treatment outcomes by providing pediatric clients and their households with additional support and services to strengthen retention, adherence, and viral suppression.

Over the course of the project, ELIKIA implemented several key activities in support of these partnerships and outcomes. This included orientation of clinical IPs' staff on the ELIKIA approach and coordination/referral mechanisms between the projects; training on SOPs for OVC identification, screening, and referrals; providing leadership for strengthening targeting and referral mechanisms and

engaging focal points for process improvement; and preparing and disseminating data to demonstrate key results and gaps. ELIKIA's leadership and coaching was central to the projects' ability to successfully achieve these shared objectives.

ELIKIA concluded its partnership with clinical IPs by completing a handover of OVC activities to PACT, EGPAF, and Kheth'Impilo in FY21, as OVC support transitioned to the clinical IPs following the close of ELIKIA. ELIKIA staff supported the establishment of partnerships between IHAP and ADHG, CRISEM, and RNAOC for continued support of case management activities. ELIKIA provided training to new case managers from clinical partners in other health zones, focused on coordination and supervision of case management coordination and supervision as well as household economic strengthening. ELIKIA carried out a transfer of active beneficiaries to continue receiving PEPFAR OVC support at the end of Q1 FY21.

CIVIL SOCIETY ORGANIZATIONS As described under Objective 3 above, ELIKIA engaged five civil society organizations as implementing partners in the delivery of case management activities. These partnerships and their related activities aligned with and contributed to USAID's Journey to Self-Reliance, as ELIKIA's local partners strengthened both technical and organizational capacity and demonstrated consistent increases in their ability to deliver program results and manage USAID/PEPFAR-funded activities. ELIKIA established these partners as key collaborators and stakeholders in the project approach, and provided robust capacity building throughout as described in Objective 3. As a result of these partnerships and their successful outcomes, ELIKIA's four remaining CSO partners at project end were selected to transition over to IHAP to continue delivery of PEPFAR-funded OVC case management activities.

> "We help [people] understand that AIDS is not inevitable, and that we can live positively with HIV when we respect the treatment protocol. Understanding their diagnosis helps to empower people and gives them hope for the future."
>
> *ELIKIA Case Manager*

In addition, through joint work with these CSO partners and DIVAS, ELIKIA fostered increased collaboration between government and civil society structures in the OVC/child protection space. Higher-level DIVAS supervisors provided oversight and guidance to the broader ELIKIA OVC approach and activities, and included ELIKIA CSO grantees in their network of system actors. Through this process, ELIKIA built DIVAS' capacity to supervise and engage civil society, and strengthened linkages between civil society and government in actionable, sustainable ways.

ZONAL & COMMUNITY STRUCTURES At the zonal and community levels, ELIKIA collaborated with several key structures to support clinical and child protection outcomes for OVC. This included mobilization and training of seven community child protection networks (RECOPEs) in Haut-Katanga to more effectively prevent and respond to child protection and GBV cases; engagement of zonal health authorities as part of referral strengthening and HIV/OVC case conferencing; partnerships with schools to foster greater support and inclusion of vulnerable children; and outreach to other community structures in the child and social protection space, including orphanages and safe houses, alternative education centers, ECD centers, and other structures. In the case of community structures, ELIKIA's experience was that the majority of these were not well-established and were relatively weak in terms of service provision; however, the project included them in its service mapping and made referrals to/from these structures where possible.

MONITORING & EVALUATION ACCOMPLISHMENTS

ELIKIA MONITORING & EVALUATION APPROACH

The ELIKIA project monitoring and evaluation (M&E) system was strategically designed to gather project data for USAID and PEPFAR indicator reporting while simultaneously capturing household- and beneficiary-level data to support the implementation of case management activities. This integrated M&E design was highly effective on both levels, enabling ELIKIA management and implementing partners to consistently monitor and report on project results and activities.

During project startup, ELIKIA's initial suite of data collection tools were developed, tested and revised. As the GDRC did not have established case management tools in place for use by OVC programs at the start of ELIKIA, the project referred to existing case management tools from other PEPFAR OVC activities[7] and adapted these as necessary for the specific project context, approach, reporting framework, and activities. The majority of ELIKIA'S M&E tools were designed to collect data obtained at each stage of the case management process, including the enrollment of households (eligibility matrix), the initial home visit (household risk assessment form, individual needs assessment, HIV risk assessment form, case plan form), successive home visits (home visit sheets, referral/counter-referral form, discharge follow-up form) or at the time of graduation (graduation readiness assessment).

The collection, management, and use of data evolved considerably over the course of the project, transitioning from initial, simple Microsoft Excel-based tools for use solely by data managers, to a robust electronic platform using the DHIS2 application, which was expansive, efficient, and user-friendly. The DHIS2 system was accessible not only by the ELIKIA project team, but also by partners and case managers to directly enter and review project data. The shared M&E approach between EDC and partners ensured transparency at all levels of the project, fostered greater ownership of project data quality and results achievement by local partners, and built their capacity for data management and use.

ELIKIA's field-based M&E team worked with partner teams, including technical and data managers, who were project partners' established interfaces to facilitate data collection by the case managers. The ELIKIA management team provided substantial training in data collection methods, use of project data collection tools, data entry protocols, data cleaning, and data analysis and reporting in order to ensure their capacity to accurately capture and manage project data.

THE ELIKIA DIGITAL CASE MANAGEMENT SYSTEM

The ELIKIA project set up an electronic database using District Health Information Software (DHIS2) version 2.28 to efficiently collect and store project data generated by the case management process. The DHIS2 application uses PostgreSQL as the database management system and a Java-based web interface as the programming language. DHIS2's application programming interface (API) enables users to communicate and exchange data with other databases.

With this functionality, ELIKIA's database included an application called "Tracker Capture"—its architecture allowed for synchronous capture of household- and beneficiary-level data, and linked household and individual records for outcome tracking at multiple levels. This allowed case managers to monitor and report on individual households' case plan achievements in detail. Most aspects of the case

[7] These included MEASURE Evaluation and 4Children.

management cycle were captured as individual "events", where data was entered in the household record or the linked individual beneficiary record. These included:

HOUSEHOLD RECORD:	BENEFICIARY RECORD:
• Household Vulnerability Assessment • Household case plan • Home visit summary • Phone check-in summary • Household Economic Strengthening enrollment (by type) • Positive Parenting participation (by type) • Adolescent counseling provision	• Individual Vulnerability/Needs Assessment • HIV Risk Assessment • Psychosocial support and counseling • Treatment retention/adherence status • Viral Load Monitoring results • Adolescent HIV status disclosure • HEI/PMTCT monitoring results

