



Sales force preparing points of sale creation activities, Province of Kinshasa

**Advancing Social Marketing for Health in the Democratic Republic of Congo
Task Order # GHH-I-05-07-00062-00**

**Programmatic Annual Report
October 2009 – September 2010**

**Submitted by:
Population Services International (PSI) / Association de Sante Familiale (ASF)**

October 30, 2010



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I. Executive Summary

Organization: Population Services International (PSI)/Association de Santé Familiale (ASF)

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Program Title: Advancing Social Marketing for Health in the Democratic Republic of Congo

Agreement number: GHH-I-05-07-00062-00 #5

Country: Democratic Republic of Congo

Time period: October 2009 – September 2010 (FY10)

Program Goal: To improve the health status of the people of the Democratic Republic of the Congo.

Program Purpose: To expand and build upon the achievements of USAID's previous social marketing programs in DRC by increasing the effective use of health products, services, and healthier behaviors in the areas of HIV/AIDS/STI, family planning and reproductive health (FP/RH), maternal and child health (MCH) and water and sanitation.

Program Objectives: The proposed program has four main objectives:

1. Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.
2. Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.
3. Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.
4. Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the Government of Democratic Republic of Congo, other United States Government (USG), and non-USG partners.

Key success:

1. At the beginning of the project, all documents related to project implementation were submitted to USAID. FY10 Budget and work plan were approved.
2. All provincial leaders supervising USAID health zones were briefed on and involved in project planning and implementation strategies and process.
3. All activities for project design, implementation, monitoring and coordination were conducted in an integrated manner among domains of interventions (HIV, FP, MCH and Water & Sanitation).
4. Regular technical meetings with the COTR and USAID DRC teams were held and successfully contributed successfully in the project implementation and follow up.

5. All technical and financial quarterly reports have been submitted to USAID on time.
6. All male condoms received before Q4 FY10 were distributed (14,250,000). Distribution of condoms received in late July 2010 started in Q4 FY10 (37,029) after sampling, testing, packaging and shipping to targeted provinces. In total, 71.44% of male condoms target distribution was achieved.
7. 101.10% (505,510) of female condoms distribution target was achieved in both existing and new creative sales points (such as hair dressings and beauty shops for women).
8. 106.81% (640,863) of Duofem (COC) distribution target was realized and all the available stock of Ovrette (POP) fully distributed (10,507).
9. All additional FP targets were achieved. In total, 171,570 injectables (171.57% of the distribution target), 2,140 IUD (107.00% of the distribution target) and 4,900 cycle beads (122.50% of the distribution target) were distributed as of the end of FY10.
10. 20,564 Clean Delivery Kits (102.82% of the distribution target) were distributed in all the targeted provinces as of the end of FY10.
11. All point of use water treatment products distribution targets were achieved by the end of September 2010. With 1,960,443 sachets of PUR and 1,931,021 tablets of Aquatabs distributed, a total of 58,224,850 liters of water have been treated during FY10.

II. Description of activities performed

TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.

Cross-cutting

1. A method of selection of wholesalers and intermediaries was formalized, based on criteria (such as conformity to laws, frequency of products purchase, and quantities of purchases) set up and validated in coordination with PSI provincial leaders, based on field experiences and technical support. Updated information about validated wholesalers for distribution networks is shared between field teams and programs on a monthly basis.
2. Two planning workshops for provincial leaders were held in November 2009 and February 2010 in Kinshasa, with the participation of all provincial leaders from USAID health zones and the backstopping teams of the national headquarters (Chief of Party, programmatic, administrative and finance departments). The first workshop focused on capacity building and planning activity included integrating social marketing strategies, AIDSTAR project rules and requirements related to administrative management, finance, stock management and procurement, project goal, objectives and targets while the second workshop targeted sharing experiences, challenges and lessons learned during implementation among provinces, updating charts, reviewing achievements and indicators, planning next quarters.
3. Based on lessons learned during distribution of all its products and MIS assessment in all provinces and at the national level, PSI/ASF put in place a triangulation system to reconcile products stock, sales and income. To avoid loses or thefts, reality and veracity of documents and products stock are monthly checked. This control also allows also for the evaluation of the distribution channels and pricing structure. The restructuring of product supply system to

provinces started with the revision of human resources charts in provinces to reinforce and integrate promotion, communication and distribution activities for all socially marketed health areas and products.

4. The list of air and road transporters was renewed after completion of a transparent tender; new contracts were signed to establish strong collaboration for a one year period with these key partners for products shipping to intervention provinces.
5. Supervision trips were conducted at three levels for continuous capacity building and project monitoring: 1.) short term technical assistance by PSI experts from various PSI countries and PSI Headquarters to DRC platform, 2.) by PSI DRC national level to provinces, and 3.) by provincial technical teams to field actors.

HIV/AIDS/STI

1. A total of 27,252,000 male condoms and 500,000 female condoms were received from USAID both under previous USAID-funded cooperative agreement # 623-A-00-05-00341-00 and year one of the current contract.
2. During the first quarter of this project (Q1 FY10), the previous USAID-funded cooperative agreement # 623-A-00-05-00341-00 benefited of an extension of its term from September to December 2009; sales realized during this period were reported under this cooperative agreement.
3. All quantities received from USAID as of Q3 FY10 were packaged, shipped to provinces and distributed. Only a small amount (78.000) was found wet and unfit for consumption due to moisture. Following a notification from USAID, only USAID, PEPFAR and PNMLS logos were put on condoms packaging. Additional 13,002,000 male condoms were received from USAID in July 29th, 2010, and first quantities packaged at the end of September 2010 were distributed after all necessary steps (from sampling and testing to package production and packaging). The available quantities as of September 2010 will continue to be packaged and distributed in FY11.
4. The sales agents (PSI/ASF's teams and community-based distributors) continued to expand the distribution system in order to increase access to condoms and reach new clients groups by using multiple distribution channels especially nontraditional outlets, increasing the number and types of outlets supplying condoms, and matching those outlets to clients' needs. Hence, 5,403 new points of sale were created during FY10 for both male and female condoms.

5. Results obtained during FY10 (October 2009 to September 2010) for male and female condoms distribution are as follow:

Table 1: Male condoms distribution by province from October 2009 to September 2010

Provinces	PRUDENCE HOMME YEAR 1 DISTRIBUTION				TOTAL YEAR 1	Stock available, end of September 2010
	Q1	Q2	Q3	Q4		
KINSHASA	0	1 085 400	1 619 460	4 629 429	7 334 289	11 634 428
KATANGA	0	0	0	2 540 160	2 540 160	540 000
BAS CONGO	0	0	0	517 860	517 860	432 540
SUD KIVU	0	0	112 860	1 425 690	1 538 550	273 690
NORD KIVU						
PROVINCE ORIENTALE						
EQUATEUR						
KASAI OCCIDENTAL	0	0	0	1 382 400	1 382 400	0
KASAI ORIENTAL	0	0	0	973 770	973 770	60 780
MANIEMA						
TOTAL	0	1 085 400	1 732 320	11 469 309	14 287 029	12 941 438

Table 2: Female condoms distribution by province from October 2009 to September 2010

Provinces	PRUDENCE FEMME YEAR 1 DISTRIBUTION				TOTAL YEAR 1	Stock available, end of September 2010
	Q1	Q2	Q3	Q4		
KINSHASA	0	75,760	52,600	155,376	283,736	0
KATANGA	0	0	9,020	42,800	51,820	0
BAS CONGO	0	0	600	26,800	27,400	0
SUD KIVU	0	0	6,800	15,504	22,304	0
NORD KIVU						
PROVINCE ORIENTALE						
EQUATEUR	0	214	0	0	214	0
KASAI OCCIDENTAL	0	0	3,200	40,980	44,180	0
KASAI ORIENTAL	0	1,880	49,496	24,480	75,856	0
MANIEMA						
TOTAL	0	77,854	121,716	305,940	505,510	0

6. No stock of female condoms is available at the end of September 2010 in PSI/ASF's central and provincial warehouses.
7. Mass animations were realized to impulse demand and promote correct and consistent use of condoms in targeted health zones by PSI/ASF's communication teams.

8. To intensify distribution results several strategies have been set up:
 - regular meetings with PSI/ASF's approved wholesalers and their sales clerks to explain PSI/ASF's health products prices and new discount policies focusing on condoms margin of profit; to systematically track their condoms stock level and record new orders; to discuss and find solutions to the issues raised; and to ensure that those "alternative condom providers" have positive attitudes, accurate knowledge, and counseling skills because they have direct interaction with consumers;
 - regular meetings with local partners organizations, especially Women's associations (for female condoms); to explain PSI/ASF's distribution network focusing on approved wholesalers; present PSI/ASF's health products donated by USAID (especially male and female condoms); prices and discount policies; to record new orders; and refer them to PSI/ASF's approved wholesalers for purchase;
 - condoms promotion with wholesalers in order to stimulate retailer level purchase orders;
 - community outreach activities to stimulate informed demand by giving condom clients essential information on how to use condoms correctly, to display and distribute educational materials;
 - multiple distribution channels including non traditional outlets by using trained community-based distributors and the PSI/ASF BCC and sales agents.

