

**Mitigation of Impact of HIV/AIDS in Kinshasa,
Democratic Republic of Congo**

By

Tania Goossens-Allen

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Chapel Hill

2009

David Steffen, DrPH

Caroline Hurley

Date



Femme Plus

TRÔCAIRE
Working for a Just World

**Mitigation of Impact of HIV/AIDS in Kinshasa,
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A project managed by Femme Plus

with the support of

Trócaire and Catholic Relief Services

Final Evaluation of Phase II

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti retroviral treatment
ARV	Anti retroviral
BCC	Behavior Change Communication
CRS	Catholic Relief Services
DRC	Democratic Republic of Congo
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IGA	Income-generating Activities
NGO	Non-governmental organization
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PLHIV	People living with HIV
PNLS	National Program to Control AIDS and STI
PNMLS	National Multisectoral Program to Control AIDS and STI
PMTCT	Prevention of Mother to Child Transmission
STI	Sexually Transmitted Infection
VCT	Voluntary Counseling and Testing
WFP	World Food Program

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Executive Summary

The goal of the “Mitigation of Impact of HIV/AIDS in Kinshasa” project is *to preserve the human dignity and quality of life of individuals affected by HIV/AIDS, their families and their communities*. The project, which began in 2001, is implemented by Femme Plus, a Congolese non-governmental organization, with the support of Trócaire and Catholic Relief Services (CRS). More specifically, the objectives of the project are to reduce the risk of HIV transmission through information and counseling of at least 5,000 People Living with HIV (PLHIV) and their families and to alleviate the socio-economic impact of HIV/AIDS. The project is implemented through five centers and community networks. Centers provide psychosocial support, income-generating activities, medical care and payment of school fees for Orphans and Vulnerable Children (OVC). HIV awareness sessions are organized in markets and health centers, while two Femme Plus centers provide Voluntary Counseling and Testing (VCT).

The purpose of this evaluation has been to assess the effectiveness of the project in meeting its goal and objectives. The evaluation also looks at the operation and management of the project, its relevance in view of community needs and national policy and its sustainability. The evaluator conducted interviews and focus group discussions with Femme Plus management, staff, volunteers and partner organizations and conducted home visits to Femme Plus-selected beneficiaries. A total of 53 persons participated in the evaluation.

The efforts of Femme Plus with regards to raising awareness on HIV/AIDS, to advocating on behalf of PLHIV and to engaging PLHIV and their families through different activities have greatly contributed to the reintegration of PLHIV into their families and society. Beneficiaries

participating in the evaluation speak of their lives having value again and recovering their dignity. Staff and volunteers note a reduction in stigma and discrimination with people now coming to the organization for information and support rather than the organization having to identify and approach them first. Some PLHIV have been able to set up successful small businesses with credit provided by Femme Plus, while assistance with school fees has allowed children to stay in school. Using information gained from project activities, Femme Plus responds to challenges faced by PLHIV by lobbying key stakeholders for access to treatment, negotiating reduced fees at hospitals and seeking food aid for those on treatment. Staff and volunteers alike are motivated, proud of the organization and committed to its mission. Overall, the “Mitigation of Impact” project has brought services to areas where previously there were none, and staff work hard to reach beneficiaries despite financial and logistical challenges.

While an important outcome of the project has been the acceptance of positive living by PLHIV, there is some concern with regards to dependency. Despite the multiple needs, Femme Plus cannot respond to all of them and must be more selective of the types of activities it can engage in and how long beneficiaries can be supported. While the evaluator appreciates the challenge with regards to the lack of quality and affordable health care, it is recommended that Femme Plus continue its organizational focus on support and referral rather than expand into direct care or treatment, which would prove costly and not sustainable. Despite some success stories, many challenges remain with income-generating activities, and there is a need to better assess the activity selected by the beneficiary, their capacity to manage the activity and the ability of a family member to manage the activity on their behalf should the person fall ill. The organization should also review and standardize its selection criteria for OVC and to better document the outcomes of education support.

Despite the wealth of knowledge within the organization, more could be done to document lessons learned and the outcomes of different meetings while also improving the collection, analysis and reporting of qualitative data. Although the organization's focus on capacity building is well-appreciated by all, trainings are not sufficiently tailored to reflect people's roles, existing knowledge or capacity. Roles and job descriptions should also be reviewed to optimize the use of resources; and more visibility and support should be given to the newly identified staff responsible for mobilization of resources. While there is good knowledge among staff and volunteers of the objectives of the project, less well-known perhaps is the financial context of the project resulting in somewhat unrealistic expectations by some stakeholders of what the project can and should achieve.

With regards to sustainability, it is recommended that Femme Plus investigate how it can build on its existing experience in promoting the independence of PLHIV and structure support group meetings so as to render them more autonomous. Given the vastness of the project, Femme Plus should also review its geographic coverage and explore further decentralization of the community networks. Despite competition for limited resources, opportunities for better collaboration, more transparency and partnership among organizations working on the ground should be explored.

The upcoming strategic planning process in November 2009 will be an opportune time for Femme Plus to review and prioritize the recommendations detailed in this evaluation, identify persons responsible for taking the lead and costing the activities. It is also strongly encouraged that all partners supporting Femme Plus be actively involved in the process.

I. Introduction

A. Context

1. The Democratic Republic of Congo (DRC)

The Democratic Republic of Congo (DRC) is the third largest country in Africa with an estimated population of 68,6 million inhabitants, a population growth of 3,2% and a life expectancy of 54 years (Central Intelligence Agency, 2009). The DRC is also one of the world's poorest countries despite vast natural resources including minerals. After obtaining independence from Belgium in 1960, the country experienced more than thirty years of corruption and gradual social and economic collapse under the Mobutu regime followed by the outbreak of war in 1997 which became known as "Africa's world war" and involved numerous neighboring countries and rebel groups all vying for control over DRC's wealth. It is estimated that nearly 5 million died either as a direct or indirect result of conflict between 1997 and today. Presently, more than a million people continue to be displaced due to ongoing conflict in the east of the country where rape has been systematically used as a weapon of war.

2. HIV/AIDS in the Democratic Republic of Congo (DRC)

The HIV epidemic in DRC is a generalized one. HIV prevalence among adults aged 15-49 years is estimated at 4,1% by the National Program to Control AIDS and STI (PNLS) (Ministry of Health, Democratic Republic of Congo, 2008); heterosexual activity is the main mode of transmission. HIV prevalence is twice as high among young women aged 15-24 than young men in the same age group and twice as high among female military personnel compared to prevalence among their male counterparts (Weil, Garcia, & Marvard, 2009). HIV prevalence is

also highest in areas of the country and among groups most affected by conflict. Prevalence among survivors of sexual violence, for example, is 25.6% (Weil, Garcia, & Marvard, 2009). Numerous factors favor HIV transmission including low awareness (22% of people aged 15-59 are able to identify three methods of transmission), difficult living conditions, limited access to prevention services, promiscuity and population mobility (Programme Nationale Multisectoriel de Lutte contre le SIDA, Democratic Republic of Congo, 2009). There are also cultural barriers with regards to sexuality both within families and society as a whole. Even though 15% of girls and 21% of boys have had their first sexual encounter before the age of 15, many parents remain opposed to sex education (Programme Nationale Multisectoriel de Lutte contre le SIDA, Democratic Republic of Congo, 2009). Overall, HIV in the DRC today can be characterized as an epidemic that is increasingly young, female and rural.