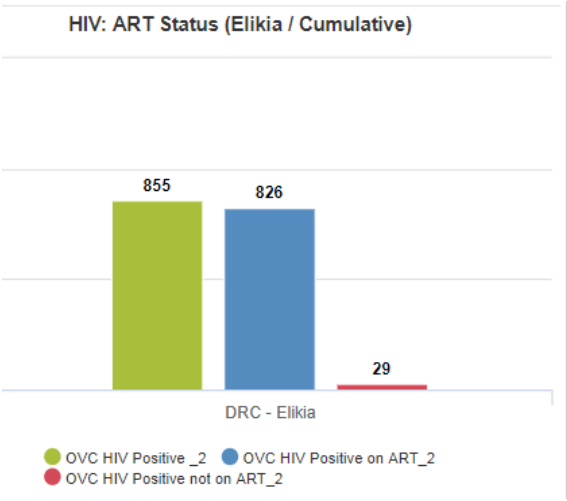
Primary data collection was conducted by case managers (end users) equipped with tablets provided by the project. Tablets were pre-loaded with a variety of case management forms and tools that enabled immediate data entry during home visits; tablets were configured so case managers could enter and store data in "offline mode" and sync data with the database through the cloud when they were able to connect to the internet at the end of the workday. The ELIKIA M&E and technical team developed a set of SOPs for data entry and management, and provided case managers with an average of four days of training in data entry procedures and use of the database, building their capacity to accurately enter data and manage household records using tablets. This was reinforced by regular coaching provided to case managers and their supervisors, as well as partners' M&E staff, during DQA visits and monthly data review meetings, as well as preparation for PEPFAR SIMS visits conducted by USAID or those conducted by the ELIKIA team. Over time, case managers developed a high level of competency in data entry, which improved the quality of project data and minimized the need for significant data cleaning.

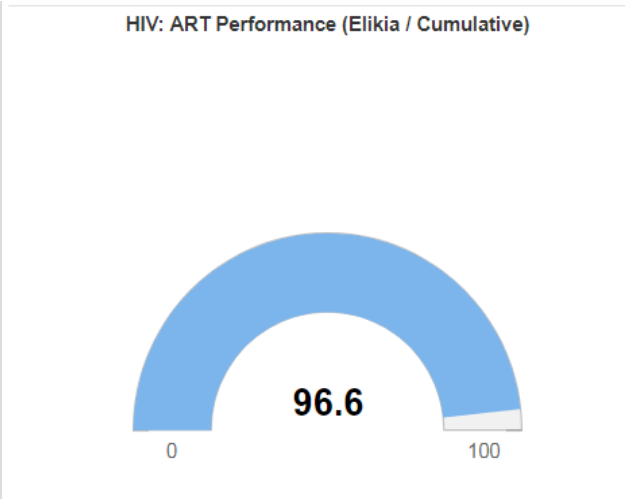
ELIKIA's SOPs for data management and quality included establishment of a group of DHIS2 Field Administrators, including the project M&E Officer and local partners' Data Managers. Field Administrators were able to execute database administration tasks such as creation of new records, creation of metadata, and data cleaning. Meanwhile, the ELIKIA M&E Director was responsible for database development, administration, and management, including the creation of database architecture and records hierarchies, development of forms and tools, and other high-level functions.

ELIKIA established more than 35,000 individual beneficiary records in the DHIS2 database, as well as more than 7,000 household records to which individual beneficiary records were linked. Within these records, case managers entered hundreds of thousands of individual "events" for each element of the case management process related to households and beneficiaries in their portfolio. Both case managers and M&E staff had immediate access to these records for real-time tracking.

The database also supported robust program reporting, quality assurance, and performance management. ELIKIA's data dashboard allowed users to view and extract extensive data from the database in real time, enabling project staff to analyze progress, results, and trends across numerous programmatic domains. ELIKIA also used Microsoft PowerBI for enhanced visualization of complex data. Individual, household, and program-level results were tracked by multiple disaggregates, including health zone, enrollment cohort, HIV status, implementing partner, and participation in various activities.

Two sample data dashboard features to track treatment among ELIKIA beneficiaries.



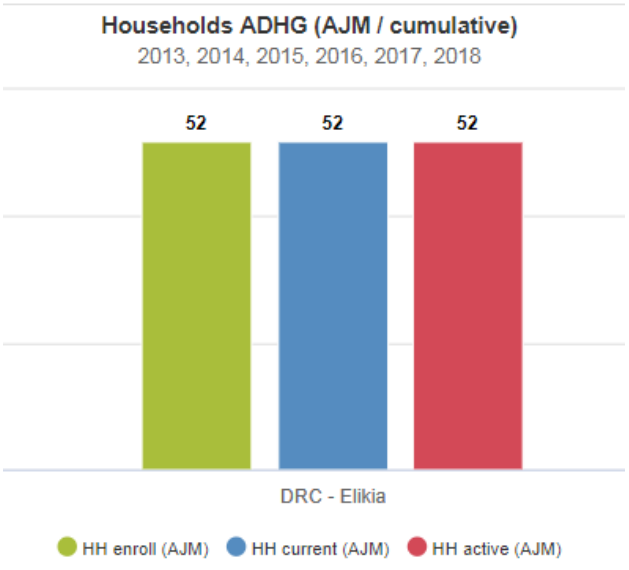


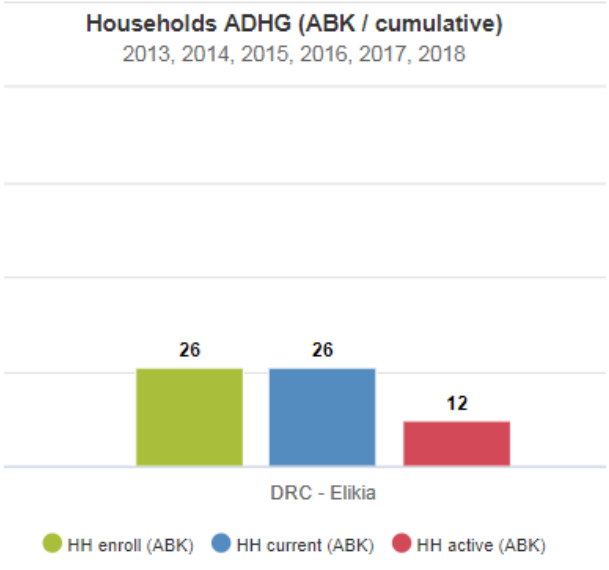
ELIKIA ADAPTIVE MANAGEMENT AND LEARNING

With the availability of rich, real-time data, the ELIKIA management team was able to continuously monitor and improve program quality. The digital case management system was a highly-effective project management tool. Compared to a paper-based system of data collection > entry > analysis which is both slow and time-intensive, ELIKIA was able to rapidly identify shortfalls in achievement of program results, use the database to pinpoint the source of gaps, and quickly take corrective actions.