Family Planning

1. In FY10, the *Confiance* network continued its FP IEC, service delivery and product distribution activities started under the 5-year CA GHS-A-00-04-00009-00, implemented in 8 provinces (Kinshasa, Katanga, Bas Congo, Sud Kivu, Nord Kivu, Province Oriental, Equateur and Kasai Occidental). The *Confiance* network is a network of 78 private clinics and 277 pharmacies that provide quality FP services and information, and distribute *Confiance* branded contraceptives. Providers at partner sites receive comprehensive FP training, on-going supportive supervision, and a guaranteed supply of *Confiance* contraceptives. Five contraceptive products (two oral pills, injectable, IUD and CycleBeads) are socially marketed through the network partners.
2. The following tables highlights the distribution of FP products by province during FY10:

Table 3: COC (*Duofem*) distribution by province from October 2009 to September 2010

Provinces	COC YEAR 1 DISTRIBUTION				TOTAL YEAR 1	Stock available, end of September 2010
	Q1	Q2	Q3	Q4		
KINSHASA	33 015	86 400	33 545	277 215	430 175	352 075
KATANGA	11 820	10 170	10 590	49 890	82 470	4 650
BAS CONGO	10 140	8 175	9 585	5 865	33 765	15 195
SUD KIVU	4 320	9 180	6 660	20 524	40 684	0
NORD KIVU	1 965	1 410	1 575	3 560	8 510	8 050
PROVINCE ORIENTALE	1 620	1 530	2 640	1 890	7 680	2 400
EQUATEUR	1 185	3 045	2 249	2 520	8 999	0
KASAI OCCIDENTAL	3 600	2 407	3 983	2 970	12 960	12 240
KASAI ORIENTAL	0	2 250	2 055	4 055	8 360	640
MANIEMA	0	0	6 435	825	7 260	3 540
TOTAL	67 665	124 567	79 317	369 314	640 863	398 790

Table 4: POP (*Ovrette*) distribution by province from October 2009 to September 2010

Provinces	POP YEAR 1 DISTRIBUTION				TOTAL YEAR 1	Stock available, end of September 2010
	Q1	Q2	Q3	Q4		
KINSHASA	945	1,125	0	7	2,077	0
KATANGA	30	2,130	0	0	2,160	0
BAS CONGO	390	0	0	0	390	0
SUD KIVU	300	420	0	0	720	0
NORD KIVU	555	525	0	0	1,080	0
PROVINCE ORIENTALE	540	495	165	0	1,200	0
EQUATEUR	0	720	0	0	720	0
KASAI OCCIDENTAL	120	600	0	0	720	0
KASAI ORIENTAL	0	570	150	0	720	0
MANIEMA	0	0	720	0	720	0
TOTAL	2,880	6,585	1,035	7	10,507	0

Table 5: Injectables (*DMPA*) distribution by province from October 2009 to September 2010

Provinces	INJECTABLE YEAR 1 DISTRIBUTION				TOTAL YEAR 1	Stock available, end of September 2010
	Q1	Q2	Q3	Q4		
KINSHASA	16 210	910	27 730	45 140	89 990	101 691
KATANGA	1 180	5 740	4 270	20 120	31 310	16 660
BAS CONGO	110	2 690	2 810	11 470	17 080	910
SUD KIVU	1 650	630	3 960	6 030	12 270	5 370
NORD KIVU	1 060	860	900	2 440	5 260	10 979
PROVINCE ORIENTALE	730	590	530	1 920	3 770	5 530
EQUATEUR	510	690	120	3 920	5 240	4 000
KASAI OCCIDENTAL	750	810	1 380	3 710	6 650	2 950
KASAI ORIENTAL						
MANIEMA						
TOTAL	22 200	12 920	41 700	94 750	171 570	148 090

Table 6: IUD distribution by province from October 2009 to September 2010

Provinces	DIU YEAR 1 DISTRIBUTION				TOTAL YEAR 1	Stock available, end of September 2010
	Q1	Q2	Q3	Q4		
KINSHASA	71	218	135	248	672	6 037
KATANGA	53	48	38	210	349	92
BAS CONGO	57	24	45	81	207	100
SUD KIVU	105	39	57	133	334	135
NORD KIVU	25	15	27	76	143	80
PROVINCE ORIENTALE	40	18	12	90	160	88
EQUATEUR	2	8	0	50	60	100
KASAI OCCIDENTAL	20	36	69	90	215	0
KASAI ORIENTAL						
MANIEMA						
TOTAL	373	406	383	978	2 140	6 632

Table 7: Cycle Beads distribution by province from October 2009 to September 2010

Provinces	CYCLE BEADS YEAR 1 DISTRIBUTION				TOTAL YEAR 1	Stock available, end of September 2010
	Q1	Q2	Q3	Q4		
KINSHASA	104	203	0	308	615	102 977
KATANGA	322	0	412	524	1 258	1 064
BAS CONGO	187	0	208	65	460	1 179
SUD KIVU	110	0	302	386	798	762
NORD KIVU	100	0	0	426	526	0
PROVINCE ORIENTALE	86	30	0	92	208	440
EQUATEUR	0	67	32	200	299	1
KASAI OCCIDENTAL	55	33	179	469	736	0
KASAI ORIENTAL						
MANIEMA						
TOTAL	964	333	1 133	2 470	4 900	106 423

- PSI/ASF has been actively engaged with Bayer-Schering to facilitate the registration of the implant Jadelle in DRC. Although Bayer is responsible for the actual registration of Jadelle, PSI/ASF has been providing guidance on necessary documents and points of contact in DRC. PSI/ASF is also reviewing and renewing Autorisation de Mise sur le Marché (AMM) documents for all its current and future (e.g. Microlut, Jadelle) products. 200,000 Petogen and 7,000 Jadelle were purchased with the Dutch SALIN-funded project and are still under clearing process. In the same time, PSI/ASF continued the registration process for Petogen (another brand name of the 3-months injectable contraceptive) in DRC of each AMM is awaited end November 2010.
- In Q2 FY 2010, the *Confiance* network was expanded in Kinshasa with complementary Dutch SALIN funds. Twenty new partner clinics and 39 new partner pharmacies were added to the network, in addition to the 15 clinics and 45 pharmacies added in Mbuji-Mayi and Kindu using Dutch SALIN funds. Partners were pre-selected using minimum standard criteria, and two

clinicians and one pharmacy worker were trained for each selected site. Training was done using the PNSR National FP Training Module for clinicians and a PNSR-approved pharmacy training module designed by ASF/PSI. Partners were given theory and practical training in FP counseling, products, secondary effects and communication. The training covered short-term methods, as the equipment for long-term methods (IUDs and implants) were not cleared by customs at that time. All activities at the expansion sites will be covered under Dutch SALIN funding until December 2010. The expansion of the *Confiance* network will increase coverage and visibility of FP activities throughout the DRC's capital.

5. Packaging for all *Confiance* products was updated, based on the recommendation of USAID to remove all other logos (including PSI and ASF) on the packaging, and leave the USAID logo. The updated packaging was reviewed and approved by USAID.
6. Quarterly meetings were held in each of the eight FP provinces (Kinshasa, Katanga, Bas Congo, Sud Kivu, Nord Kivu, Province Orientale, Equateur, Kasai Occidental) with partner clinicians and mobile educators and bi-annual meetings with pharmacists were held for a total of 87 meetings with network partners. These meetings provide an opportunity for PSI/ASF-trained clinicians and mobile educators to meet together to discuss lessons learned, present successes and difficulties, share ideas and receive technical updates from PSI/ASF staff. These meetings ensure that previously trained partners have up-to-date information on FP products and services and that information given to clients is standardized throughout the *Confiance* network.
7. Starting in Q2 FY10, regular supervisions were carried out by PSI/ASF staff in partner clinics and pharmacies. At least once a month each *Confiance* partner clinic and pharmacy was visited by PSI/ASF FP support staff. In clinics, these visits focus on quality assurance of counseling and information given to clients and reinforcing the capacity of PSI/ASF-trained clinicians. In partner pharmacies, these visits focus on evaluating staff FP knowledge and reinforcing the capacity of PSI/ASF-trained pharmacists, with particular emphasis on micro-trainings given to all pharmacy staff by PSI/ASF FP agents.
8. In Q2 2010, PSI/ASF began the registration process for *Petogen*, a different brand name of the 3-month injectable, which has the same formula as Depo-Provera. PSI/ASF had originally ordered 200,000 Depo-Provera with Dutch SALIN funds for distribution in *Confiance* partner sites. However, a global recall of Depo-Provera in January, which included an order of PSI/ASF, and future orders of Depo-Provera were not guaranteed for at least 8 months. As a result, PSI/ASF decided to order the injectable *Petogen* and is working with its manufacturer, Helm, to register the product in DRC.
9. In March 2010, PSI/ASF was invited to participate in a regional USAID FP meeting in Kigali, Rwanda, which included USAID and partner representatives from 12 sub-Saharan African countries. Gaby Kasongo, the FP National Manager, represented the PSI/ASF program and gave a presentation to all conference participants titled: "The *Confiance* Family Planning Network: leveraging the private sector to re-establish FP post-conflict in the Democratic Republic of Congo". The conference was designed to offer a forum for sharing experiences and lessons learned among different USAID-funded FP programs. Many of the different approaches and strategies discussed at the conference are included in PSI/ASF's FP programming and Gaby Kasongo plays an active role in the elaboration of the DRC national FP strategy.