3. National Response

The DRC was one of the first African countries to officially recognize HIV/AIDS in 1983, and the National Program to Control AIDS and STI (PNLS) was created in 1987 (Weil, Garcia, & Marvard, 2009). Several short and medium term plans to fight the epidemic were developed in the years that followed. In 2004, the National Multisectoral Program to Control AIDS and STI (PNMLS) was created by Presidential Decree. The national extension plan for access to antiretroviral drugs 2005-2009 in the framework of the 3 by 5 initiative was adopted in 2005, and a law protecting the rights of people living with HIV (PLHIV) and people affected by HIV was adopted in 2008 (Weil, Garcia, & Marvard, 2009). Combating HIV/AIDS is one of the pillars of the DRC's Poverty Reduction Strategy Paper and is also addressed in the donors' Country Assistance Framework (CAF) for the DRC (2007-2010). Last year the PNLS/Ministry of Health

released its National Strategic Plan for the Fight against HIV/AIDS 2008-2012 for the health sector, while the PNMLS's released its National Strategic Plan 2010-2014 Plan in August this year. Nearly all support for HIV/AIDS comes from external sources including the World Bank, the Global Fund to fight HIV/AIDS, Malaria and Tuberculosis, the United Nations, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and individual country donors.

Despite this, coverage of prevention, treatment and care services is still very low. Less than 600,000 people have been tested for HIV (Weil, Garcia, & Marvard, 2009), and condoms are not widely available. In 2008, only 5% of pregnant women had received HIV testing and counseling and services for Prevention of Mother to Child Transmission (PTMCT), and less than 2% of Orphans and Vulnerable Children (OVC) had access to care and support (Weil, Garcia, & Marvard, 2009). In 2007, 46,8% of donated blood was tested for HIV (Programme Nationale Multisectoriel de Lutte contre le SIDA, Democratic Republic of Congo, 2009). The existence of men who have sex with men is denied in the DRC (Weil, Garcia, & Marvard, 2009). An estimated 300,000 PLHIV are eligible for antiretroviral treatment (ART); however, in 2008 approximately 8% of those in need were receiving ART (Weil, Garcia, & Marvard, 2009).

B. Mitigation of Impact of HIV/AIDS in Kinshasa

1. Overview of Project

Phase I (2001-2004)

When Femme Plus began its project "Mitigation of Impact of HIV/AIDS in Kinshasa" in mid-2001, the capital had seen its population increase greatly with the influx of internally displaced persons from all over the country and the presence of foreign troops (some of them from countries with a high HIV prevalence). With the economy in ruin, the numbers of unemployed

rose steadily and more and more women and girls turned to sex work for survival. HIV prevalence in Kinshasa was estimated at 5.07% (today it is an estimated 1,9% according to PNLs/Ministry of Health figures).

In this context, Femme Plus approached CRS and Trócaire to fund a three year project with the goal *to preserve the human dignity and quality of life of individuals affected by HIV/AIDS, their families and their communities*. More specifically, the project aimed to provide access to information, counseling, psychosocial assistance and home based care to 3,000 PLHIV in Kinshasa and to raise awareness on HIV/AIDS and sexually transmitted infections (STI) to 6,000 students in 10 schools. Four centers were opened (Kingasani/St. Marc, Kisenso, Limete, Camp Kokolo). The role of each center is to identify and register PLHIV and OVC; provide psychosocial support through home visits, meetings and support groups; assist beneficiaries with income-generating activities and school fees; and raise awareness on HIV transmission. Each center is staffed by a manager/social assistant who supervises on average 8 activists. Each activist manages a community network supervising 2-3 volunteers. The centers are supervised by a director and technical assistant based at the national office, which also employs four social assistants (psychosocial support, income generating activities, advocacy & mobilization of resources, human resource management) and finance and administrative staff, some of whom are supported by Christian Aid through a separate project.

An evaluation of the project conducted in 2004 by CRS found that although the project achieved some very positive results, challenges remained with regard to the provision of quality psychosocial support (i.e. need for more trained activists/volunteers and improved supervision) and the provision of support for PLHIV and their families (food, medical care, school fees) given

their deteriorating socio-economic situation (Catholic Relief Services, 2004). The evaluation thus advocated for an integrated approach responding to the different needs of PLHIV and the establishment of Voluntary Counseling and Testing (VCT) to meet high demand (Catholic Relief Services, 2004).

Phase II (2005-2008)

Following the initial 3-year Phase I, and based on the results of the 2004 evaluation, CRS and Trocaire financed a second 3-year Phase II from 2005 to 2008. During this phase, Femme Plus opened a fifth center (Mikondo) in 2005, trained additional activists and volunteers and expanded into community-based VCT. The organization also linked with other organizations for access to antiretroviral treatment and food aid for beneficiaries. As for the school activities, it was decided to limit these to the distribution of IEC materials. The overall goal of the project had not changed since 2001. However, for phase 2, Femme Plus identified the following objectives:

Objective 1: The risk of HIV transmission is reduced through information and counseling of at least 5,000 PLHIV and their families in the city of Kinshasa;

Objective 2: The socio-economic impact of HIV/AIDS is alleviated for 5,000 PLHIV and OVC.

The total budget for phase II was USD 346,601; in addition, Trócaire provided an additional Euros 50,000 in 2008 to resume VCT services in Matete (which had since stopped) and expand income-generating activities. A mid-term evaluation by CRS of phase II again noted the challenges of meeting PLHIV's multiple needs and recommended that Femme Plus increase its income-generating activities, that centers be equipped with basic medicines and that the organization lobby WFP to continue food assistance for PLHIV on treatment (Tonda, 2007). It

was also recommended that Femme Plus link with health care facilities to negotiate lower fees for beneficiaries presenting opportunistic infections (OIs) and that management lobby with specialized institutions to increase access to antiretroviral treatment. Finally, the evaluation noted the need to introduce a small financial motivation for volunteers and to equip them with a small field kit to assist them in their work.

Phase III: the project today

Taking into account lessons learned from previous phases, the project entered its third phase in late 2008. Due to funding constraints, Femme Plus was forced to close two centers thus remaining with only one VCT (Matete). However, the organization was able to use some of its funding to start mobile VCT services in June 2009. As the project nears the end of the first year of phase III, it faces the additional challenge that CRS funding will not continue due to funding constraints.

2. Femme Plus

Femme Plus is a Congolese non-governmental organization that was founded in 1994 by four Congolese women. Its mission is “to render hope to persons living with HIV, to persons and families affected by AIDS and to women survivors of sexual violence.” The organization’s philosophy and activities focus on positive living. 80% of its beneficiaries are women. Femme Plus counts a network of more than two thousand activists and volunteers around the country. In addition to the national office in Kinshasa, there are provincial offices in Kinshasa, Goma, Kikwit, Bukavu, Kindu, Uvira and Kisangani. Femme Plus also works closely with, amongst others, Family Health International (FHI) and Christian Aid and manages a free national HIV/AIDS hotline in Kinshasa with support from the Centers for Disease Control (CDC).