The database's structure allowed for data tracking by organization and individual case manager. This provided the project with a powerful performance management tool that enabled both organizational technical assistance and capacity building to improve results, and individual performance coaching for case managers. Being able to target performance shortfalls at the partner and case manager level enabled the ELIKIA team to tailor coaching and support based on identified gaps and needs, and led to continuous quality improvement for case management and OVC direct service delivery.

Sample performance analysis by case manager portfolio from the ELIKIA dashboard.





The ELIKIA team held monthly data review meetings with each of its local partners. Supported by the DHIS2 data dashboard, these meetings centered on joint reviews of each partner's progress toward results, and provided opportunities to collaboratively explore causes for performance shortfalls, identify remediation strategies and additional support needs, and prioritize field activities to close gaps.

Where consistent weaknesses and challenges were identified, the management team utilized adaptive management approaches to improve performance outcomes. This included making updates to SOPs for process improvement, revising tools to be more user-friendly, addressing enrollment and tracking processes with clinical IPs, and similar strategies. These were then rolled out to partners and case managers during weekly meetings and field visits. This management approach—supported by powerful data—enabled the project to engage in continuous quality improvement at the project, partner, and case manager level, to consistently close gaps and increase programmatic performance.

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END-OF-PROJECT LEARNING

In February-April 2021, ELIKIA undertook end-of-project learning activities to explore the impact of project support on OVC households. In a mixed-methods study combining quantitative and qualitative data, ELIKIA sought to answer the following key questions:

1. To what extent have the various interventions aimed at improving the living conditions of vulnerable households—such as economic strengthening, education, and health support—produced lasting results? Have households' progress from enrollment to graduation been sustained after the end of project support?

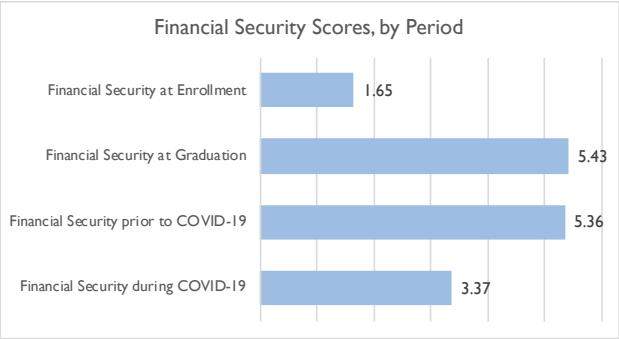
2. What services and supports provided by the project had the greatest impact on viral suppression and household graduation?

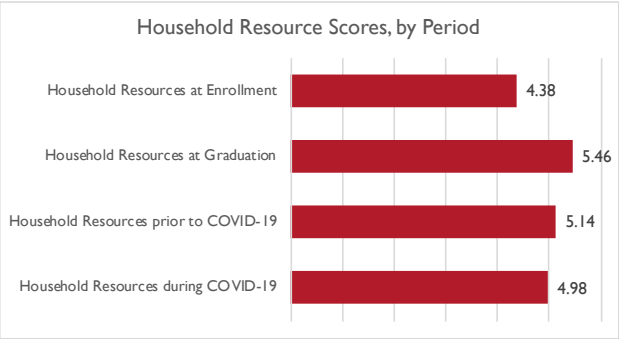
3. How did the psychosocial support provided by case managers help the household improve their mental and emotional well-being? How did this impact their success in other critical areas?

QUANTITATIVE RESEARCH ELIKIA conducted a longitudinal study of beneficiary households by re-administering the Household Vulnerability Assessment Tool with households who had graduated from project support 12-18 months prior. HVAT results were compared with those collected at the time of enrollment and graduation to assess changes over time (before project support, at the end of project support, and after project support). In addition, surveyors asked graduated households to compare the degree with which each condition was true immediately before the onset of COVID-19, and at the time of survey; this enabled ELIKIA to assess the extent to which project support had increased households' resiliency to shocks, and how durable their gains were in the face of changing conditions.
ELIKIA captured comparison data for 267 households, which was then analyzed by EDC's home office M&E team. In addition to measuring changes in households' responses to specific questions on the HVAT[8], EDC calculated two composite scores to evaluate whether there were significant differences in households' overall financial security and household resources between the different time events.[9]

Overall, households reported increases in favorable responses on all survey indicators from enrollment to graduation and into the pre-COVID-19 period. Households reported a drop in favorable responses during the COVID-19 period; however, favorable responses during the COVID-19 period remained higher than at the time of enrollment for all indicators.

Mean value of household financial security and household resource scores (composite scores).





As shown above, composite scores indicate that ELIKIA households made significant increases in overall financial security from the time of enrollment to graduation. From the time of graduation through the period prior to COVID-19, households' financial security remained largely stable, indicating that project support helped households to achieve a level of financial security that they were able to sustain independently. While many households reported decreases in household security resulting from the impact of COVID-19 on markets, livelihoods, and movements under the DRC's state of public health emergency from April-July, households were better off overall than they were at the time of enrollment,

[8] The McNemar Test was used to determine whether there was a statistically significant difference in the proportion of responses on the dichotomous items.
[9] Financial security composite was computed by adding the responses on the dichotomous scales to seven items asking about household's ability to meet various financial needs. Similarly, household resources composite was computed by adding the responses on the dichotomous scales to eight items asking about household's structural resources (toilet, potable water, dry/safe housing, or ownership of materials resources such as a radio, TV, cell phone, or bicycle). The reliability of the composite scales was measured by Chrombach's Alpha and varied at around .80 for financial security composite, and .48 for household resources composite.

still maintaining significantly higher levels of financial security than before project support. These results are promising indicators of ELIKIA's impact on household resiliency, demonstrating that gains made through project assistance were sustainable even in the face of shocks, and supported OVC households' capacity to cope without completely compromising their financial security. While changes in household resource scores were less dramatic than overall financial security, as shown above, households were able to modestly increase their total resources as a result of project support, and were largely able to maintain them during COVID-19.

The HVAT survey included 21 questions to indicate OVC households' vulnerability across domains, including financial status and income, ability to cover critical expenses, children's education, and other questions. Household responses to select questions are shown in the table below, which shows the percentage of survey participants who responded affirmatively to each question:

ELIKIA QUANTITATE STUDY RESULTS: HOUSEHOLD RESILIENCY			
	ENROLLMENT	GRADUATION	POST-COVID-19
Does the household have someone who works or generates income?	55%	92%	75%
In the past month, have you been able to cover all/almost all household food expenses?	21%	73%	48%
Were you able to cover household health expenses in the past three months?	18%	73%	48%
Were you able to cover school fees for all children the past three months?	18%	83%	56%
Do at least one of your children not attend school?	59%	11%	7%
Were you able to cover an urgent expense the last time it happened?	12%	64%	35%
Are you able to save money?	21%	82%	42%

Across questions, responses indicated that ELIKIA households demonstrated positive increases in all areas from the beginning of their engagement to the project to the time of graduation. While changes resulting from COVID-19 were variable, households maintained some level of increased resources or improved behaviors from the time of enrollment. Not only does this indicate that ELIKIA was effective in increasing OVC households' ability to provide for the needs of children in their care, it also demonstrates the project's effectiveness in changing OVC caregivers' priorities, attitudes, and behaviors related to childcare practices, household expenditures and budgeting, and children's education.