10. In Q2 2010, the George Washington University's peer-reviewed, on-line journal on public health communication and marketing, Cases Proceedings, published an article on PSI/ASF's toll-free family planning hotline. The article, "Ligne Verte Toll-Free Hotline: Using Cell Phones to Increase Access to Family Planning Information in the Democratic Republic of Congo." The article explains that the FP project and hotline are funded by USAID and can be accessed at:

http://www.gwumc.edu/sphhs/departments/pch/phcm/casesjournal/volume4/cases_4_03.pdf

Maternal & Child Health

- 1- CDKs are produced with local components paid by other source of funding. They are promoted and distributed with USAID funds.
- 2- The following table highlights the CDK distribution by province during FY10.

Table 8: Clean Delivery Kits distribution by province from October 2009 to September 2010

Provinces	DELIVRANS YEAR 1 DISTRIBUTION				TOTAL YEAR 1	Stock available, end of September 2010
	Q1	Q2	Q3	Q4		
KINSHASA	0	2 653	6 598	6 565	15 816	3 138
KATANGA	342	285	185	304	1 116	0
BAS CONGO	39	0	190	24	253	7
SUD KIVU	140	0	187	974	1 301	0
NORD KIVU	200	0	350	600	1 150	0
PROVINCE ORIENTALE	19	55	85	19	178	0
EQUATEUR	157	0	130	46	333	174
KASAI OCCIDENTAL	15	35	82	118	250	0
KASAI ORIENTAL	0	0	6	7	13	187
MANIEMA	0	0	46	108	154	54
TOTAL	912	3 028	7 859	8 765	20 564	3 560

Water and Sanitation

1. All sachets of PUR and tablets of Aquatabs, distributed under this USAID-funded project, have been supplied by several donors (MCHIP - Mother and Child Health Integrated Program – USAID, UNICEF, UNDP Pooled Fund, and Procter and Gamble).
2. For household distribution, PSI/ASF sales agents create demand and direct populations to existing points of sale for replenishment. A significant amount of POU products were distributed in emergency situations by NGOs and UN agencies as during cholera outbreak in Sud Kivu in November 2009 and in Sud Kivu, Nord Kivu and Katanga in May 2010, including 48.000 sachets of PUR distributed in emergency situations (cholera outbreak) in Bukavu/Sud Kivu by CRS (Catholic Relief Services) and 12.000 sachets distributed in Kinshasa to the PLWH (Persons living with AIDS) by UNC (University of North Carolina based locally).

3. As of the end of FY10, 457 new points of sales for PUR and Aquatabs have been created in the 6 targeted USAID provinces.
4. A total of 4.4 million sachets of PUR were purchased during FY10 by P&G.
5. The following table highlights the point of use water treatment products distribution by province during FY10.

Table 9: PUR distribution by province from October 2009 to September 2010

Provinces	PUR YEAR 1 DISTRIBUTION				TOTAL YEAR 1	Stock available, end of September 2010
	Q1	Q2	Q3	Q4		
KINSHASA	287 460	178 620	143 760	126 112	735 952	4 167 062
KATANGA	47 784	45 576	197 928	22 596	313 884	855 287
BAS CONGO	34 612	18 768	13 380	9 457	76 217	38 303
SUD KIVU	376 079	55 360	13 287	87 914	532 640	277 920
NORD KIVU						
PROVINCE ORIENTALE						
EQUATEUR						
KASAI OCCIDENTAL	34 750	22 380	3 840	8 200	69 170	146 570
KASAI ORIENTAL	23 280	22 080	98 160	89 060	232 580	151 420
MANIEMA						
TOTAL	803 965	342 784	470 355	343 339	1 960 443	5 636 562

Table 10: AQUATABS distribution by province from October 2009 to September 2010

Provinces	AQUATABS YEAR 1 DISTRIBUTION				TOTAL YEAR 1	Stock available, end of September 2010
	Q1	Q2	Q3	Q4		
KINSHASA	5 128	89 496	75 360	173 640	343 624	5 557 112
KATANGA	8 484	64 336	529 584	33 288	635 692	376 616
BAS CONGO	12 960	16 040	10 880	29 752	69 632	220 488
SUD KIVU	34 300	173 600	216 480	223 440	647 820	636 160
NORD KIVU						
PROVINCE ORIENTALE						
EQUATEUR						
KASAI OCCIDENTAL	10 893	49 384	54 400	55 256	169 933	598 616
KASAI ORIENTAL	0	13 120	21 120	30 080	64 320	54 720
MANIEMA						
TOTAL	71 765	405 976	907 824	545 456	1 931 021	7 443 712

Table 11: Task 1 indicators: Situation as of end of FY10

	INDICATORS ¹	Year 1 Targets	Year 1 Achievement (numbers)	Year 1 Achievement (%)	Comments
1	Number of male condoms distributed through the USG funded social marketing programs	20,000,000	14,287,029	71,44 %	80.3% of distribution (achieved in Q4) realized with the special distribution strategy implemented in all the targeted provinces.
2	Number of female condoms distributed through the USG funded social marketing programs	500,000	505,510	101,10%	Achieved. 61% of distribution achieved in Q4 due to the special distribution strategy implemented with all the provinces.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33,000,000	58,224,850	176.44 %	Achieved. The commercial network was the main channel of POU products distribution during the Q4.
4	Number of clean delivery kits distributed through the USG funded social marketing programs	20,000	20,564	102.82%	Achieved
5-1	Number of cycles of oral contraceptives (COC) distributed through the USG funded social marketing programs	600,000	640,863	106.81%	Achieved
5-2	Number of cycles of oral contraceptives (POP) distributed through the USG funded social marketing programs	100,000	10,507	10.51%	Stock out of POP. We received Microlut in Q4 FY10 and are waiting for product registration from USAID.
6	Number of injectable contraceptives distributed through the USG funded social marketing programs	100,000	171,570	171,57%	Achieved. May be due to POP stock out, the alternative solution was injectable. Other reason could be the growing interest of targeted women for injectable.
7	Number of IUDs distributed through the USG funded social marketing programs	2,000	2,140	107.0%	Achieved
8	Number of cycle beads distributed through the USG funded social marketing programs	4,000	4,900	122,50%	Achieved
9	Number of implants distributed through the USG funded social marketing programs	500	00	0%	No quantity has been received from USAID during all FY10. Providers' training with complementary Dutch SALIN FP funds started in Q4 and will continue in early Q1 2011. We are also waiting for the registration process.

Task 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria and to build an informed, sustainable consumer base.

Cross-cutting

1. Meetings were held with USAID-funded project, PROVIC (HIV Integrated Program in Congo), which composed by 5 USAID-funded partners: Chemonix, EGPAF, CRS, IHAA and PATH. In order to avoid efforts duplication and maximize resources use among USAID-funded partners, mechanisms of collaboration and coordination were discussed relatively to selection and adaptation of communication materials, audio and visual production through the use of PSI/ASF production studio and comprehensive communication campaign's development. A

¹ Any missing indicator in the table has no target to be reported for year 1 project.

memorandum of understanding was drafted during FY10 and will be signed during the next fiscal year to strengthen the collaboration. Monthly meetings will also be held between PROVIC and PSI/ASF in FY11.

HIV/AIDS/STI

1. No interpersonal communication activities were held in all targeted USAID provinces during FY10, as there was no budget allocated to these activities. Nevertheless, in all targeted provinces, sessions of mass communication activities were held using the mobile video for projections of film at night related to HIV/AIDS prevention. During these sessions, themes included safer sex behaviors, correct and consistent use of condoms and promotion of VCT were presented using participative approaches. Participants are encouraged to ask questions and obtain correct information about all topics cited above. They are also referred for STIs and to VCT health facilities. A total of 38,561 individuals attended to these activities.

Family Planning

1. Messaging regarding HIV/STI prevention has always been a core part of PSI/ASF's FP messaging and training. The dual protection of condoms (against unwanted pregnancies and HIV) is promoted by both the FP and HIV programs. Additionally, FP messaging (on product packaging, in provider trainings and IEC messages) clearly states that all non-condom contraceptives do not protect against HIV/STIs.
2. Given the increasing popularity of the Zain carrier across DRC, in Q3 2010 PSI/ASF added it as a second carrier and second line to the FP hotline. The first successful calls were made on the hotline in June 2010 and the new number (099 300 30 01) was included, along with the existing Vodacom number (081 080 00 00) on all new IEC and provider materials being produced in Q3 2010. In addition to offering the toll-free hotline to all Zain carriers, PSI/ASF tracks call levels to see if, as suspected, certain networks are more dominant in different parts of the country and that this will impact call levels per carrier.
3. The number of calls received by FP hotlines from October 2009 to September 2010 are as follow:

Table 12: Number of calls received by FP hotlines from October 2009 to September 2010

Number of calls received by FP hotline, FY10									
Provinces	Q1		Q2		Q3		Q4		TOTAL
	Men	Women	Men	Women	Men	Women	Men	Women	
Kinshasa	456	194	300	177	329	183	406	295	2,340
Katanga	1,475	115	981	80	1,352	133	1,112	110	5,358
Bas Congo	104	28	112	43	87	26	63	26	489
Sud Kivu	74	8	48	14	77	33	123	37	414
Nord Kivu	48	13	39	10	114	30	131	27	412
Province Oriental	222	46	161	41	165	35	176	37	883
Equateur	261	39	201	60	249	55	134	26	1,025
Kasai Occidental	297	29	199	19	222	33	205	42	1,046
Other	0	0	319	82	488	81	587	111	1,668
Total	2,937	472	2,360	526	3,083	609	2,937	711	13,635

4. New materials for FP promotion were produced and distributed to health services providers in clinics and pharmacies of *Confiance* network.