3. Key Partners of the Project

Trócaire, the Irish Catholic Agency for Overseas Development, has been funding partners in the DRC since the late 1990s in the areas of emergency relief and recovery, peace building and HIV and AIDS. The organization opened its Kinshasa office in 2008. Catholic Relief Services (CRS), the official international humanitarian agency of the U.S. Catholic community, has been working in DRC since 1961 and currently works in the areas of community health, HIV and AIDS, justice and peace, agriculture, emergency response and education.

C. Evaluation of the Project

1. Purpose

Trócaire's involvement with phases I and II was limited to monitoring visits from its head office in Ireland. With the opening of a country office in 2008 and the creation of a new HIV prevention and care program, the organization wanted to conduct an evaluation of the project. The purpose of this evaluation has been to assess the effectiveness of the project in meeting its goal and objectives in mitigating the impact of HIV/AIDS among vulnerable populations in urban Kinshasa. The evaluation also looks at the operation and management of the project, its relevance in view of community needs and national policy, and its sustainability. However, the evaluation did not assess the quality of VCT services at this time. Value added from this evaluation is expected through lessons learned and recommendations as the project has moved into its third phase.

2. Methodology

This has been a participatory evaluation. The literature review included Femme Plus proposals, reports, evaluations, promotional literature and national policy documents. Qualitative data was collected through interviews and focus group discussions with Femme Plus senior management, staff and volunteers, beneficiaries and partners (53 persons in total). Consent to share names and HIV status was obtained from beneficiaries by Femme Plus staff prior to the evaluation; consent to participate in the evaluation was obtained from all interviewees and focus group participants prior to discussions. All interviews/focus group discussions were conducted in French and Lingala with the assistance of a translator. Quantitative data consists largely of secondary data collected by Femme Plus staff for quarterly monitoring purposes and for donor reporting.

The evaluation team met with senior management (2 persons), 2 partner organizations and 7 social assistants, including 3 heads of centers. Focus group discussions, which lasted nearly two hours, were held with 21 activists and volunteers and 10 beneficiaries. The 11 beneficiaries interviewed in their homes, two of whom were couples, were selected by Femme Plus as limited time, small sample size and the consent process did not allow for random selection. The evaluation team observed that nearly all beneficiaries visited were home owners with living conditions better than the average family in Kinshasa; however, this may be more a reflection of Femme Plus wishing to send the evaluator to easily accessible, “comfortable” and more secure surroundings rather than an actual representation of the typical beneficiary.

When asked, Femme Plus pointed out that this is also a reflection of the beneficiaries, i.e. those who agreed to participate in the evaluation were more independent and able and willing to receive the evaluation team in their homes. It should also be noted that due to security reasons, it

was not possible for the expatriate evaluator to visit Camp Kokolo beneficiaries and these four persons were interviewed by the assistant instead.

II. Findings

A. Achievements of the Project

1. Reduction of Risk of HIV transmission

1.1 Community sensitization

Femme Plus has used different vehicles to raise the awareness of the population, to prevent transmission and to reduce stigma and discrimination with regards to HIV/AIDS. This includes monthly behavior change and communication campaigns targeting schools, markets, churches and military camps and monthly VCT campaigns encouraging people to get tested either on site or at one of the centers. The organization has seen a steady increase in the demand for VCT services, especially mobile services, and staff sometimes run out of supplies. Some centers report not having the necessary materials such as megaphones, television and VCRs. Additionally, Femme Plus does not have condoms to distribute to clients given that this is not covered in the budget and it has not been able to obtain them from other organizations. Flyers produced by Femme Plus are currently in French only (though there are plans to develop Lingala ones) and use full text rather than images. Staff also visit government health centers and maternities to sensitize clients and encourage them to go for testing. A number of these facilities refer clients to Femme Plus. While in the past, Femme Plus had to go out into the community to identify and recruit beneficiaries, staff report that now people are approaching them for services.

It is no longer taboo to speak of HIV or to get tested. People are informed and ignorance has decreased. When the centers first opened, no one dared touch the walls; today, people are not afraid and, instead, visit the centers regularly for information, counseling and support.

1.2 Engaging PLHIV and their families

An important vehicle used by Femme Plus to reach community and family members is the “seminaire-dialogue,” a monthly meeting organized for PLHIV and their confidants (friends or family members in whom to confide) where they discuss topics such as nutrition, home based care and support, health and hygiene and family cohesion. Femme Plus also organizes monthly support group meetings for PLHIV. These take place at the centers and are facilitated by an activist or the head of the center. Initially the group discussed topics proposed by the national program; now Femme Plus has added topics based on problems identified during home visits. Participants include men, women, children and adolescents. Some groups ask for small financial contributions which are then used to support each other in case of need; however, this remains very informal and the groups are not structured as such (e.g. no management committee). For all meetings, participants are expected to fund their own transport to the center; they may be reimbursed by Femme Plus if funding is available.

Nearly all beneficiaries interviewed reported participating in at least one type of meeting on a regular basis. However, as noted earlier, given that all those interviewed were Femme Plus-selected beneficiaries, there is a potential bias with regards to the answers given. In the case of the seminaire dialogue, beneficiaries usually go with a son or daughter; younger PLHIV

Table 1. Summary of Results Achieved: Key Indicators (based on FP Annual Reports 2006-2008)

Objective of the Project	Indicator	Target	Achieved			Total/3 yrs	%
		per year 5 centers	2006	2007	2008		
1.The risk of HIV transmission is reduced through information and counseling of more than 5,000 PLHIV and their families in two districts of Kinshasa	Number of PLHIV/OVC recruited	660	623	527	467	1,617	82%
	Number of BCC campaigns	60	85	73	79	237	76%
	Number of VCT campaigns	24	19	25	30	74	97%
	Number of seminaire-dialogues (SD)	60	55	57	57	169	94%
	Number of parents/family members/SD	1,800	949	1,286	1,292	3,527	65%
	Number of support group meetings	60	52	59	60	171	95%
Note: Mikondo (all years) and Matete (2008) centers	Number of visitors for information, counseling and testing	3,000	3,011	3,039	Mikondo: 3,540	9,590	94%
					Matete: 7,385	7,385	-
	Number of persons tested	Mikondo: 1,800 Matete: 3,600	1,421	1,500	Mikondo: 1,738 Matete: 3,686	4,659 3,686	86% 102%
	Number of persons tested positive	-	145	156	Mikondo: 114 Matete: 177	415 177	-
	Number of clients referred for psychosocial assistance	-	161	152	Mikondo: 115 Matete: 137	428 137	-
	Number of clients tested whose partners came for testing		29	40	Mikondo: 75 Matete: 58	144 58	-

may go with a parent or care-giver. It seems that outside of the confidant, there is very little involvement of remaining family members in any Femme Plus activities. Several of the beneficiaries encountered do not want their remaining children or close relatives to know their status despite the fact that some of them are raising the orphans of siblings who died of AIDS.