QUALITATIVE STUDY To provide additional insights on the impact of project support on outcomes for OVC and their households, ELIKIA collected qualitative data through a series of five focus group discussions (FGDs) with OVC caregivers from graduated households. FGDs centered on the factors that most strongly contributed to caregivers' ability to adhere to ART for HIV+ OVC and achieve viral suppression, to improve their emotional status and childcare practices, and to enable the household to graduate from project support. ELIKIA also conducted key informant interviews with members of the Haut-Katanga DIVAS to gain additional perspective on these issues, and government counterparts' perception of the success factors for OVC support activities.

During FGDs, OVC caregivers confirmed that, prior to their enrollment in the project, their primary challenges in household management and provision of childcare were maintaining steady income and employment to meet household needs; providing regular, nutritious meals for everyone in the household; paying for children's school fees; and ensuring stable, safe living conditions. Meanwhile, they stated that a limited understanding of HIV—what it was, how to manage it, and the requirements of the treatment regimen—was their greatest barrier to treatment adherence for C/ALHIV in their care, as well as themselves.

> "I will never have the appropriate words to commend the intervention of the ELIKIA project—it is a project with a human face. I nearly lost my spouse, and my children's future became worrisome. Now I have regained my will to live."
>
> *HIV-positive father of six*

Most OVC caregivers identified ELIKIA's economic strengthening activities and the HIV treatment adherence support provided by case managers as the two strongest contributors to their ability to achieve HIV treatment outcomes and graduate successfully from project support. They further stated that the more stable family conditions resulting from ELIKIA's assistance directly contributed to their ability and willingness to adhere to HIV treatment. In particular, households underscored the impact of cash transfers and education subsidies (scholarships, school fee waivers) in helping to put them on the right path. Many stated they began to observe changes in the household's situation within two months of beginning to receive cash transfers or general enrollment in the project. Caregivers also emphasized the impact of education support on the changes they observed in their children; many shared how ELIKIA's facilitation of enrollment, regular attendance, and improved school performance helped their children enjoy and see the benefits of succeeding in school, and as a result, many noted that their children's happiness, hopefulness, and future goals became more pronounced over their time in the project.

Caregivers highlighted the impact of ELIKIA's strong psychosocial support and counseling approach as a critical enabler to their success during and after the project. Many expressed having lived with feelings of desperation and hopelessness prior to joining ELIKIA; several HIV+ caregivers described having believed that they were at the end of their life due to their HIV status and their lack of understanding about their diagnosis and treatment, and that they feared for their children's futures. However, many explained that the social and emotional support provided by their case managers during the course of home visits helped them feel a greater sense of self-acceptance and reduce internalized stigma; develop the knowledge and confidence to maintain treatment regimens for themselves and their HIV+ children; establish a more hopeful, empowered outlook; and be more patient and positive with their children. For all, the trusting, supportive relationships they established with their case managers were a lifeline during difficult times and a consistent source of encouragement and growth as they gained and exercised better caregiving and parenting skills.

Finally, FGD participants underscored the ways in which the project has helped them to cope with challenges and changes due to COVID-19. The financial management skills and savings habits they cultivated during the project, and their resulting ability to generate income to meet household needs, was cited by many as a vital source of stability over the past year. Many households experienced negative effects from interruptions to markets, dissolution of SILC groups, or the loss of employment; however, they stated that they have been able to maintain basic household needs, and emphasized the

value of their continued ability to provide regular, nutritious meals for children. While mandatory restrictions imposed by the government have limited movement and the ability to access services with ease, caregivers shared that the project's education about ART adherence and how to access HIV services has enabled them to maintain HIV+ family members' adherence to treatment during the pandemic. The ability to provide consistent nutrition was also cited as a contributor to ART adherence and viral suppression. Lastly, many cited what they viewed as improved coping skills that enabled their households to successfully navigate the pandemic, in the form of more positive parenting skills, stronger family relationships, and greater self-efficacy and self-confidence in their own parenting abilities.

Together, these quantitative and qualitative study results demonstrate the significant impact the ELIKIA OVC support package had on vulnerable households struggling with HIV, poverty, and childcare. They further underscore the effectiveness of the project in ensuring sustainable results for participating households and children, and in fostering greater coping skills and increased household resiliency. EDC plans to publish a complete report of the end-of-project learning results in the coming months to provide further detail on the quantifiable approaches and successes of the ELIKIA project.

CHALLENGES, LESSONS LEARNED & RECOMMENDATIONS

KEY CHALLENGES

Over the course of project implementation ELIKIA experienced a variety of operational challenges. While the project management team worked to address and overcome these, major challenges encountered are summarized as follows:

OVC IDENTIFICATION & ENROLLMENT With its mandate to maximize enrollment of C/ALHIV served by PEPFAR clinical programs, ELIKIA was highly reliant on care and treatment structures to identify eligible OVC households and refer them to project teams for enrollment. While ELIKIA endeavored to enroll 100% of eligible pediatric clients, and achieved near complete saturation in some health zones, in others the project experienced systemic challenges that impeded high enrollment rates for pediatric ART clients (Tx_CURR_ped). Delays and omissions in updating client data at the clinical level (including client contact information, clients lost to follow-up, and deceased individuals) led to difficulties reaching households for initial enrollment or follow-up visits by case managers, which reduced time on-task for key activities. In addition, some HIV care providers, such as facility nurses, were not committed to identifying and referring potential OVC beneficiaries to ELIKIA, or were inconsistent in making referrals. While ELIKIA took steps to address these barriers through further training and establishment of SOPs reviewed and reinforced during case conferences, clear guidance from both PEPFAR and the management teams from clinical IPs—including adequate oversight to ensure referrals to OVC mechanisms—are critical to maximizing coverage of C/ALHIV in clinical programs.

RISK MANAGEMENT FOR ECONOMIC STRENGTHENING ACTIVITIES ELIKIA experienced periodic operational challenges related to tracking and monitoring of cash transfers and minimizing fraud. This included instances of fraud by field agents responsible for cash transfer activities, specifically the falsification of beneficiary records and tracking documents, as well as extortion of some cash transfer recipients. As a result, ELIKIA put in place additional measures to red
uce fraud risk, including strengthened protocols for beneficiary selection and eligibility verification, the use of mobile money to limit manipulation of funds by field agents, improving procedures for collection of payment verifications, and sensitizing cash transfer recipients about the whistleblower process for reporting cases of fraud or abuse.

ALISHA KEIRSTEAD / EDC

ELIKIA utilized adaptive management strategies to respond to challenges and integrate lessons learned. Continuous program improvements over time enabled the project to consistently deliver on results in alignment with PEPFAR guidance.