5. In Q3 2010, the Family Planning program held its annual national retreat. The members of the family planning program in all ten provinces attended the retreat. The retreat was funded with complementary Dutch SALIN funds but covered all aspects of the FP program. The retreat offers an important opportunity to reinforce the technical and administrative capacity of all FP team members, as well to share experiences and strategies for improved program implementation. During the four-day retreat, a number of crucial themes were presented and debated, including:
- Overview of the DHS reports and findings related to family planning; overview of findings from PSI/ASF's 2009 TRaC survey and how they can guide effective program activities;
 - Reminder of donor rules and regulations, including the Thiar Amendment and IEE regulations;
 - Strategies for responding to rumors and for managing secondary effects from products
 - Review of best practices for product distribution and product stockage at regional PSI/ASF offices and by partners;
 - A review and explanation of the CYP measurement
 - Preparative information and planning for *Jadelle* training;
 - Presentation on the relationship between FP and Millennium Development Goals #4 and #5.
6. Over 627,668 people (21.89% male and 78.11% female) were reached with FP IEC messages, through group information sessions, household visits, sensitizations at health centers and churches and FP 'open houses.'

Table 13: Number of people reached through FP interpersonal communication, by province from October 2009 to September 2010

Number of people reached through FP interpersonal communication									
Province	Q1		Q2		Q3		Q4		TOTAL
	Men	Women	Men	Women	Men	Women	Men	Women	
Kinshasa	20179	34785	13979	30473	18059	49189	13092	42555	222311
Katanga	3096	33044	3186	18428	3872	32223	3448	27169	124466
Bas Congo	5183	2769	2841	5763	2478	5665	3269	4461	32429
Sud Kivu	161	10647	328	13608	572	23380	660	17613	66969
Nord Kivu	3707	16901	3188	12319	4414	21304	3835	10704	76372
Province Oriental	640	2037	813	3026	1608	3635	2770	4291	18820
Equateur	1427	4446	672	2982	1354	4410	1444	5331	22066
Kasai Occidental	4715	12940	3894	10820	4363	12382	4157	10964	64235
Total	39108	117569	28901	97419	36720	152188	32675	123088	627668

Table 14: Number of people reached through FP counseling activities (13.18% male and 86.82% female), by province from October 2009 to September 2010

Number of people reached through FP counseling visits									
Province	Q1		Q2		Q3		Q4		TOTAL Y1
	Men	Women	Men	Women	Men	Women	Men	Women	
Kinshasa	2545	8580	2152	7426	1832	13897	88	3335	39855
Katanga	311	3972	140	2413	204	2998	104	1953	12095
Bas Congo	342	3182	131	1765	224	825	78	340	6887
Sud Kivu	62	1186	38	1282	68	1884	55	1391	5966
Nord Kivu	0	2246	0	3134	0	1831	192	991	8394
Province Ori	148	373	111	392	175	368	106	339	2012
Equateur	333	830	454	1096	92	295	56	240	3396
Kasai Occide	523	2992	489	2510	659	3156	196	1199	11724
Total	4264	23361	3515	20018	3254	25254	875	9788	90329

7. The following table shows new clients recruited in FY10 included men (4.68%) and women (95.32%).

Table 15: Number of new FP clients, by province, from October 2009 to September 2010

Province	Q1 (Oct-Dec 2009)		Q2 (Jan-Mar 2010)		Q3 (Apr-June 2010)		Q4 July-September 2010)		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
Kinshasa	0	6,738	88	11,447	31	10,928	117	7,402	36,751
Katanga	63	997	71	678	102	669	138	676	3,394
Bas Congo	500	3,274	195	1,753	13	210	13	333	6,291
Sud Kivu	58	323	87	375	166	643	169	966	2,787
Nord Kivu	88	162	378	1,944	96	444	186	1,110	4,408
Province Oriental	1	167	7	85	14	130	0	144	548
Equateur	19	376	12	198	29	476	0	441	1,551
Kasai Occidental	9	203	2	220	10	249	72	1,890	2,655
Total per sex	738	12,240	840	16,700	461	13,749	695	12,962	58,385
Total	12,978		17,540		14,210		13,657		

8. A total of 11 trainers (from PSI/ASF, the National Program for Reproductive Health (PNSR) and the 3rd Directory – Pharmacy and Drugs) and 63 health services providers and supervisors (from respective health zones and PNSR) for FP in both USAID and SALIN provinces have been trained with Dutch SALIN funds for *Jadelle* insertion as of end of September 2010. Started in September 2010, these training sessions are planned to end in December 2010. Thus, the USAID-funded project will not need to train providers for *Jadelle* insertion as they have already been trained with Dutch SALIN funds.

Maternal & Child Health

1. Additional funds were leveraged with UNICEF (\$266,000), Procter and Gamble (\$372,000) and Pooled Fund (\$256,000) to respectively distribute 1 million tablets of Aquatabs in Nord Kivu, 4.4 million sachets of PUR nationwide and 475,000 tablets of Aquatabs and 565,000 sachets of PUR in the province of Maniema.
2. A total of 560 interpersonal communication sessions were performed in schools, churches, markets, health centers (during ante and post-natal sessions), to reach 240,663 people including mothers of children under five, community leaders, students women associations.

3. World Water Day was celebrated in Kinshasa, Katanga, Bas Congo, Sud Kivu, Kasai Oriental and Kasai Occidental, on March 22nd in partnership with the Ministry of Health and UNICEF. Sensitizations and speeches focused on the safe drinking water to avoid waterborne disease. PUR and Aquatabs were proposed as the affordable short and midterm solution while infrastructures were considered long-term one.
4. Communication activities: radio spots with messages related to safe drinking water, hygiene and sanitation promotion were aired through both rural and urban radio stations.

Table 16: Task 2 indicators: Situation as of end of FY10

	INDICATORS ²	Year 1 Targets	Year 1 Achievement (numbers)	Year 1 Achievement (%)	Comments
14	Number of targeted condom service outlets	1,800	5,403	300.16%	Achieved. Special distribution strategy implemented in Q4 included points of sales creation.
15	Number of individuals participated in community-wide event focused on HIV/AIDS	Not Applicable	38,561		To reinforce condom demand, ASF's sales force conducted mass animation.
20	Percentage of service delivery points (pharmacies, clinics and wholesalers) reporting stock out of any contraceptive commodities offered by the facility at any time	50%	20%		Achieved. Each service delivery point has at least 1 of the two most used contraceptives (injectables and oral) included in the <i>Confiance</i> products.
21	Number of people reached during outreach activities promoting the use of water purifier products	50,000	240,663	481.33%	Achieved.
23	Number of service delivery points social marketing delivery kits	200	481	240.5%	All partners (clinics, pharmacies) in <i>Confiance</i> network sell CDK.
24	Percentage of wholesaler service delivery points reporting no stock out of water purifier at any time	60%	0%	0%	No stock out has been reported.

TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.

Cross-cutting

1. An ASF board of directors meeting was held during the first quarter of the project, with the participation of PSI Executive President, Mr Karl Hofmann, on October 23rd, 2009. During the meeting, the memorandum of understanding between PSI and ASF was signed.
2. The internal financial assessment department of PSI conducted three trips to provincial offices (Kasai Occidental, Kasai Oriental and Bas Congo) during this period, with other donor funds, to look at financial and administrative systems.
3. Four external financial audits were realized during FY10 Q2 for specific projects, with other donor funds, to look at financial and administrative systems. The external inventory audit was

² Any missing indicator in the table has no target to be reported for year 1 project.

completed during the same period, and the external global financial audit took place in Q4 FY10.

4. In order to reinforce provincial systems, ASF offices of Kinshasa and Bas Congo benefited from an assessment visit of systems (Sales, inventory and finance) and key recommendations were identified to strengthen procedures and policies.

HIV/AIDS/STI

1. The ASF's sales agents continued to conduct visits to wholesalers and points of sales to check product availability and merchandising, to verify the respect of price structure, and to train new clients on-site.
2. 35 meetings were held with wholesalers and local partner organizations throughout all the six USAID-targeted sites. These meetings offered opportunities to strengthen capacities in social marketing.

Maternal & Child Health

1. Final detailed scope of work and operational plan for CDK spin-off was discussed and validated with our sub contractor, Hope Consulting, prior to their arrival in the DRC to conduct the survey on the situational analysis of the Fast Moving Commercial Goods distribution network and CDK spin off. Trips for market assessment and willingness to pay will start in October 2010 (Q1 FY11).