Those beneficiaries attending support group meetings report high satisfaction with the opportunities for mutual sharing, comfort and learning; while among those who do not attend, reasons cited include fear of being recognized by a family member or friend, embarrassment, lack of time because of work or being too ill to go. Because of the constraints around organizing in a military camp and lack of confidentiality, it is especially difficult for beneficiaries from Camp Kokolo who have to travel outside of the camp for support group meetings.

Despite these challenges, an important outcome of the project has been the acceptance of positive living by PLHIV, of PLHIV feeling that their life has value again and that they have recovered their dignity. The efforts by Femme Plus have greatly contributed to the reintegration of PLHIV into their families and society.

2. Mitigating the socio-economic impact of HIV/AIDS

2.1 Psychosocial Support

Any one requesting or referred to Femme Plus for support is first visited by the team in their home during which a questionnaire is completed to assess the person's household characteristics, health status, socio-economic conditions, psychological well-being, relationship with the family and motivation for psychosocial support. Difficulties encountered by the team include refusal to participate and false addresses. The questionnaire is then reviewed by management who decide

whether or not to accept the person as a beneficiary in line with criteria such as the person's status, acceptance to live positively and degree of vulnerability.

The organization aims to balance its support to 60% PLHIV and 40% OVC (some of whom are HIV positive). Overall, anywhere from 60-80% of applicants are retained as beneficiaries. A few years ago Femme Plus decided to sign a time bound contract with beneficiaries outlining the support that would be provided. It is not clear, however, how many staff are actually aware of these contracts or whether these are respected. Some beneficiaries interviewed have been supported by Femme Plus since 2001, while activists and volunteers interviewed deny the existence of a contract and instead speak of an engagement with beneficiaries "for life."

Home visits conducted by the Femme Plus team may be as frequent as once a week (in addition to phone contact if necessary) or once every three months. Most beneficiaries interviewed reported having contact with Femme Plus at least once a week not counting meetings at the centers. The team plans meetings at the beginning of the week based on the person's file (i.e. situation during last visit, complications) although ill beneficiaries and new cases are considered priorities for home visits. A form is completed by the team after each visit.

Activists and volunteers report a number of challenges with home visits. The main challenge is access to beneficiaries, many of whom live far from the centers and in areas difficult to access other than on foot. An area covered by a community network (activist and 2-3 volunteers) can be quite dispersed and the team has to organize its own transport, which is difficult given the size, road conditions and lack of reliable public transport in Kinshasa. Access is especially challenging for the Camp Kokolo team who are expected to cover eight military and police camps spread over the city. The Femme Plus team at all levels report the difficult conditions in

which the majority of beneficiaries find themselves and the expectation of assistance. Some staff report discomfort at not having any material support to give beneficiaries and sometimes buying something out of their own pocket. One staff member pointed out people's high expectations and the dependency created. Access to food for those beneficiaries on antiretroviral treatment was a commonly reported challenge.

2.2 Medical care

Although not initially planned in the project design, medical care has always been and continues to be a challenge for the project today. Despite Femme Plus equipping its centers with a small dispensary, recruiting medical personnel to volunteer their services and negotiating reduced fees with hospitals for the treatment of opportunistic infections, problems related to poor health, inability to pay medical bills and transporting emergency cases to hospital are reported as a huge constraint by members of the team and beneficiaries alike. Some beneficiaries also mentioned having experienced an interruption in their ARV treatment due to stock shortages; however, this is external to the project as Femme Plus does not prescribe ARVs.

Across the board, staff and beneficiaries requested that Femme Plus be equipped with an ambulance and that the organization have its own center to do CD4 testing, exams and prescribe ARV for its beneficiaries. This would ensure a continuous supply of ARV and reduce the time and cost involved for beneficiaries, while allowing staff to provide a comprehensive package of services to beneficiaries and respond quickly to urgent cases. There was also the general feeling that, given the relationship of trust that exists between Femme Plus and its beneficiaries, having to refer people elsewhere for such critical services leaves the organization without proper

Table 2. Summary of Results Achieved: Key Indicators (based on FP Annual Reports 2006-2008)

Objective of the Project	Indicator	Target per year 5 centers	Achieved			Total	%
			2006	2007	2008		
2. The socio-economic impact of HIV/AIDS is alleviated for 5,000 PLHIV and OVC	Number of home visits	1440	1,343 visits -13,000 pers.	1,412 visits -11,970 pers.	1,432 visits -11,820 pers.	4,187	103%
	Number of medical consultations at the centers	96	55 -1,311 consulted -1,027 treated	97 -1,273 consulted -660 treated	151 -1,038 consulted - 990 treated	303	105%
	Number of PLHIV transferred to hospitals	1,200	290	124	134	548	15%
	Number of OVC supported with school fees	100	24	147	63	234	5
	Number of PLHIV supported with income generating activities	-	67	116	133	316	-
	Number of PLHIV on ARV	-	562	790	836	-	-
	Number of PLHIV deceased	-	136	107	63 -30 on ARV	-	-

information on its clients and leaves clients open to discrimination and poor treatment. Additionally, it was requested that the project increase its budget for the purchase of medicine, especially to treat malaria, OIs and complicated conditions.

Following discussions with the military authorities, the Camp Kokolo team was able to negotiate that all Femme Plus beneficiaries, civilian or military, in need of medical care be treated for free at the military hospital (medicine and food must be paid however). Although this is commendable, it has resulted in an increased demand and use of services by beneficiaries, leaving the organization with high medical bills which it does not have the resources to pay.

2.3 Orphans and Vulnerable Children (OVC)

The primary support provided by Femme Plus to OVC is with regard to school fees and the provision of school kits (books, materials, uniform). Staff link with school principals to negotiate reduced school fees and to monitor the child's progress. Most support goes to primary school students, followed by secondary school and vocational training. This has allowed OVC to be reintegrated into school and a number of children have graduated and gone on to college. Due to funding constraints, however, this support has dwindled over the years with fewer and fewer OVC being able to benefit from assistance. The organization currently uses broad selection criteria such as being a PLHIV or person affected by HIV, vulnerability of the family and the child's desire to study. Given that the number of children meeting these criteria outnumbers the resources available, it is not clear on what basis decisions are taken.

Among those beneficiaries interviewed who had received assistance with school fees, it was difficult to assess whether this support has been continuous or consistent with some people pointing out that there had been semesters where they had to intervene to pay fees as Femme

Plus had not been able to. There is also no clear data on the number of children who have had to stop school due to the loss of support. Among beneficiaries who are raising orphaned family members in addition to their own children, it was also difficult to assess which children are schooled and whether this is due to Femme Plus support or paid for by their families. Some beneficiaries report difficulties meeting the constant demands of “unofficial” payments at universities; one widow asked whether Femme Plus could support at least one child to attend university or formal training as future head of household.