In addition, some SILC groups experienced instances of theft of savings funds in advance of scheduled dividend-sharing dates. In response, ELIKIA developed enhanced financial security protocols for SILC groups, and intensified sensitization of groups on existing prevention measures to further secure group funds. Key strategies for minimizing theft risk included the avoidance of keeping large cash funds by encouraging members to take loans, depositing funds on a phone or SIM card with secure password protections in place, and placing funds in a local microfinance institution or cooperative.

LIMITED RESOURCES FOR OVC HEALTH CARE NEEDS
During project implementation, ELIKIA encountered several cases of children presenting health conditions other than HIV, for which care was outside households' means and beyond the scope of project assistance. This included children suffering from flu-related complications, chronic malnutrition, ear/nose/throat conditions potentially resulting from HIV infection, dermatological conditions, etc. ELIKIA teams conducted advocacy with healthcare providers or Chief Zonal Medical Officers, and facilitated households obtaining indigence certificates from DIVAS; in some cases, ELIKIA staff generously took up collections to personally pay for children's urgent health care needs. These actions made it possible for the project to respond to a small number of cases, though in most cases the project was not able to facilitate solutions to meet these children's health care needs or, in more dire cases, funeral costs.

WEAKNESS OF COMMUNITY STRUCTURES AND SERVICES
While ELIKIA conducted an extensive mapping of community structures and multisectoral service providers in target health zones at the start of the project, in practice many of these structures were virtually non-existent due to an overwhelming lack of resources, capacity, and leadership. In particular, structures and service providers addressing child protection, GBV response, care for orphans and street children, programs for out-of-school youth, and legal/judicial services were absent or non-functional. As a result, ELIKIA was limited in its ability to refer beneficiaries to these types of necessary services for highly-vulnerable households.

REDUCTIONS IN PROJECT FUNDING From 2016-2021 ELIKIA experienced multiple reductions in PEPFAR funding, for a total reduction in funding of $2,339,166 from the original award amount of $17,499,656. While EDC and its partners streamlined project budgets and increased operational efficiencies in response to budget cuts, several components of the original ELIKIA OVC support package were cut from the project during the course of implementation. This included group-based parenting education (Sinovuyo and The Faithful House), early childhood development activities, cash transfers, and block grants to schools. All of these activities had been well-received by beneficiaries and had demonstrated a positive impact on OVC and household wellbeing. ELIKIA adapted several activities to ensure that critical content was

delivered to caregivers and OVC, including transitioning early childhood development and parenting programs to household coaching and messaging delivered by case managers, and adapting the Sinovuyo Teens program to a home-based adolescent counseling approach. ELIKIA also facilitated an agreement between DIVAS and EPST in Haut-Katanga to enable financial assistance for vulnerable OVCs' school enrollment to continue without project funding.

IMPACT OF COVID-19 From Q2 FY20, project activities were slowed down following health security restrictions imposed by the GDRC and EDC home office. In particular, group meetings, home visits by case managers, and staff field travel were impacted from Q2 FY20 onward. A total of 66 active SILC groups temporarily or permanently suspended group meetings by sharing dividends early. With limitations on in-person home visits, some households were not reachable by phone (approximately one-third) and therefore did not receive services during the period of the state of public health emergency declared by the GDRC; others declined HIV testing referrals, viral load monitoring, or other services in the absence of in-person sensitization and coaching from case managers. Adolescent counseling was also suspended due to the need for face-to-face sessions, and graduation for more than 5,000 households (30% of remaining active beneficiaries) was suspended indefinitely due to the inability to conduct final verification visits. Despite these challenges, the project pivoted to phone-based case management and adapted numerous strategies for providing services and continuing operations to enable ongoing service delivery for active beneficiaries.

LESSONS LEARNED

ENGAGING GOVERNMENT STAFF AS CASE MANAGERS DEEPENED BUY-IN, OWNERSHIP, AND CAPACITY. ELIKIA's decision to work in close collaboration with DIVAS/DUAS—not just by providing technical and operational support toward a capacity building plan, but by also engaging staff as part-time case managers—substantially strengthened DIVAS/DUAS commitment to and ownership of project approaches and activities. This intensive and continuous participation gave meaningful opportunities to staff and supervisors to master the various approaches implemented by the project—including case management, various household economic strengthening modalities, scholarships and block grants, parenting education, and referrals to HIV, health, and social welfare services—as well as the tools and processes to facilitate them. EDC's alignment of the ELIKIA approach to DIVAS/DUAS' mandate resulted in experiences and skills that were highly relevant to DIVAS/DUAS, while ELIKIA's development of the case management framework, processes, and case manager competencies enriched DIVAS/DUAS' understanding of successful strategies for delivering on its mandate. As a result of the experience co-leading ELIKIA activities, DIVAS/DUAS senior staff expressed their desire to extend the case management approach and related OVC support and coordination activities to all its social workers, and to seek greater institutional support to further strengthen DIVAS/DUAS' role in the implementation of policies, standards, and stakeholder coordination in the child protection sector.

CASE CONFERENCES WERE A CRITICAL STRATEGY FOR HEALTH & SOCIAL SECTOR COORDINATION. Convened and led by Chief Zonal Medical Officers, the case conferences supported by ELIKIA proved to be a unifying structure for the efforts of various stakeholders to improve the quality and coverage of services offered to OVC and their households. Case conferences were important venues for information exchange, joint planning, and consultation. The quarterly meetings created a shared understanding of the complementarity of various actors and stakeholders, clearly defined the roles and responsibilities of each, offered a forum to jointly address challenges and gaps and identify collaborative solutions, and improve overall coordination, communication, and information-sharing. Ultimately, this system contributed substantially to reinforcing the continuum of care and support in a harmonized way, strengthening clinic-community linkages, and improving bi-directional referrals between various service providers and programs. It also established shared

leadership responsibilities and norms between the HIV/health and social welfare structures involved in OVC support and child protection.

HOUSEHOLD CATEGORIZATION AND VIRTUAL HOME VISITS SUPPORTED EFFICIENT MANAGEMENT OF CASE WORKER PORTFOLIOS. ELIKIA's approach to categorizing households based on identified vulnerability and associated level of need enabled project partners to deploy human resources flexibly and target support where it was most needed. Providing greater frequency of home visits to highly-vulnerable households—such as those with HIV-exposed infants, HIV+ pregnant women, and unsuppressed C/ALHIV—while reducing the number or intensity of contacts with less-vulnerable households who were successfully progressing in the program enabled case managers to make the most efficient use of their time while still achieving individual household and overall project results. Because their time and tasking was organized well, case managers were able to successfully support a caseload of up to 60 households, and regulate the frequency of visits as needed based on continuous monitoring of each household's case plan using the digital case management system.