Water and Sanitation

1. We continue to maintain the new distribution approach, taking into account wholesalers, semi wholesalers and detailers, following the fast consuming goods channel, with targeted promotion and advertising.

Task 3 indicators: Situation as of end of FY10

No indicators have to be reported for year 1 project.

TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Cross-Cutting

1. During FY10, technical meetings were held with the USAID mission and the COTR on specific topics such as AIDSTAR kick-off meeting, commodities planning, introduction for COP, project monitoring, project achievements, specific challenges encountered during project implementation and solutions, etc.
2. Several email exchanges and conference calls were performed with team partners (Hope Consultancy, Social Impact and QED) to finalize sub contracts scopes of work, budgets and work plans, and provide technical assistance.

3. During the provincial leaders workshop held in November 2009, strategies to integrate activities at the provincial level were raised. Based on experiences cumulated and lessons learned shared between provinces during the implementation of HIV (# 623-A-00-05-00341-00) and FP (GHS-A-00-04-00009-00) cooperative agreements, field roll out was planned with all programs technical advisors, head of administration and finance, project COP and PSI Country Representative. This opportunity was seized to discuss selection criteria for NGOs which will be reinforced by Hope Consultancy under this project. A list of potential NGOs has been selected, to be proposed for review with Hope Consulting firm.
4. During the provincial leaders workshop held in February 2010, an emphasis was put on strategies that help to reinforce integration activities at the provincial level started in FY10 Q1. Lessons learned related to FP previous cooperative agreement implementation have been collected, selected and harmonized by provincial leaders, FP technical teams at both provincial and national level. These lessons will be presented to USAID/DRC team next quarter.
5. PSI FP technical team participated in early December 2009 in a national conference held in Kinshasa, under the leadership of the Reproductive Health National Program in coordination with USAID and UNFPA, for FP repositioning in DRC. Accordingly to Millennium Objectives, advocacy was made to policy makers and donors to revitalize FP interventions.
6. In the framework of the program supervision visit held during April by the COP and National HIV/AIDS National Manager in Sud Kivu (Bukavu), a meeting was held with an USG-funded project, PROVIC, particularly with its provincial Office of Bukavu in order to strengthen linkage and coordination of HIV/AIDS prevention activities in the Sud Kivu province. This meeting was a follow up to the previous one held in Kinshasa in the previous quarter. This discussion allowed Representatives of both institutions (PSI/ASF and PROVIC) to get a better understanding of their sites and their interventions in the province. Other meetings were planned for the next quarter to develop a coordinated provincial workplan. Other meetings were carried on with local military hierarchy and provincial office of PNMLS to share strategies for coordination and project reinforcement.
7. PSI/ASF attended actively in five meetings organized by the PNMLS in Kinshasa in the framework of “condoms panel” to improve coordination of condoms distribution between stakeholders in DRC. These meetings gathered many organizations including USAID, UNFPA, SANRU, CORDAID. In addition, quarterly meetings including provincial condoms panels and M&E panels were held in all the 6 USAID targeted provinces under the leadership of PNMLS to reinforce partnership and to follow up improving of coordination of HIV interventions.
8. Lessons learned from previous USAID-funded HIV/AIDS and Family Planning projects were gathered, discussed with field teams and integrated in strategies during FY10.
9. In order to update the FP interventions in DRC, PSI/ASF attended a USAID funded training held by C-Change and targeting journalists about FP communication methods. Management and Leadership was another training theme developed by C-Change to which PSI/ASF attended too. This latter training led to the proposals how to implement the recommendations of the FP Repositioning National Conference held in December 2009.
10. Four PSI/ASF program managers and researchers attended the « Monitoring and Evaluation » workshop held by the PSI Western and Central Africa Regional Research & Metrics department

in Abidjan during August 2010. This workshop provided tools to both researchers and programmatic key persons to improve project monitoring and evaluation.

11. PSI/ASF attended the Comité Intersectoriel de Lutte contre le Choléra (CILC) weekly meetings, along with the Comité National d'Action Eau et Assainissement (CNAEA), the Ministry of Health (4th Directory), UNICEF. Strategic plan against ongoing cholera outbreaks was discussed.
12. Meetings with ORS/Zinc task force partners (UNICEF, MCHIP, PNLMD, WHO, Kinshasa University Clinics, ...) were held in Q4 to schedule the DTK launch during the FY11 project implementation taking into account the existing on field.

13. ASF attended the cluster watsan monthly meeting lead by UNICEF with the other watsan partners. The Watsan humanitarian strategic plan for 2011 and the 2010 second round of Pooled Fund funding were discussed. No fund for POU product distribution was scheduled for July to December 2010 period by Pooled Fund. The selected projects targeted infrastructures activities such as wells, sources, latrines, etc.

Research, Monitoring and Evaluation

Cross-Cutting

1. QED had reviewed and evaluated project indicators and the M&E plan, providing written feed back and technical guidance. Projects indicators and PMP have been revised accordingly, before submission to USAID mission on November 30th, 2009. From July 7th to 16th, 2010, PSI/ASF was visited by the contractor QED. The monitoring of the AIDSTAR project was the main point of their scope of work. After sharing the reports and other documents related to the project M&E, they visited field activities and met key project implementers in some provinces : Bas Congo (they attended the sensitizations activities) and Kinshasa where they attended the research agency (Institut Supérieur des Statistiques) supervisors and researchers training before the launch of the HIV TRaC survey in Kinshasa and Bukavu.
2. The Monitoring and Evaluation Specialist (Mr Godefroid Mpanya) and his deputy (Mr Simon Matundu) participated in a regional research training organized by PSI in Douala – Cameroon from November 9th to 14th, 2009. Training consisted of building capacity in the following areas: data quality insurance, protocol writing and data analysis methods.

HIV/AIDS/ST

1. Study protocols for TRaC survey, including questionnaires, were written, in coordination of PSI Research Regional Department, for each component of the five target groups: commercial sex workers, truckers, uniformed personnel, youth and general population aged 15 to 45. After approval from the Ethic Committee which is the National Public Health School, data were collected in Kinshasa and will be collected in Bukavu in Q1 FY11.
2. The protocol, with the questionnaire, for the MAP coverage survey funded by PNMLS/World Bank funding, was approved by the Ethic Committee. Questions raised by the Committee have all been addresses. A research agency was identified and data collectors and supervisors were recruited and trained. Data collection was completed and preliminary results are available. In addition to Condom coverage including in hot spot areas, data related to other PSI/ASF health products (FP, WATER, MCH) were also collected and analyzed. As regard to the coverage, the first results show that there's at least one point of sale distributing Prudence in each health area. Data dissemination will be done during Q1 FY11.
3. Final report for the 4-year HIV project funded by USAID under the cooperative agreement #623-A-00-05-00341-00 was completed and submitted to USAID in Q4 FY10.

Family Planning

1. Under the cooperative agreement #GHS-A-00-04-00009-00, a TRaC survey (second round) was orchestrated in Kinshasa, Nord Kivu (Goma), Equateur (Mbandaka) and Katanga (Lubumbahsi, Kolwezi and Kasumbalesa). This EOP TRaC Survey was carried out in the final quarter of the program's activities in August and September 2009. Kinshasa was chosen

because of its large population, Katanga sites in order to study smaller project sites in a province with several implementation zones, and Equateur and Nord Kivu because they represent two different regions and where there has been relatively less research than in similar Oriental and Sud Kivu provinces.

2. In Q3 2010, PSI/ASF carried out a baseline TRaC survey in two Dutch SALIN-funded sites, Mbuji-Mayi and Kindu. Although not USAID-funded FP activity sites, these results will still prove useful to FP activities throughout the country. The finalized report is on the way to be validated by PSI regional research department.
3. Final report for the 5-year FP project funded by USAID under the cooperative agreement # GHS-A-00-04-00009-00 was completed and submitted to USAID in Q2 FY10.

Maternal & Child Health

1. During Q3 FY10, study protocol for MCH survey (funded by POUZN, UNICEF, UNDP Pooled Fund and P&G), including questionnaires, were validated with PSI/ASF Research technical team. The research agency was recruited, and the data collection supervisors were trained. The MCH TRaC survey (in 5 provinces) data collection is completed and the research agency is actually doing the data entry. Analysis completion is scheduled by end November 2010.

Table 16: Task 4 indicators: Situation as of end of FY10

	INDICATORS	<i>Year 1 Targets</i>	<i>Year 1 Achievement (numbers)</i>	<i>Year 1 Achievement (%)</i>	<i>Comments</i>
28	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	118	196,66%	Achieved.