If OVC are HIV positive, then they and their families may benefit from psychosocial support, meetings and income generating activities. However, with the exception of assistance with school fees, there are currently no plans within the project or the organization to provide any other direct support to OVC living in AIDS-affected households (for example, counseling, planning, memory books) nor are there any links with organizations that may do so. In a few cases where a separated or widowed beneficiary has passed away, Femme Plus staff have tried to reunite her children with their fathers or relatives and, when this was not possible, have arranged for the children to go to a foster home or orphanage.

2.4 Income Generating Activities (IGA)

Since expanding its support into the creation of IGA, FP has gradually increased the number of beneficiaries benefitting from credit and training with the aim to render PLHIV and OVC families more independent. Individuals are selected based on specific criteria and given USD 100-150 credit and training on small business management. Beneficiaries are expected to reimburse approximately 2/3 of the credit to Femme Plus who places these funds in a savings account either at a cooperative or a local bank. On the basis of these savings, beneficiaries can

then obtain a second and third line of credit. At the moment, Femme Plus only manages individual IGAs and not group IGAs.

Although the potential of IGA is well-appreciated by staff and beneficiaries with many recommending that more be invested in this activity so that more people can become autonomous and beneficiaries can obtain higher levels of credit, there are numerous challenges to its successful implementation and any consequent impact on beneficiaries. These include a need to better assess the activity selected by the beneficiary, that person's capacity to manage the activity and whether there is any one in the family available to manage the activity on their behalf should the person fall ill. Femme Plus team members and beneficiaries alike report people failing with their business because it was physically too difficult to manage or because they fell ill and there was no one else to take over. Earnings are often completely consumed by medical bills and school fees. Some beneficiaries also report a lack of interest or capacity to manage a small business and a preference for stable employment.

It is difficult to fully grasp how the reimbursement is managed as beneficiaries did not seem clear as to whether they are reimbursing Femme Plus or managing a savings account. It also seems that several different offices are involved in the process thus compounding the confusion. For example, credit may be given by one center, training is organized by the national office and reimbursement is done via another center. While there are some success stories among beneficiaries, this has not been sufficiently documented.

In the past year Femme Plus management has undertaken some work to improve the selection criteria, accompaniment and monitoring of IGA beneficiaries. However, outcomes have yet to appear in monitoring reports nor could they be properly assessed at this time. In the coming

months, Femme Plus plans to conduct an in depth market study on IGA for PLHIV, which will address some of the issues noted above.

2.5 Advocacy

The main focus of Femme Plus's advocacy work is with regard to access to antiretroviral treatment, and Femme Plus was a key participant in a national march organized in November 2007 to launch a national advocacy campaign to protest unequal access to ARVs in DRC. Femme Plus continues to lobby government authorities, the military, service providers and donors to facilitate access to ARV and offer medical treatment to its beneficiaries for free or at reduced fees. The organization has also lobbied the World Food Program (WFP) to continue its food aid for people on treatment.

2.6 Other support

Whenever possible, the organization tries to provide food aid and material support to vulnerable beneficiaries although this is very sporadic. The project budget does not really allow for such expenses, so Femme Plus depends on other donors for this. WFP used to provide food aid to beneficiaries on treatment but this stopped two to three years ago. Funeral expenses are very high in DRC, and this is a big problem for poor beneficiaries, especially military women many of whom are in Kinshasa on their own.

B. Operation and Management

1. Staff roles, motivation and participation

Femme Plus staff, activists and volunteers encountered are generally very dedicated and motivated about their work with the organization. Some have been with the organization for

years and have had the opportunity to be promoted (volunteer to activist, activist to head of center...). A number of activists and volunteers are also beneficiaries. All those who participated in the evaluation are well-informed with regards to the mission of Femme Plus and the objectives of the project. They are proud of the organization for its pioneering work in psychosocial support, for its strong commitment to PLHIV, for building staff capacity and for the opportunities people have to share their concerns and contribute. Most cited a spirit of volunteerism and wanting to help others as the reasons for joining Femme Plus; some mentioned the experience and knowledge they have gained over the years as a reason for staying despite low salaries. The job market has become increasingly competitive, and the difficulty to recruit, train and retain qualified personnel is recognized by management.

While reporting lines are clear, there is some confusion among paid staff, activists and volunteers as to whether job descriptions exist (they do). At times staff have been promoted or moved to new positions but without sufficient orientation or training. There are also conflicting reports as to whether volunteers are expected to work one or three days a week or whether this depends simply on their availability; activists work three days. Together activists and volunteers conduct home visits in their area, sometimes with a head of center, and follow up anywhere from forty to eighty PLHIV and OVC beneficiaries.

The main difference between activists and the volunteers they supervise is that activists are responsible for completing reports for the center. Although criteria for recruitment of activists and volunteers exist on paper, it is questionable whether this is applied in practice. Activists receive a fixed amount of approximately USD 50 a month to assist with transportation;

volunteers get reimbursed for transport based on actual expense. Both groups have requested that their financial motivation be increased.

A common request by staff, activists and volunteers alike is for Femme Plus to cover their medical expenses as this is currently not the case. Some staff also mentioned that their work is difficult, that working conditions are challenging (not enough space, no computers, no means of transport) and that workloads have increased following the closure of two centers and the follow up of some of those beneficiaries. Some centers have been supplied with necessary equipment but there is a fear that this will be stolen or disappear when used during outreach. Several of the centers also experience regular power cuts.

There are several meetings organized each month between different actors within the organization. While these provide an important opportunity for staff to discuss activities, individual beneficiaries and difficulties encountered, they do not seem to address overall project progress as such, especially the qualitative as opposed to quantitative aspects. While generally knowledge of project objectives was high among those interviewed, there is much less comprehension with regards to the project's context and future including its limitations. Recent funding cuts and reduced activities are seen more as the result of the donors' displeasure or disinterest with the project rather than the reality of cuts due to the global financial crisis and the need to be more strategic.

2. Knowledge and learning

Staff, activists and volunteers across the board have accessed training on all aspects of psychosocial support, counseling, home based care, following up PLHIV on ARV and the management of income generating activities. Refresher training is also provided. Some staff

have received training on support group facilitation and VCT counselor training. Most training is conducted in house with the support of external trainers from PNMLS and NGOs. In addition, FP has also benefitted from ongoing capacity building support by Family Health International (FHI) with regards to organizational management.

Staff cited the training they have received as not only a great learning experience but also a key motivating factor in their work with Femme Plus. They are comfortable providing psychosocial support to beneficiaries and share their knowledge on HIV/AIDS with their own families. On the other hand, some mid-level management staff report that they lack job-specific training including mobilization of resources, donor liaison and human resource management. It also seems that every one participates in the same trainings and that these are not necessarily adjusted depending on people's roles within the organization, existing knowledge or capacity. One challenge with sending staff to trainings and workshops outside of the country is that most don't have passports and these are difficult and expensive to obtain.