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In addition, ELIKIA's use of virtual home visits before and during COVID-19 allowed case managers to check in with less-vulnerable households by phone or WhatsApp. Establishing trusting relationships with households through in-person home visits was critical to the success of virtual home visits, but once the relationships were established, conducting regular check-ins by phone was an effective strategy for case managers to continue monitoring, referring, and supporting more stable households.

HIGHER-CAPACITY CASE MANAGERS YIELDED IMPROVED PERFORMANCE. While most PEPFAR-funded OVC programs rely on paraprofessionals and community volunteers to conduct case management, ELIKIA opted to engage professional social workers employed by its local government and civil society partners as its case management cadre. Required experience for ELIKIA case managers included a minimum of a BAC diploma, social work or community development experience or similar, strong literacy skills, and demonstrated experience using technology in the workplace. As a result, case managers were able to grasp complex concepts related to child and adolescent development, HIV and health, violence and child protection, parenting practices, and psychosocial support, and transmit these effectively to parents/caregivers and OVC directly. With training, they were able to effectively use a range of sophisticated case management tools, use technology to support their activities, and accurately enter household and beneficiary data. They were able to liaise effectively with service providers, and troubleshoot problems for the benefit of households in their care.

Compared to the experiences of many other OVC implementers who rely on volunteer case managers with limited literacy/numeracy and professional skills, ELIKIA's experience with engaging case managers of this capacity was that they consistently provided high-quality services, facilitated effective referrals and counter-referrals, were viewed as trusted sources of information and support by caregivers, successfully ensured treatment outcomes for PLHIV clients, and had low turnover rates. Due to their increased capacity as well as the efficient systems ELIKIA put into place for caseload management, ELIKIA case managers were also easily able to manage a higher number of households at a given time; while Global Social Service Workforce Alliance guidance recommends a maximum of 15 households per paraprofessional case worker, ELIKIA's professional case workers capably managed an average of 30 households if working part-time, and 60 households as a full-time project case manager. Finally, ELIKIA's reliance on case managers for the vast majority of project data collection eliminated the need for significant numbers of M&E staff to conduct routine project monitoring and data entry.

"I have become a woman of value. All my friends, acquaintances, parents, and family respect me. Now, my work enhances me."

Single mother of five, new entrepreneur

HOUSEHOLD ECONOMIC STRENGTHENING INTERVENTIONS ARE INSTRUMENTAL IN ACHIEVING OVC OUTCOMES. Though household economic strengthening activities are a standard component of the support package in most OVC programs aligned with the current PEPFAR framework, ELIKIA's experience underscored the importance of these activities in reducing household vulnerability, increasing HIV treatment outcomes, improving child wellbeing and improved parenting practices, and increasing caregivers' emotional status. Tailoring and targeting these interventions appropriately based on households' capacity through ELIKIA's SUPPORT-STRENGTHEN-SUSTAIN continuum was a significant success factor for the project, as it met households where they were and enabled them to grow toward increasing levels of self-sufficiency and resiliency. ELIKIA's end-of-project learning emphasizes the impact of these interventions on households' ability to adhere to treatment as well as cope with shocks and challenges, as well as sustain these outcomes over time.

PSYCHOSOCIAL SUPPORT WAS A CRITICAL CONTRIBUTOR TO HOUSEHOLD SUCCESS. ELIKIA equipped its case managers with substantial training on psychosocial support and counseling for caregivers as well as children and adolescents. Through trainings, case managers developed fundamental skills in understanding and relating to households' needs and challenges; using multiple communication strategies to gather and convey important information; building connections and trust with individuals of different ages; and supporting households in confidence-building, problem-solving, and positive relationship-building. The project's case management framework included the provision of structured psychosocial support as a required part of every home visit. As a result, case managers and household members developed deep bonds of trust, and caregivers became very open to the guidance and suggestions provided by their case managers. Case managers' ability to allay caregivers' concerns and provide meaningful encouragement to take key steps in case plan achievement enabled the project to enroll high proportions of households in direct services, and achieve strong care and treatment outcomes.

Caregivers also noted the significant impact of the project's psychosocial support approach on their emotional wellbeing, self-acceptance and self-confidence, positive attitude, and sense of hope and future

outlook. This, in turn, led to greater commitments to good childcare and positive household management, treatment adherence, and investing in the family's future. The combination of psychosocial support—which addressed caregivers' feelings of hopelessness, desperation, stress, and powerlessness to change their family's circumstances—with positive parenting interventions that gave parents new ways of communicating with children and adolescents, resolving conflicts, providing supportive guidance, and engaging in positive discipline, were highly impactful in changing household norms, creating more harmonious household environments, and reducing household violence and abuse. Providing this combination of psychosocial support and guidance for caregivers inevitably yielded positive outcomes for children's social-emotional wellbeing, mental health, and positive growth and development.

RECOMMENDATIONS FOR FUTURE PROGRAMMING

Based on ELIKIA's experiences, results, and lessons learned, we present the following recommendations for future OVC programming:

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GLOBAL CONSIDERATIONS

- ***OVC projects should consider engaging professional social workers as case managers, in lieu of community volunteers and paraprofessionals with limited literacy skills and overall capacity.*** ELIKIA's experience showed that high-capacity case managers were effective in providing quality case management services to a larger portfolio of clients, and conducting the bulk of OVC data collection for the project. By contrast, many other OVC projects rely on volunteers for case management; in addition to general limitations to capacity, many of these volunteers juggle several roles on multiple community cadres as a way to make ends meet. While there is a prominent belief that professional social work cadres are too costly within the limitations of PEPFAR OVC budgets, the increases in efficiency, case manager-to-household ratio, service quality, data collection capacity, retention rate, and achievement of project results afforded by professional, salaried case managers have the potential to streamline project case management expenditures overall, especially if a system of household categorization can be established from the start.
- ***Digital case management systems should become the new standard for OVC program monitoring and evaluation.*** ELIKIA's experience with digital case management demonstrates the significant effectiveness of eliminating paper-based case management tracking and project M&E systems, in favor of electronic data collection. With appropriate planning, training, support, and management in place, digital systems provide greater accuracy, efficiency, data analysis, and performance management capacity compared to standard approaches that are reliant on paper forms and back-end data entry.

- ***Increased intensity of joint coordination meetings and data reviews with local implementing partners yields increased program performance.*** ELIKIA's experience of holding weekly coordination meetings and monthly data review meetings with each of its implementing partners was a key success factor in consistently monitoring and improving partner and project performance. Robust and continuous data-centered engagement with partners is recommended for OVC implementers to maximize program achievement.
- ***Stand-alone OVC programs can deliver more robust OVC support and ensure optimal HIV and child protection outcomes.*** While PEPFAR has historically funded a mix of independent OVC programs and integrated HIV programs with OVC support components, stand-alone OVC programs have the potential to offer truly comprehensive, focused support for OVC that meaningfully address the range of interconnected vulnerabilities and needs faced by HIV-affected, vulnerable households. ELIKIA's experience suggests that significant technical expertise and experience is required to successfully design, deliver, monitor, and build local capacity for non-health components of an evidence-based OVC support package, and that the investment in a holistic range of health, economic strengthening, education support, parenting education, adolescent support, ECD, and psychosocial support are optimal to ensuring measurable, sustainable outcomes for both HIV treatment and numerous other indicators of OVC wellbeing. Integrating OVC support activities within broader HIV care and treatment programs may limit the quality and effectiveness of the comprehensive OVC package.