III. Project Management

1. A post award meeting with the USAID mission took place on October 13th, 2009, with the participation of USAID representatives, PSI/W Program Manager and ASF staff and PSI staff.
2. Final contract was signed by both parties (USAID and PSI) on September 30th, 2009, and amendment #1 related to section C, G and H of the contract was approved on November 17th, 2009. The revised budget has been approved by the CO and the project work plan, by the COTR on November 13th 2009. All monitoring and evaluation documents (Annex A- Distribution Targets; Annex B- Performance Milestones; Annex C- Log frames; Annex D- Performance Monitoring and Evaluation Plan) and the Branding Strategy and Marking Plan were submitted to USAID mission for approval.
3. Approvals were obtained from the Contracting Officer to subcontract with three US small businesses. Hope Consulting is in charge of conducting a situation analysis and ensures a successful spin-off of clean delivery kits (CDKs) to a private sector entity. Social Impact is responsible to work with 6 local organizations over the life of the project to build their operational capabilities in areas such as strategy and planning, finance and administration and key skills. QED is in charge of providing technical assistance for with PMEP development, during development and implementation of baseline data collection and a mid-term project evaluation in project year 3. PSI signed a sub-contract with Social Impact, the third US small businesses planned to be subcontractors to PSI/ASF. Social Impact is in charge of identifying with PSI/ASF and building operational capacities of 20 local organizations over the life of the project in areas such as strategy and planning, finance and administration and key skills. QED subcontract was signed in November 2009; Social Impact in March 2010; and Hope Consulting in Sept 2010.
4. The Chief of Party of this task order (Dr Didier Adjoua) started at his position on November 9th, 2009. He participated into induction training in PSI Washington November 10th to 12th, 2009. Meetings with all technical departments, including administration and finance, have been held. During this trip, the COP attended a specific training organized by PSI on AIDAR and FAR regulations. The Director of Administration and Finance (Mr. Hery Ramangalahy, Key personnel), also participated into induction training in PSI Washington March 29th to April 1st 2010. During this trip, specificities of financial reports, security, general information regarding the management (such as human resources, metrics) and basic technical knowledge related to PSI activities have been discussed.
5. Before starting the procurement process for furniture/equipment to be purchased in Yr 2, we began to first complete the inventory assessment to verify what PSI has on hand in all offices and its condition. An annual audit of all PSI equipment in its national office in Kinshasa and all its provincial offices was completed at the end of the year 2009, with other donor funding. The report allowed updating assets list, prioritizing needs and planning furniture/equipment for project year 2.
6. PSI/DRC received, during the period of October 10th to 30th, 2009, the technical assistance of its Program Manager from PSI Washington, Gina Smith, in absence of COP, who helped the project team to complete year 1 work plan, revise year 1 budget based on funding sources per health area and get approval by USAID, submit TCN waivers & international travel request to USAID TOCO/COTR, participate in meeting on project commodities.

7. PSI/DRC received, in September 2010, the technical assistance of its Junior Associate Program Manager from PSI Washington, Elizabeth Regan. She helped to prepare the year 2 project budget; to finalize list and characteristics of equipment and material to be purchased during FY11; and trained programmatic and financial staff on budgeting, budget tracking and PSI annual budgeting.
8. PSI/DRC Country Representative, Theresa Gruber Tapsoba, attended the PSI country representatives meeting in July 2010 in New Orleans for capacity building, experience sharing and networking.
9. PSI/DRC received on March 11th, 2010, the visit of Mrs. Lauralea Gilpin, Task Order Contracting Officer. During this meeting held with the participation of USAID/DRC Head of Mission, Mrs. Michele Russell and Task Order Contracting Officer Technical Representative, Mr. Thibaut Mukaba, and PSI/DRC Task Order key personnel, key achievements to date were presented and major challenges concerning requests approval, program income generated during previous cooperative agreement use and project launch were discussed.
10. TCN salary and allowances approval reconsideration request for three task order's key personnel (Dr Didier Adjoua, Chief Of Party, Mr. Hery Ramangalahy, Administrative and Finance Specialist, and Mr. Degrande Dipoko, Social Marketing & Logistics Technical Advisor) have not been approved by to the CO as of the end of FY10 since resubmission requests sent in February 2010.
11. A marketing training was organized by PSI/ASF for 16 of its personnel from June 1st till June 12th, 2010. To facilitate this session, Frederick Persoons, PSI Global Social Marketing Advisor based in Benin was invited. The main objective for this training was to develop a marketing plan for PSI/ASF branded male condom, Prudence, to be implemented during the second year of this project and updated annually.

Resulting from the Marketing plan and in order to reach all USAID project planned objectives, here are some evidence-based key points to focus on:

- PSI/ASF needs to segment his targeted population (Youths, CSWs, uniformed personnel, truckers, miners) based upon their age and to address each of them with a specific HIV prevention interventions. So, three segments were identified including youths aged 15-17 and 18-24 and adult population aged 25-39.
- Communication activities targeting 15-17 will be based on AB messages with secondary abstinence for sexually active population; on condoms promotion and partner reduction for 18-24 and 25-39.
- Specifically, this marketing plan is developed for youths aged 18-24 and put an emphasis on condom effectiveness and social support for them to use it with regular partner. To do so, a reviewing of Prudence brand appeal (packaging, pleasant smell and colors, number of pieces in a box, etc) must be done urgently to improve perception of its quality for this subgroup.

In terms of price, an assessment of the existing pricing grid in liaison with demand and economic environment raised the importance of applying a slight increase (to have a consumer price between 100 and 300 Congolese francs) of Prudence brand condoms based on results from

the willingness to pay study conducted previously in Matadi (Bas-Congo) and in Bukavu (Sud Kivu).

In addition, PSI/ASF needs to increase availability of Prudence by creating new sales points around heat points including bars, night clubs, hostels, guest houses and other friendly outlets for this targeted group.

Moreover, further information to finalize the marketing plan will be collected through some studies planned for the beginning of the second year of project activities.

This marketing plan was presented to USAID team on June 12, 2010.

12. A rural assessment was completed in May-June 2010 to identify keys strategies for the expansion of the integrated social marketing project in rural underserved areas. Two technical advisors (from India and Cameroon) conducted site visits in villages in the provinces of Katanga and Kasai Oriental. During this mission, several meetings with USAID-funded (such as AXxes) and non USAID-funded partners and GRDC representatives (Heads of Health Zones and Districts, Health Provincial Inspectors) were held. Concrete recommendations were discussed with PSI/ASF teams at both central and provincial levels to strengthen distribution network for ethical and non ethical products, to use existing commercial bikers to distribute and promote social marketing products in all rural USAID-targeted health zones. The final plan was presented to USAID team on June 2010.
13. Dr Didier Adjoua, COP, participated successively on April 1st, 2010 and May 17th, 2010 in two COP meetings organized by USAID team to coordinate USAID-funded partners' interventions. He attended regular meetings with the COTR as planned in the contract. He also participated with other USG-funded partners in a meeting organized by USAID mission on May 25th, 2010, for the visit in Kinshasa of Mrs. Michele Moloney-Kitts, PEPFAR director of gender initiatives. This meeting gave the opportunity to share on vision/objectives, targets, approaches and accomplishments of the project.
14. Project implementation indicators follow-up meeting with USAID was held on August 12, 2010. There was concern with 2 indicators: male condoms and oral contraceptives sales were so low that a special distribution strategy had to be set up before the end of FYII so as to meet targets. PSI/ASF had to distribute 15 millions male condoms by September 30, 2010. As for oral contraceptives, COC and POP had to be considered separately to make clear the distribution follow up. It was also decided that PSI/ASF had to report weekly the distribution follow-up indicators. All recommendations have been implemented.
15. On September 2, 2010, Joshua Karnes, the USAID new health department deputy team leader, visited PSI/ASF for first greetings, along with Dr Thibaut Mukaba.
16. The PSI CEO (Karl Hoffmann) and the Regional Director for Western and Central Africa (Moussa Abbo), visited the platform respectively in October 2009 and July 2010. Visits to USAID DRC Head of Mission and AIDSTAR project COTR were held. Additionally, PSI CEO and Regional Director for WCA attended several meetings with key partners such as Ministry of Health, UNICEF, UNDP/Global Fund and Pooled Fund, and field activities.
17. The FP technical advisor, Jamaica Corker, completed her contract in DRC in July 2010, and the FP National Manager, Gaby Kassongo, has taken in charge the department.

18. PSI/DRC Country Representative, Theresa Gruber Tapsoba, completed in her contract in DRC in September 2010. She will be replaced in the position by Nestor Ankiba.
19. We received the modification of the contract for year 2, but only HIV component was included in the modification. We wait for other domains (FP, MCH and Watsan) obligations.
20. We sent our provisional NICRA for approval under our current task order to the Contracting Officer on September 16th, 2010.

IV. Problems /Challenges faced during the reporting period

1. A concept paper and a budget were prepared during FY10 Q2 and submitted in FY10 Q3 to USAID to requesting use of revenue generated during previous cooperative agreement #623-A-00-05-00341-00 from condoms sales for a total amount of \$375,765. This amount was anticipated to be used for promotion campaigns. USAID did not agree to this demand because the two projects had different mechanisms of funding (cooperative agreement versus contract). Thus, no interpersonal communication activities were held in all targeted USAID provinces over the first year of the project due to budget unavailability to sustain correct and consistent condom use by targeted populations.
2. Branding and marking plan was submitted to the Contracting Officer on November 30th, 2009, and approval is awaited for implementation. Also, indicators, logframes and PMEP are still not approved by USAID.
3. Lack of timely response to request for approvals from USAID for international travel and some mandatory aspects of sub contracts has a great impact on the timely realization of activities and builds a sense of uncertainty as to whether to proceed with planned and budgeted activities or to suspend them until approval is obtained.
4. FP service providers were notified of limited funds available to renew their medical equipment. The postponement and the reduction of equipment replenishment until year 2 appear to have affected their motivation for service delivery.
5. Delays in product arrival in DRC (as male condoms and FP products) create delays in achieving project objectives. A stock-out of female condoms is anticipated to delay female condoms distribution during FY11.
6. The planning for Lawson roll out in all PSI countries has been revised and the DRC platform implementation thus has been postponed until further notice
7. The lack of a solution to the problem of the suspension of all exonerations for NGOs as of November 2009 continues to significantly undermine PSI/ASF FP activities, including the introduction of Jadelle under this current USAID project and the replacement of FP equipment in many USAID-funded clinics (see section on “Complementary information” below). This exoneration issue also impacts negatively the clearing process for the point of use water treatment product Aquatabs (6.6 million tablets) purchased by other donors and to be distributed under this USAID-funded project. This exoneration issue will unfortunately

continue to delay year 2 project purchases (equipment and other materials) for project implementation unless a resolution is found promptly.