There is a great deal of knowledge and experience within Femme Plus, but it is not sufficiently documented. While the organization undertakes much effort in ensuring there are opportunities for staff to meet and exchange, more could be done to document the outcomes of these meetings and to involve staff and beneficiaries in qualitative assessments, case studies and lessons learned. Several staff noted their appreciation for participating in this evaluation as it was the first time they had met a donor and were asked to comment on the project's achievements.

3. Monitoring and Evaluation

The main tools used by the project for monitoring and evaluation are supervisory visits by the national office team (director, technical assistant, social assistants) to the centers and community

networks and staff meetings. Heads of centers supervise the community networks, organize meetings with activists and volunteers and conduct home visits. Since the project began in 2001, two evaluations have been conducted by CRS staff.

Monthly information is collected by the heads of center and sent to the technical assistant at the national office for verification. All reports are currently written manually at center level and it is the technical assistant's responsibility to computerize the data, to analyze the results and present a report to the director. The technical assistant also prepares the quarterly and annual monitoring reports to be sent to Trócaire and CRS. In the past, monthly reports from the centers were shared with the four social assistants based at the national office for initial review and comments, though it seems that this is no longer the practice and that they receive the final reports from the technical assistant instead.

There is not a central repository at the moment for data storage. Data is largely kept on the technical assistant's computer, and the system as it currently exists does not allow easy retrieval of project data. Data from phase I, for example, has been lost due to virus problems and insufficient back up.

The monitoring reports submitted by Femme Plus are largely based on quantitative data with much focus on outputs (number of activities, number of participants, number of visitors, etc.). However, qualitative indicators and data analysis remain quite weak. Given the wealth of information and experience within the organization, the way information is collected, analyzed and presented should be strengthened. This includes further breaking down data to more accurately represent results; for example, as seen in tables 1 and 2 on pages 19 and 23, respectively, consultations and visits are counted aggregately rather than per person.

C. Sustainability

1. Relevance of the project

Femme Plus was among the first organizations in DRC to do community-based VCT, to promote positive living and to provide psychosocial support and continues to be recognized nationally and internationally for its work. The organization's strategies with regard to prevention, care and support as well as social mobilization are in line with national policy, including the Ministry of Health's National Plan 2008-2012 and the recently released 2010-2014 Plan of the Multisectoral Program. In Kinshasa, the "mitigation of impact" project has brought services to areas where previously there were none, and project staff continue to reach new beneficiaries despite financial and logistical challenges. In response to the high prevalence of HIV among women survivors of sexual violence, Femme Plus has responded as an organization by including women survivors as a target group. The organization is well-respected by partners for its role in advocating on behalf of PLHIV across the country.

Given the high levels of poverty in urban Kinshasa, the continuous demands of an ever growing number of beneficiaries and the current inability of the public system to comprehensively respond to the needs of PLHIV, the Femme Plus project and the strategies used continue to be relevant. However, rather than chase new opportunities such as expanding its medical coverage, the organization should reinforce its existing structures and focus on what it does best.

2. Partnership

Overall, Femme Plus has a positive relationship with its partners, which is demonstrated by its long standing funding relationships with a number of organizations and its participation in a

number of national task forces. Project staff have built a strong partnership with the hospitals and health centers to whom Femme Plus refers its beneficiaries and who refer clients to Femme Plus in return. They have also worked hard to establish good working relationships with the military hierarchy and community leaders. Partner meetings are usually organized on a monthly basis and invitees include the head of the commune or his representative, the head of the health zone and other NGOs working in the area.

While it was not possible to assess the exact participants, frequency or agenda of these meetings, it provides an important opportunity for organizations to be informed of each other's activities, to coordinate and to refer beneficiaries if necessary. One topic that was mentioned by Femme Plus a few times is the problem of beneficiaries registering with several organizations for services, sometimes using false names, and thus meetings are often about how to address this duplication. Some new community-based NGOs have also lured Femme Plus beneficiaries with promises of better support and financial assistance, but this has never surmounted to anything and beneficiaries eventually return to Femme Plus.

While opportunities for better collaboration, more transparency and partnership among organizations working on the ground should be further explored and encouraged, it should also be recognized that this is difficult in the current context given the multiple needs, the difficult operating environment for local organizations and the increasing competition for limited resources.

3. Funding

The issue of funding is a critical one for the project today. As of late 2009, Trócaire is the project's only donor and unless additional funding is obtained, it will be difficult for Femme Plus

to maintain its current number of centers, activities and beneficiaries. This also needs to be clearly communicated by senior management to project staff, some of whom believe that Trócaire is stopping its funding and that the project will have to close, while others envision a project that should expand geographically (i.e. more centers and more beneficiaries) and programmatically (i.e. IGA, school fees and medical care) all of which demands more resources. While the decision to appoint a long serving staff member as assistant in charge of resource mobilization is a positive one, more support should be given to this person to build their capacity in fund raising and to engage them in discussions with donors. This would also allow Femme Plus to map existing donors interested in supporting HIV work in Kinshasa and to be informed and prepared when funding opportunities or deadlines arise.

4. The way forward

The project as it exists today continues to respond to an important need with regards to reducing the risk of HIV transmission, mitigating the socio-economic impact of HIV/AIDS and encouraging PLHIV to live positively and value their lives again. However, given the changing context in DRC (an increasing “ruralization” of the pandemic, increased competition for funding, reduced funding available for the project), it is important for Femme Plus to capitalize on its experiences and lessons learned and engage in a strategic planning process with its stakeholders to identify the organization’s strengths, weaknesses, opportunities and threats.

Despite the multiple needs of its beneficiaries, Femme Plus cannot respond to all of them and the organization must be more selective of the types of activities it can engage in and how long beneficiaries can be supported. Femme Plus must investigate how it can build on its existing

experience in promoting the independence of PLHIV and give people the technical and organizational skills to render them more autonomous.

When asked about a long term vision for the organization, nearly all staff, activists and volunteers raised the idea of building a center which could temporarily house PLHIV who have been abandoned or rejected from their homes, provide medical care, provide nutritional support for those with low Body Mass Index (BMI) and assist with the search for employment. This would be a very costly intervention to build and maintain, demand would far outnumber capacity and there is a risk that it would increase participating PLHIVs' dependency on the organization.

Femme Plus has planned its strategic planning process for October 2009. This would be an opportune time to conduct a SWOT analysis of the organization and to address some of the issues that have been raised in this evaluation.

III. Recommendations

These recommendations are based on the findings of the evaluation team following in-depth discussions with Femme Plus staff, volunteers, partners and beneficiaries as well as Trócaire's more direct engagement with Femme Plus the past two years. Given current funding constraints, not only for the project but also for the national office, the evaluator appreciates that it may be difficult for Femme Plus to fully adopt and implement some of the recommendations notably those that require a financial investment.

On the other hand, many of the recommendations can be implemented at no cost at all but demand, instead, that the organization review its mode of operation, existing tools and the roles and involvement of staff and beneficiaries. The upcoming strategic planning process will be an

opportune time for Femme Plus to review and prioritize these recommendations, identify persons responsible for taking the lead and costing the activities, whenever necessary. It is also strongly encouraged that all partners supporting Femme Plus be actively involved in the process and identify ways to strengthen their communication and cooperation, for example through joint planning, implementation and monitoring activities.