CONSIDERATIONS FOR FUTURE OVC PROGRAMMING IN THE DRC

- ***Further investments in the social welfare system are needed to scale up and institutionalize OVC support and child protection policies and functions.*** The experience of the ELIKIA project in engaging and supporting the Haut-Katanga DIVAS demonstrates the potential for improving outcomes for vulnerable children in the DRC through increased leadership and coordination of the social welfare sector. However, considerable resources are required to enable MINAS and the provincial DIVAS structures to carry out their mandate to oversee and coordinate multisectoral child protection responses. Additional investments should build on the experiences of ELIKIA, providing both support for scale-up and to further identify and address resource and capacity gaps.
- ***Congolese civil society organizations should play a key role in OVC care and support and child protection.*** ELIKIA's five local implementing partners were instrumental in the project's successful delivery of community- and household-level OVC care and support services. Given the resources available for GDRC OVC support and child protection activities, and the limited capacity of some government structures, NGOs and other CSOs are poised to be effective partners in continued provision and coordination of OVC services.
- ***Strong social protection approaches can simultaneously increase household resiliency and improve HIV-related outcomes.*** ELIKIA's end-of-project learning demonstrates the effectiveness of the project's social protection and resilience-building on households' ability to develop positive coping mechanisms that help them withstand shocks such as the COVID-19 pandemic. Concurrently, when combined with effective HIV education, these interventions can be mutually-reinforcing, as evidenced by ELIKIA's study results linking economic strengthening, psychosocial support, and households' commitment and confidence related to ART adherence.

ADMINISTRATIVE & FINANCIAL SUMMARY

PROJECT CLOSE-OUT

ELIKIA began its gradual close-out process at the beginning of FY21. Per the established project technical handover and close-out plan, ELIKIA completed its implementation of project activities in Q1 FY21. During Q1-Q2, ELIKIA facilitated technical handover to clinical partners, which will assume PEPFAR OVC support activities in the DRC going forward. This transition, planned jointly between USAID/PEPFAR, EDC, and clinical IPs, included the development of a handover plan and timeline; delivery of training by ELIKIA for IHAP staff and partners in case management and other subjects related to OVC service delivery; the physical handover of active beneficiary files and joint household visits to transitioning households to introduce the new project; and transition of existing ELIKIA sub-awardees (ADHG, CRISEM, and RNOAC) to clinical IPs for continued engagement as case management partners. The transition process was successfully completed at the end of Q2.

In Q2 ELIKIA completed its final project administrative, human resources, finance, and operational tasks in the field. Due to the cessation of technical activities at the end of Q1 and ongoing COVID-secure workplace protocols that enabled teleworking among the ELIKIA field team, EDC closed the ELIKIA project office in February 2021. Prior to that date, EDC completed a handover of project equipment and supplies in accordance with its approved distribution plan, with significant contributions to its local NGO partners and to DIVAS and PNMLS for their continued use. ELIKIA's staff was drawn down gradually from December 2020 based on the timeline for technical activities and operations and terms of employee contracts, with EDC issuing final benefits payouts in accordance with applicable local labor laws. EDC completed physical and/or electronic inventories of project tools, resources, and documents, some of which will be shared with USAID as an addendum to this report as well as uploaded onto the Digital Experience Clearinghouse (DEC).

FINANCIAL STATUS SUMMARY

Throughout the course of the project, EDC conducted routine quarterly financial reporting and semiannual PEPFAR expenditure analyses in alignment with contract terms. Close monitoring of project budgets and expenditures by EDC's field and home office finance staff enabled the project to remain on-target with its spending throughout the period of performance. A summary of the project's financial status as of March 31, 2021 and projections for April 1-27 is below; EDC will prepare its final project expenditure reporting after its financial close for the month of April, to be submitted in mid-May.

Budget Line Items	Total Award Budget	Total Funds Previously Reported	Current Quarter Actual Expenditure	Total Life of Project Expenditure	Remaining Award Balance
Direct Costs	$6,317,326	$6,066,674	$218,276	$6,284,950	$32,376
Indirect Costs	$2,611,768	$2,503,977	$94,260	$2,598,236	$13,532
Subcontracts and Grants	$5,589,735	$5,355,060	$160,820	$5,515,879	$73,856
Total Estimated Cost	**$14,518,829**	**$13,925,710**	**$473,355**	**$14,399,066**	**$119,764**
Fixed Fee	$641,660	$610,556	$21,301	$631,857	$9,804
Cost Plus Fixed Fee	$15,160,490	$14,536,266	$494,656	$15,030,922	$129,567

ANNEXES

Annex A: ELIKIA Indicator Table

Annex B: ELIKIA OVC_SERV Results, Disaggregated by Sex & Health Zones

Annex C: Library of ELIKIA Case Management Tools & Resources

ANNEX A: ELIKIA INDICATOR TABLE

ELIKIA's monitoring and evaluation activities were centered on the following set of indicators from the project Performance Monitoring & Evaluation Plan (PMEP). ELIKIA's final results over the life of project against this set of indicators are as follows:

INDICATOR	DISAGGREGATED BY	RESULTS BY YEAR					LIFE OF PROJECT		
* *Indicates a PMP indicator*		2017	2018	2019	2020	2021 (Q1)	Target	Actual	Deviation (%)
Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (OVC_SERV)*		9,918	11,611	24,468	21,795	21,258	27,000	34,888	+29%
Percentage of households currently served by ELIKIA achieving case plan completion (graduation)*		0	4%	40%	36%	41%	59%	45%+	-23%
Number of enrolled households receiving conditional cash transfers*		444	122	130	134	0	700	830	+19%+
Number of SILC groups established	Province	82++	32	109 (16 Haut-Katanga, 10 Lualaba, 83 Kinshasa	72	44	300	322	+7%
Number of AT/PSPs identified and trained on the SILC process	Province	32	29	51 (29 Haut Katanga, 17 Lualaba, 5 Kinshasa)	0	0	0	112	N/A