8. Prolonged delays in the registration of Jadelle (since Nov 2009) and the new DMPA 3-month injectable Petogen (since April 2010) continue to block implementation of program activities. PSI/ASF is working with the 3ieme Direction and the pharmaceutical company Helm to finalize the registration of Petogen, which was originally scheduled for mid-June 2010 but has been delayed due to the implementation of new regulations and rules at the 3ieme direction. The registration of Jadelle is being handled by Bayer, at their request, and the lack of progress on this front means that it will not be possible to distribute any Jadelle under this project for 2009.

V. Environmental Mitigation (IEE)

1. Needles from injectables: Part of the pre-selection criteria for partner clinics was that they had, at the time of selection, a place established where hazardous waste, including needles, was burned and safely disposed of. This is also a requirement of the MOH requires for all clinics/health centers. Verification of proper procedures for disposing of hazardous waste at clinics has been added to all clinic supervisions. Used contraceptive injectables needles bins are shipped to the provinces in order to collect them before burning in all the *Confiance* network clinics.
2. Condoms: Proper disposal of condoms, in a designated garbage can or latrine, is included in all community-based actors' trainings and condom messaging, including IEC and condom packaging.
3. Packaging and materials: PSI/ASF does all it can to ensure that product packaging and IEC materials are properly disposed of. This is particularly true following events where samples, brochures, stickers or other promotional and IEC, where materials are often discarded or left lying around.
4. IEE regulations were recalled to the *Confiance* network providers during ongoing long lasting FP methods training. Guidelines for assuring IEE requirements are met in *Confiance* clinics has also been added to newly revised Quality Assurance checklists to be used by FP staff for partner site visits.
5. The promoted POU products PUR and Aquatabs, are harmless. During sensitizations, people are taught how to discard the packaging so as to avoid their littering. Packaging will be gathered and burnt at the nearest health center along with other hospital or household wastes.

VI. FP and HIV policy compliance

As for HIV, to ensure that all FP program activities adhere to the Tiaht Amendment requirements, all FP staff are briefed on the Tiaht requirements and given examples of hypothetical situations to determine whether they are in compliance with Tiaht. Provincial Leaders (LPs) are also briefed on Tiaht at the bi-annual LP retreats, to ensure that understanding of the Tiaht Amendment is at all levels and not restricted only to FP staff, as LPs and other staff often work with FP activities.

VII. Planned activities versus progress (table)

Activity	2009												2010												Comments															
	OCT			NOV			DEC			JAN			FEB			MAR			APR			MAY				JUN			JUL			AUG			SEPT					
	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
Program Administration																																								
Post award meeting with USAID Mission	X																																							Achieved
Follow-up with USAID on final contract revisions	X																																							Achieved
Finalize request for approval of subcontractors Hope Consulting & Social Impact					X	X	X																																Achieved	
Finalize sub-agreement with Hope Consulting and Social Impact								X																															Achieved	
Finalize sub-agreement with QED					X																																		Achieved	
Finalize PSI/ASF Y1 workplan DUE OCT. 30					X																																		Achieved	
Finalize PSI/ASF Y1 PMP and logframes DUE NOV. 30								X																															Achieved. Submitted to USAID on time for approval	
Brand and Marking Plan DUE Nov. 30								X																															Achieved. Submitted to USAID on time for approval	
Trainings and Conferences																																								
PSI Induction Training (Hery Ramangalahy and Didier Adjoua) DRC-Washington DC					X																																		Achieved.	
PSI Country Representative Annual Conference (Theresa Gruber-Tapsoba) DRC-TBD																																								Achieved
Procurement/Equipment																																								
Inventory Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved	
Determine and validate new terms of reference for Y2 procurement																																								Achieved
Advertise tenders																																								Reported to Q1 FY11, based on year 2 budget approval by USAID.
Analysis and selection of suppliers																																								Reported to Q1 FY11, based on year 2 budget approval by USAID.
Program Management project planning trip (Gina Smith) Washington DC-DRC	X	X	X																																				Achieved	
Program Supervision trip by Regional Director (Moussa Abbo) Washington DC-DRC																																								Achieved
DELTA Social Marketing training trip (Frederick Parsons) Benin-DRC																																								Achieved
Rural Strategy Assessment trip (Sali Adamou) Cameroon-DRC																																								Achieved
MCH/Wat Technical Assistance trip (Megan Wilson) Washington DC-DRC																																								Reported in Q1 FY11 (October 2010)
Monitoring & Evaluation Technical Assistance trip (Edouard Talnan) Benin-DRC																																								Reported in Q1 FY11
Program Management trip (Gina Smith) Washington DC-DRC																																								Achieved. Completed by Elizabeth Regan (Assistant Program Manager)
Rural Strategy Assessment Consultancy trip (Carol Squire) India-DRC																																								Achieved
QED (Melinda Pitts) Washington DC-DRC																																								Achieved
Hope Consulting (Hope Neighbor x 2) San Francisco-DRC																																								Reported in Q1 FY11
Social Impact (Tuthill) Washington DC-DRC																																								Reported in Q1 FY11
Other Travel																																								
Home Leave (Dipoko Degrande + 1 dependent) DRC-Cameroon																																								Reported in Q1 FY11
R&R (Didier Adjoua+2 dependants) DRC-Paris																																								Reported in Q1 FY11
R&R (Hery Ramangalahy) DRC-Paris																																								Reported in Q1 FY11

Activity	2009												2010												Comments													
	OCT			NOV			DEC			JAN			FEB			MAR			APR			MAY				JUN			JUL			AUG			SEPT			
	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4		
TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease																																						
Cross-Cutting Activities																																						
Creation of new distribution system through ethical and non ethical product distributors									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	In process.	
Build capacity of distributors/networks to move social marketing products					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	In process.
Formalize method of selection of wholesalers and intermediaries	X	X	X	X	X																																Achieved.	
Develop selection criteria & Select new wholesalers and confirm existing	X	X	X	X	X																															In process.		
Create new points of sale and confirm existing	X	X	X	X	X																															Achieved.		
Update/provide sales materials	X	X	X	X	X																															On going.		
Field training of wholesalers									X	X	X	X																								No budget is available in FY10. This activity will be reported in FY11.		
Evaluate pricing grid																																				Achieved.		
Integrate ASF/PSI sales & support teams across health areas and products					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved.		
Assess MIS	X	X	X	X																																Achieved.		
Standardization of MIS					X	X																														Achieved.		
Field training of sales agents									X	X	X	X																								Achieved.		
Restructuring of product supply system to provinces					X	X	X	X	X	X	X																									Achieved.		
Reevaluate MIS																																				Achieved.		
Planning workshops for provincial leaders					X	X																														Achieved.		
Provincial supervision trips	X				X				X				X				X				X				X											Achieved.		
Lawson Preparation & Implementation													X	X													X	X	X	X	X	X	X	X	X	X	Reported to FY11.	
Price																																						
Willingness to pay surveys to assess affordability																X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Reported to Q1 FY11, under Hope's subcontract.		
HIV/AIDS/STI Activities																																						
Product																																						
PSI/ASF receives male and female condoms from USAID					X	X	X	X																												Achieved.		
Socially market 20 million male condoms Y1					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	71.44% distributed.		
Socially market 500,000 female condoms Y1					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved (101.10%)		
Procure condom packaging material					X	X	X	X	X	X	X	X															X	X	X	X	X	X	X	X	X	X	Achieved.	
Packaging of male and female condoms					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved.		
Shipping condoms to provinces									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.		
Placement/Distribution																																						
Distribution of social marketed male and female condoms (private sector, distribution network, wholesalers, semi wholesalers, retailers including pharmacies)									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.		
Intensify distribution into rural areas (involve/ partners community based outreach workers/ NGOs/ Associations)									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Rural Assessment has been achieved in Q3. Strategies have been validated in Q4. Implementation will start in Q1 FY11.		
Identify female friendly condom distribution outlets like hair dressing/ beauty shop for women					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.		
Identify new commercial outlets and maximize product availability and visibility in hot spots (rural and urban)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.		
Family Planning Activities																																						
Product																																						
Socially market 700,000 OCs Y1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	COC achieved (106.81%). Stock out of POP.			
Socially market 100,000 injectable contraceptives Y1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved (171.57%)		
Socially market 2,000 IUDs Y1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved (107.0%)		
Socially market 4,000 CycleBeads Y1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved (122.50%)		
Register new contraceptives					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Registration process on going.		
Introduction of implants into existing Confidence FP system (co-funded with SALIN) pending registration																																				On going. Waiting for Registration		
Socially market 500 implants Y1																																				Waiting for Registration		
Ship products to provinces	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.		
Placement/Distribution																																						
Private sector distribution of Confidence contraceptives through Confidence network of partner clinics and pharmacies					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.		
Maternal & Child Health Activities																																						
Product: CDKs																																						
Product																																						
Establish an increased and sustainable production system	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.			
Price																																						
Willingness to pay surveys to assess affordability																	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Reported to Q1 FY11, under Hope's subcontract.		
Distribute 50,000 CDKs at cost-recovery (for PSI/ASF)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved for year 1 (102.82%).		
Placement/Distribution																																						
Distribute CDKs through wholesalers, retailers, clinics and Confidence sites					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.		
Sell CDKs to NGOs/Int'l Organizations for subsidized/free delivery in rural sites (outside of cost-recovery distribution circuit)					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.		