Sensitization

- Strengthen the capacity of the centers to do community sensitization by supplying them with necessary equipment;
- Produce IEC materials in Lingala and investigate the possibility of integrating more images and less text for low literacy beneficiaries;
- Use data from VCT services to design the messages and to better identify the target groups for behavior change communication and VCT sensitization;
- Explore ways to encourage more men and, especially, partners to be engaged by exploring models such as family VCT;
- Conduct a separate evaluation of the VCT component of the project.

Engaging PLHIV and their families

- Explore the feasibility of involving close family members other than confidants in activities; relying on a young son or daughter to be the sole confidant may place them under much stress when the parent falls ill or passes away;
- Assess and document the qualitative outcomes of different meetings;

- Explore whether support group meetings could be organized for child and adolescent PLHIV instead of having them participate in groups with adults;
- Explore whether the different meetings organized each month at the centers could be combined, decentralized or rescheduled to accommodate those beneficiaries who work and to minimize travel for beneficiaries given the time and cost involved.

Psychosocial support

- Review the criteria for beneficiary recruitment, especially how vulnerability is defined as this is currently quite broad and open to individual interpretation;
- Review on what basis contracts with beneficiaries are established, explore perhaps a less formal means of engagement with beneficiaries and ensure that all those concerned are properly informed;
- Explore the possibility of phasing out beneficiaries after a given time; for example, encourage long term participation in support group and other meetings and encourage long standing beneficiaries to support new members but build in clear targets with regard to home visits, income-generating activities, school fees and other support;
- Establish links with organizations working in urban horticulture including Action against Hunger who are developing tools and activities to improve food security for PLHIV;
- Investigate the issue of beneficiary dependency and expectations and address this also with all staff and beneficiaries;
- Rather than completing a standard form following each home visit, focus more on monitoring progress and qualitative outcomes using the initial targets set as a basis;

- In the case of concordant couples, ensure that both people are given the opportunity to participate in services and that the needs of one do not overshadow the needs of the other.

Medical care

- Continue organizational focus on support and referral rather than direct care or treatment;
- Rather than expand further into medical care as an organization, continue instead to lobby institutions for improved access to care and reinforce the partnership with existing organizations and service providers;
- For specific needs such as an ambulance, approach donors such as embassies for a possible donation.
- Reassess the increased referral of beneficiaries for free medical care at the military hospital at Camp Kokolo given the inability of Femme Plus to meet the high cost of medicine and food.

Orphans and Vulnerable Children (OVC)

- Review and standardize selection criteria;
- Document the outcomes of education support including number of children who drop out of school due to a loss of Femme Plus support, schooling of orphaned children, consistency of school fee payments, reasons for dropping out or failing school;
- Whenever possible, strengthen linkages with other organizations providing OVC support;
- Consider assigning one social assistant and a small team to follow up only OVC beneficiaries and redesign support provided (e.g. home visits, counseling, support group meetings) to respond particularly to their needs;

Income Generating Activities

- Ensure that recent tools developed by Femme Plus to help with the recruitment, training, accompaniment and monitoring of IGA beneficiaries are applied and shared with staff;
- Ensure beneficiaries are clear on whether reimbursements to Femme Plus are managed as savings accounts or loan repayments;
- Explore the possibility of group IGAs;
- Conduct an in depth market study on IGA with the assistance of an external consultant with expertise in this domain and context and follow up with formal training for Femme Plus staff on how to manage IGA.

Staff roles, motivation and participation

- Seek ways to retain and duplicate the spirit of volunteerism and motivation which currently exists across the organization;
- Ensure people are familiar with their job descriptions;
- Review roles and job descriptions to optimize use of resources as the main tasks identified for social assistants, heads of centers, activists and volunteers are largely the same despite hierarchical and remunerative differences;
- Review communication channels and consider monthly meetings with key staff to engage them in not only technical but also administrative, financial and fundraising issues, including a greater focus on project progress and prioritization;
- Engage key staff in budget planning;
- Ensure that budgets include fixed costs such as medical care for paid staff;
- Review the current practice of providing fixed allowances for some but not others.

Knowledge and Learning

- Explore how to better document and market the wealth of knowledge and experience that exists within the organization;
- Review how trainings are organized and aim to tailor training to staff needs, responsibilities and capacity;
- As recommended by staff, identify and train (TOT) in house trainers rather than continuing to depend on external trainers for all staff training;
- Strengthen links and exchanges with the provincial office in Kinshasa who is implementing a similar project in the east of Kinshasa and capitalize on its experiences especially with regard to IGA;
- Donors supporting Femme Plus should aim to coordinate their support to the organization and schedule opportunities to exchange on project design, implementation and M&E;

Monitoring and Evaluation

- Integrate more qualitative indicators and strengthen data analysis;
- Further break down quantitative data (e.g. number of home visits per person per year instead of total cumulative home visits for all beneficiaries) to allow for better analysis;
- Review the role and participation of all social assistants in the M&E process;
- Consider assigning a staff person to assist the Technical Assistant with the computerization of data and develop a database with regular back up of data.

Sustainability

- Structure support group meetings so as to render them more autonomous and sustainable and investigate whether they could manage savings and credit activities for members;
- Build on the existing experience in promoting the independence of PLHIV and give people the technical and organizational skills to render them more autonomous;
- Given the vastness of the project, review geographic coverage and explore further decentralization of the community networks and location of activists and volunteers;
- As part of the upcoming strategic planning process, define more clearly the structure and resources of the national office and the potential constraints it faces in directly implementing projects in addition to fulfilling its role as a national coordinating body for all provinces;
- Market Femme Plus expertise to provide consultancy services or training to other organizations as a way to also raise unrestricted funding;
- Strengthen efforts to mobilize resources and networking.

IV. Conclusion

Femme Plus should be commended for its steadfast commitment to its mission of “rendering hope to persons living with HIV, to persons and families affected by AIDS and to women survivors of sexual violence” since the organization was created in 1994 and for instilling and retaining this commitment among its staff and volunteers. From the grassroots level up to senior

management, people working with Femme Plus believe in what they do and clearly have good knowledge of the organization's mission, the "Mitigation of Impact" project and its objectives.

Less well-known, perhaps, is the context in which the project finds itself today (less funding, more competition, donor interests) resulting in somewhat unrealistic expectations by some stakeholders of what the project can and should achieve. A certain level of dependency both on the part of Femme Plus vis à vis its donors and on the part of beneficiaries vis à vis Femme Plus has also developed over the years.

One of the project's key achievements has been the adoption of positive living among its beneficiaries and the reintegration of PLHIV into their families and communities, which has been further strengthened by Femme Plus' ability to speak on behalf of PLHIV and to advocate for the right to treatment, to positive living and to a reduction in stigma and discrimination. This highlights the need for the organization to remain focused on what it does best, i.e. psychosocial support, and to aim to be at the forefront of this area of work rather than chase new opportunities. Given the high levels of need, it is impossible for one organization to address them all hence the need for Femme Plus to explore innovative ways to assess, document and improve its work while actively seeking partnerships with institutions and organizations for those needs it cannot cover. Finally, the organization should explore how best to maintain the motivation and commitment of one of its most valuable assets, its staff and volunteers, allowing for more opportunities to learn and exchange, to partake in decision-making and to be rewarded accordingly.