INDICATOR	DISAGGREGATED BY	RESULTS BY YEAR					LIFE OF PROJECT		
* *Indicates a PMP indicator*		2017	2018	2019	2020	2021 (Q1)	Target	Actual	Deviation (%)
Number of OVC households served by ELIKIA assisted through savings groups (SILC, AVEC, PSP)*		420	1,564	1,943	2,324	1,509	4,000	4,325	8%
Number of people trained in entrepreneurship		0	670	1,220	0	0	N/A	1,890	N/A
Number of households enrolled in positive parenting and The Faithful House courses		252	562	64	NA	0	N/A	943	N/A
Percentage of child beneficiaries (<18 years) with HIV status known to the implementing partner (IP) (including test not indicated)*		58%	97%	98.6%	99.8%	99.7%	90%	99.8%	+12%
Percentage of child beneficiaries (<18 years) served by ELIKIA who successfully complete a referral for HIV testing services		35%	97.5%	92.6%	95.7%	96.5%	85%	98.1%	+15.4%
Number of case managers, supervisors, or faciltiy-based focal points trained in case management process	Province	55	45	83 (42 Haut-Katanga, 28 Kinshasa, 13 Lualaba)	0	0	NA	75	NA

INDICATOR	DISAGGREGATED BY	RESULTS BY YEAR					LIFE OF PROJECT		
** Indicates a PMP indicator*		2017	2018	2019	2020	2021 (Q1)	Target	Actual	Deviation (%)
Number of children having received financial support for school enrollment and retention	Province	238	2,444	2,962 (2,341Haut Katanga, 621 Kinshasa)	10,182	10,244	N/A	18,537	N/A
Number of girls having received support for school transition from primary to secondary (6th grade, 1st and 2nd year secondary)	Province	375	250	270 (205 Haut-Katanga, 65 Kinshasa)	107	0	N/A	732	N/A
Number of protection focal points (case managers, RECOPE members, DIVAS staff) trained in identifying and responding to SGBV, identifying at-risk households, and delivering prevention messaging*	Province	0	73	19 (13 Haut-Katanga, 4 Kinshasa, 2 Lualaba)	5	0	N/A	97	N/A
Number of indiviudals receiving support for incidents of SGBV		0	3	3	0	0	N/A	11	N/A
MOUs with DIVAS established		1	1	0	0	N/A	N/A	1	N/A
Number of local organizations receiving USAID assistance*		2	3	4	4	4	4	4	0%
Amount in USD provided to local organizations (with USAID funds)		$235,140	$382,082	$437,325	$342,457	$146,689	N/A	$1,543,723	N/A

INDICATOR	DISAGGREGATED BY	RESULTS BY YEAR					LIFE OF PROJECT		
* *Indicates a PMP indicator*		2017	2018	2019	2020	2021 (Q1)	Target	Actual	Deviation (%)
Number of grantee annual workplans produced		2	2	4	4	4	4	24	
Learning agenda developed		0	1	0	0	0	0	1	N/A
Permanent database finalized		0	1	0	0	0	0	1	N/A
SIMS visits conducted (internal and external)		2	3	4	12	0	0	21	N/A

ANNEX B: OVC_SERV, DISAGGREGATED BY SEX & HEALTH ZONE

OVC_SERV																	
HEALTH ZONE	<1 YEAR		1-4 YEARS		5-9 YEARS		10-14 YEARS		15-17 YEARS		18-24 YEARS		25+ YEARS		TOTAL		TOTAL M&F
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
Kamalondo	9	12	92	103	244	232	263	282	151	122	83	94	303	103	1,145	948	2,093
Kampemba	22	15	255	240	572	512	656	593	298	267	204	159	703	325	2,710	2,111	4,821
Kenya	19	13	367	320	766	688	819	747	391	347	278	220	1,003	316	3,643	2,651	6,294
Lubumbashi	5	3	109	105	218	209	238	222	108	102	86	67	336	133	1,100	841	1,941
Ruashi	27	14	177	191	441	424	423	395	207	181	128	143	493	206	1,896	1,554	3,450
Bandalungwa	2	0	53	48	132	105	143	148	97	99	41	43	200	65	668	508	1,176
Kikimi	16	9	177	169	370	379	465	436	237	236	111	101	457	206	1,833	1,536	3,369
Kingasani	7	10	171	146	372	292	419	368	225	225	120	92	425	210	1,739	1,343	3,082
Masina 2	21	12	240	223	797	625	1031	864	552	471	130	103	795	319	3,566	2,617	6,183
Dilala	12	6	80	113	156	137	167	148	72	93	37	30	284	82	808	609	1,417
Manika	4	1	56	66	139	120	123	139	75	70	27	30	170	35	594	461	1,055
TOTAL	144	95	1,777	1,724	4,207	3,723	4,747	4,342	2,413	2,213	1,245	1,082	5,169	2,000	19,702	15,179	34,881

ANNEX C: ELIKIA LIBRARY OF CASE MANAGEMENT TOOLS & RESOURCES

To support its case management activities, ELIKIA developed the following suite of planning and data collection tools, job aids, and other resources for case managers and supervisors:

Enrollment & Case Planning

1. SOPs: ELIKIA Case Management Process
2. Program Eligibility Matrix
3. Household Vulnerability Assessment Tool (HVAT)*
4. Beneficiary Needs Assessment*
5. Household Economic Diagnostic Tool
6. Problem Analysis Tool
7. Home Visit Record*
8. Phone-Based Visit Record
9. Emergency Case Identification Form
10. Emergency Case Planning Form

HIV Testing & Treatment Support

11. HIV Risk Assessment – Children*
12. HIV Risk Assessment – Adolescents & Adults*
13. SOPs: Linking OVC and Caregivers to Treatment
14. SOPs: Treatment Adherence Support
15. Treatment Adherence Record Form
16. SOPs: HEI Monitoring
17. HEI Monitoring Form

Services & Referrals

18. SOPs: Referrals and Counter-Referrals
19. Service Referral/Counter Referral Forms*
20. Cash Transfer Monitoring Form

Psychosocial Support, Counseling & Household Coaching

21. SOPs: Psychosocial Support & Counseling
22. Psychosocial Support Reference Sheets
23. Psychosocial Support Documentation Reference
24. Adolescent Counseling Reference Sheets
25. Adolescent Counseling Record Form
26. HIV Disclosure Consent Form
27. Household Budget Template
28. COVID-19 Counseling Reference Sheet

Graduation & Exit

29. Graduation Criteria Reference Sheet
30. Graduation Readiness Checklist*
31. Exit Survey
32. SOPs: Finding Beneficiaries Lost-to-Follow-Up
33. Exited Household Form

Performance Management

34. Case File Organization Guidelines
35. Case File Control & Verification Form
36. Case Manager Job Description
37. Case Management Activity Planner
38. SOPs: Supervision & Evaluation of Case Managers
39. Case Management Monitoring Tracker
40. Case Manager Performance Evaluation Form
41. Approval Guidelines for COVID-Essential Field Visits
42. Data Quality Guidelines
43. Data Quality Checklist

** Indicates digitized items linked to ELIKIA DHIS2 database*