VIII. Key activities and challenges for the next quarter

Activities for Q1 FY11 are included in the year 2 project work plan, which has to be validated first by USAID with the budget.

IX. Annexes

IX.1- Project indicators

Annex A: Product Distribution Targets

Annex A: Product Distribution Targets						
	PRODUCTS	YEARS				TOTAL
		1	2	3	4	
HIV	Male Condoms	20,000,000	25,000,000	30,000,000	32,000,000	107,000,000
	Female Condoms	500,000	700,000	1,000,000	1,200,000	3,400,000
FP	Oral Contraceptives	700,000	1,000,000	1,200,000	1,500,000	4,400,000
	Depo-Provera (3-month)	100,000	150,000	200,000	250,000	700,000
	IUD	2,000	2,500	2,750	3,000	10,250
	Cycle Beads	4,000	5,000	5,700	6,200	20,900
	Implants	500	800	1,200	1,500	4,000
MCH / WS	Clean Delivery Kits	20,000	30,000	0	0	50,000
	ORS+Zinc Diarrhea Treatment Kit	0	250,000	1,000,000	1,500,000	2,750,000
	PUR	1,000,000	1,320,000	1,650,000	1,800,000	5,770,000
	Aquatabs	1,150,000	1,540,000	1,925,000	2,100,000	6,715,000

Annex B: Annual Performance Milestones

Annex B: Annual Performance Milestones							Comments/Assumptions
INDICATORS	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL		
<i>Task 1: Increase supply and diversity of health services and products</i>							
1	Number of male condoms distributed through the USG funded social marketing programs	20,000,000	25,000,000	30,000,000	32,000,000	107,000,000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
2	Number of female condoms distributed through the USG funded social marketing programs	500,000	700,000	1,000,000	1,200,000	3,400,000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33,000,000	44,000,000	55,000,000	60,000,000	192,000,000	Based on quantities planned. Year 1 target is based on previous project last year achievement. A 33% increase is anticipated in year 2, based on historical yearly increase. Concurrent interventions of other NGOs in same health zones are anticipated to decrease targets in year 3 and 4.
4	Number of Diarrhea Treatment Kits containing 2 low-osmolarity flavored ORS sachets plus a 10-blister pack of zinc distributed through the USG funded social marketing programs	0	250,000	1,000,000	1,500,000	2,750,000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and similar project achievements in other PSI countries.
5	Number of clean delivery kits distributed through the USG funded social marketing programs	20,000	30,000	0	0	50,000	Based on quantities planned. Quantities for years 3 and 4 will be distributed by the private company to be identified, according to the work plan. Additional market analysis will be carried out in year 1 to critically assess the feasibility to turn CDK promotion and distribution into a formal private company.
6	Number of cycles of oral contraceptives distributed through the USG funded social marketing programs	700,000	1,000,000	1,200,000	1,500,000	4,400,000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	100,000	150,000	200,000	250,000	700,000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
8	Number of IUDs distributed through the USG funded social marketing programs	2,000	2,500	2,750	3,000	10,250	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
9	Number of cyclebeads distributed through the USG funded social marketing programs	4,000	5,000	5,700	6,200	20,900	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
10	Number of implants distributed through the USG funded social marketing programs	500	800	1,200	1,500	4,000	Based on universe of needs calculation (including estimated impact of the project on product used-related behavior change).

Annex B: Annual Performance Milestones							
INDICATORS	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	Comments/Assumptions	
Task 2: Increase the awareness of and demand for health products and services							
11	Number of people reached during HIV/AIDS activities who are oriented to a VCT site	0	4,364	4,800	5,280	14,445	National reference is 11% for this activity (DHS 2007). Project efforts will increase this target to 15% of people reached during AB and OP promotion.
12	Number of individuals reached with individuals/small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	0	17,717	19,488	21,437	58,642	Year 2 targets are based on previous project achievements. A 10% yearly progression is anticipated. Targets are related to available budget.
13	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	0	14,286	15,714	17,286	47,286	Year 2 targets are based on previous project achievements. A 10% yearly progression is anticipated. Targets are related to available budget.
14	Number of targeted condom service outlets	1,800	2,500	4,000	5,500	5,500	Previous project achievement was 1,500 condom service outlets. Targets are based on the extension planning of condom service outlets network in Health Zones.
15	Number of individuals participated in community-wide event focused on HIV/AIDS	0	200,000	300,000	400,000	900,000	Year 2 targets are based on previous project achievements. Yearly progression is anticipated. Targets are related to available budget.
16	Number of media outlets including HIV/AIDS messages in their programs	0	15	20	25	25	Based on budget available.
17	Number of media broadcasts that promote responsible sexual behavior	0	1,800	1,800	1,350	4,950	Based on budget available.
18	Number of peer educators who successfully completed an in-service training program	0	300	300	0	600	Based on budget available.
19	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	0	103	0	0	103	Dutch funded newly established <i>Confiance</i> clinics and pharmacies will be incorporated into the USG funded network in year 2.
20	Percentage of service delivery points (pharmacies, clinics and wholesalers) reporting stock out of any contraceptive commodities offered by the facility at any time	50	40	30	15	15	Contingent upon consistent product supply from the donor.
21	Number of people reached during outreach activities promoting the use of water purifier products	50,000	100,000	150,000	180,000	480,000	Based on past achievements.
22	Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	0	25,000	75,000	125,000	225,000	Based on estimated quantities of product to be distributed.
23	Number of service delivery points social marketing delivery kits	200	250	0	0	250	Years 1 and 2 are based on current levels of distribution and existing service delivery points. In years 3 and 4, product will become commercially marketed by a private company. Additional market analysis will be carried out in year 1 to critically assess the feasibility to turn CDK promotion and distribution into a formal private company.
24	Percentage of wholesaler service delivery points reporting no stock out of water purifier at any time	60%	70%	80%	80%	80%	Based on anticipated project efforts.
25	Percentage of wholesaler service delivery points reporting no stockouts of ORS/zinc tablets at any time	—	60%	70%	80%	80%	Based on anticipated project efforts.
Task 3: Develop and/or enhance the ability of commercial/private sector entities to social market health products and services including behavior change communication activities							
26	Number of socially marketed health products or services transitioned to the private sector	0	0	1	0	1	Based on project work plan.
27	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	0	10	8	2	20	Based on project work plan.
Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community level through joint planning with GDRC, other USG and non-USG partners							
28	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	93	110	110	373	Based on budget available, and past experience on coordination.

IX.2- Inventory on hand

The tables below highlight PSI/ASF's distribution numbers and current stock levels for each product in each targeted province of the project.

Provinces	HIV Products		FP Products				MCH Products	WatSan Products		
	Prudence Male	Prudence Female	COC	POP	Injectable	IUD	CycleBeads	DELIVRANS	PUR	AQUATABS
Kinshasa	11,634,428	0	352,075	0	101,691	6,037	102,977	3,138	4,167,062	5,557,112
Katanga	540,000	0	4,650	0	16,660	92	1,064	0	855,287	376,616
Bas Congo	432,540	0	15,195	0	910	100	1,179	7	38,303	220,488
Sud Kivu	273,690	0	0	0	5,370	135	762	0	277,920	636,160
Nord Kivu	NA	NA	8,050	0	10,979	80	0	0	0	0
Province Oriental	NA	NA	2,400	0	5,530	88	440	0	0	0
Equateur	NA	NA	0	0	4,000	100	1	174	0	0
Kasai Occidental	0	0	12,240	0	2,950	0	0	0	146,570	598,616
Kasai Oriental	60,870	0	640	0	NA	NA	NA	187	151,420	54,720
Maniema	NA	NA	3,540	0	NA	NA	NA	54	0	0
TOTAL	12,941,528	0	398,790	0	148,090	6,632	106,423	3,560	5,636,562	7,443,712

IX.3- Program income

At the end of September 2010, a total of \$53,817.73 and 133,023,860 Congolese francs (around \$147,804, with a rate exchange of 900) has been collected with HIV prevention and FP products' sales in targeted provinces.