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VI. Annexes : Questionnaires and Guidelines

Interview Questions Femme Plus Senior Management

Introduction, objectives of the evaluation, consent

1. How does Femme Plus contribute to government policy with regard to HIV/AIDS?
2. How does Femme Plus complement existing HIV/AIDS services in Kinshasa?
3. Do you believe your organization's objectives are relevant and appropriate to the needs?
4. How has Femme Plus addressed the gender dimension of HIV/AIDS?
5. What would you say is the impact of the work of Femme Plus? Any unexpected impact?
6. Please describe your M&E process. What system do you use? How does it contribute to project results?
7. How does your organizational structure support project implementation, i.e. what opportunities are there for staff participation in project development, quality improvement, learning?
8. How would you describe your relationship with donors including Trocaire and Catholic Relief Services? Other partner organizations?
9. Are there any particular challenges or constraints with regard to:
 - a. the political climate, including availability of resources, regarding HIV/AIDS in DRC
 - b. achieving project objectives or project improvement
 - c. your own operating environment
10. Looking back at the last three years, are there any particular lessons learned, best practices or recommendations you'd like to highlight?
11. Where do you see Femme Plus five years from now?

Interview Questions Partner Organizations

Introduction, objectives of the evaluation, consent

12. How does Femme Plus contribute to government policy with regard to HIV/AIDS?
13. How does Femme Plus complement existing HIV/AIDS services in Kinshasa?
14. What would you say is the impact of the work of Femme Plus? Any unexpected impact?
15. How would you describe Femme Plus' relationship with partner organizations such as yourselves?
16. Where do you see an organization such as Femme Plus five years from now in terms of
 - Support from donors such as Global Fund, USAID other
 - The type of work they are doing (for example, anything they are not currently doing but should?)
 - Sustainability

Interview Questions
Femme Plus Head of Center (Manager of Center)

Introduction, objectives of the evaluation, consent

17. How long have you worked with Femme Plus? In your current position?
18. Do you think the objectives of the Femme Plus project meet the needs? Any gaps/unmet needs?
19. What would you say is the impact of the work of Femme Plus? Any unexpected impact?
20. Looking back at the past three years, please identify 3 key achievements of the project you are particularly proud of and why?
21. Can you think of any constraints or obstacles to the project's success or achievements?
22. How would you describe your relationship
 - a. with the community/community leaders
 - b. places of referral
 - c. other organizations or networks working in the community
23. Please describe briefly any training or capacity building opportunities you have participated in over the last three years and identify 3 key items you learned and apply in your daily work.
24. Would you say you receive the support needed from Femme Plus for you to properly implement the project? Are there opportunities for participation/input?
25. Are there any recommendations you would like to make to improve the project?

Focus Group Discussion Guidelines

Femme Plus Activistes and Volunteers

Introduction, objectives of the evaluation, consent

1. Do you think the objectives of the Femme Plus project meet needs? Any gaps/unmet needs?
2. Looking back at the past three years, please identify 3 key achievements of the project you are particularly proud of and why?
3. Can you think of any constraints or obstacles to the project's success or achievements?
4. How would you describe the relationship with the community? Do you receive any support from community leaders? What are community strengths? Community weaknesses?
5. What have you personally learned from your work with Femme Plus that you use in your daily work and life?
6. Are there any recommendations you would like to make to improve the project?

Focus Group Discussion Guidelines

Support Group Members

Introduction, objectives of the evaluation, consent

26. In your opinion, what impact is HIV/AIDS having on your community?

27. Please describe the impact the work of Femme Plus is having

- a. On you
- b. On people infected and affected by HIV/AIDS?
- c. Your community

28. Can you think of any constraints or obstacles to the project's success or achievements?

29. What have you personally learned from your participation in this support group?

30. What opportunities, if any, have you as beneficiaries had in contributing to how the project is developed and implemented?

31. Are there any recommendations you would like to make to improve the project?

Interview Questionnaire
Femme Plus Beneficiaries

Introduction, objectives of the evaluation, consent

1. Sex: M F 2. Age: _____

3. Marital status: single common law marriage married separated/divorced
 widowed

4. Status in the family: head of household household member

5. If head of household, number of people at your charge: _____

6. If adult, number of living children: _____

7. Residential status: owner renter lodging (staying w friends/relatives)

8. If adult, years of schooling: _____

9. If interviewee is an adolescent: are you in school now? yes no

 If yes, grade: _____ If no, years of schooling: _____

10. Occupation: none housewife small business/trader salaried
 other (define: _____)

11. Do you grow your own food (vegetable garden, plot of land) and/or raise any animals:
 yes no

 If yes, please describe _____

12. What is your household's situation with regard to food intake?
- a. The household is able to feed itself sufficiently ____
 - b. Each household member is able to eat at least one meal a day ____
 - c. The household is not able to guarantee one meal per day to all members ____

13. How did you first hear of Femme Plus?

14. How long have you participated in this project?

15. Can you briefly describe what you have personally learned in this project?

16. Can you briefly describe the services that you have been provided or support that you have received from Femme Plus (*note: VCT, medical support, psychosocial support, food support, school fees, credit/training for income generating activities, transportation, seminar, community network, other*).

17. Are you satisfied with the services received? __yes __no __ don't know __no answer

18. On average, how frequently do you have contact with Femme Plus staff:

- __ at least once a week
- __ at least 2 times per month
- __ at least once every 3-4 months
- __ at least once per year
- __ rarely/never

19. Do you have any family members or friends who are also involved in Femme Plus activities? yes no don't know no answer

20. If yes, how? _____

21. Have you ever referred any one to Femme Plus?

yes no don't know no answer

22. Has Femme Plus ever referred you to a hospital, health center, organization or network? yes no don't know no answer n/a

23. If yes, did you go and obtain the necessary service?

yes no don't know no answer

24. Do you participate in a support group at Femme Plus?

yes no don't know no answer n/a

25. If yes, what have you personally learned from this experience?

26. If no, what has prevented you from going?

27. Are you on ARV at the moment? yes no don't know no answer n/a

28. Have you ever received credit from Femme Plus?

yes no don't know no answer n/a

29. If yes, can you describe how much you received, how you used this credit and what difference, if any, it has made to your life?

30. Are you currently participating in a savings scheme managed by Femme Plus?

yes no don't know no answer n/a

31. Any comments on this scheme?

32. Do you think your involvement with Femme Plus has made a difference in your life?

yes no don't know no answer

33. If yes, how?

34. If no, why not?

35. Do you think that the work Femme Plus is doing is having any impact in your community with regard to HIV/AIDS?

yes no don't know no answer

36. If yes, please describe how.

37. If no, why not?

38. Briefly describe any recommendations you have on how the project could be improved?

Thank you for your collaboration!