



A uniformed person demonstrates the use of one of the project's purifiers (PUR) in a military camp in Kabare, Sud Kivu

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

**Programmatic Quarterly Report
January – March 2011**

**Submitted by:
Population Services International**

April 29th, 2011



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SUMMARY

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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

Country: Democratic Republic of Congo

Time period: January – March 2011 (Q2 FY11)

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 use of effective health products, services, and 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 GDRC, other United States Government (USG), and non-USG partners.

Key success:

1. 4,461,744 male condoms were distributed in targeted health zones under AIDSTAR project.
2. 169,755 COC, 53,130 injectables, 305 IUD, 656 Cycle Beads and 22 *Jadelle* were distributed to women of reproductive age in project-targeted health zones.
3. 27,056 CYPs were generated by the FP products distribution over the quarter.
4. 1,868 Clean Delivery Kits were distributed.
5. 332,381 sachets of PUR and 576,608 tablets of Aquatabs were distributed, to treat 14,855,970 liters of water.

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. The wholesaler evaluation was completed and the final list of those which will directly collaborate with PSI/ASF as distributors was established. In order to strengthen the distribution network, the other wholesalers were linked to the selected distributors for their orders.
2. A tender was issued for the production of integrated sales materials. The service provider was selected and materials will be distributed in Q3 FY11 in both urban and rural targeted zones.
3. An assessment was conducted in Katanga, Sud Kivu and the two Kasais during Q2 FY11 to identify the “junction points” (which are mostly semi wholesalers) where bikers will be supplied, and the distribution network that will be used to supply rural and underserved health zones.

In the Health District of Haut Lomami (Katanga), in collaboration with the health authorities, several health zones were visited (Songa, Malemba Nkulu, Kolwezi) and two junction points were identified in Kamina.

In Sud Kivu, it was noted that all the commercial retailers are supplied from Bukavu, where the junction points were established.

In Kasai Oriental and Kasai Occidental, the health zones of Luputa, Kanda Kanda, Mwene Ditu and Bulape, Tshimbulu, Luisa, Masuika, Luambo, Kalemba were assessed and distribution networks were established with already present suppliers for the existing bikers’ associations.

A policy has been written to standardize how the provinces with rural targeted zones (Kasai Occidental, Kasai Oriental, Sud Kivu and Katanga) will identify and work with semi wholesalers and bikers (as mobile points of sale) to increase the availability of condoms in underserved areas.

4. Three supervision visits were conducted during Q2 FY11 from the national level to Bas Congo and Kasai Oriental. One of these visits was conducted together with a technical team of 3 USAID people (the COTR, the Communication Specialist and the Monitoring and Evaluation Specialist). At the end of this supervision, recommendations were shared with the provincial team and will serve as actions to be implemented in the coming quarter.

HIV/AIDS/STI

1. At the beginning of Q2 FY11, there was a quantity of 10,531,665 male condoms in our warehouses throughout the six targeted sites ready for distribution. During this quarter, 15,003,000 Prudence® male condoms were received on February 3rd and 700,000 female ones on March 20th, from USAID. Among the 15,003,000 male condoms, 1,000,000 were allocated to the US Department of Defense (DoD)-funded project. A quantity of 4,179,600 Prudence® male condoms was shipped to Katanga, Sud Kivu, Kasai Occidental and Kasai Oriental provinces. At the end of this quarter, there are 20,008,821 Prudence® male condoms in PSI/ASF’s warehouses throughout all the targeted sites. All the female condoms received are undergoing the sampling, testing, packaging and shipping processes. The distribution of female condoms will start in late May 2011.
2. The following table highlights the distribution of male condoms by province during Q2 FY11, and the inventory on hand at the end of March 2011:

| Male Prudence | Distribution | Stock available, end of March 2011 |
|--------------------|------------------|------------------------------------|
| KINSHASA | 1,691,918 | 16,919,310 |
| KATANGA | 1,081,908 | 685,962 |
| BAS CONGO | 267,660 | 197,910 |
| SUD KIVU | 1,017,270 | 514,080 |
| NORD KIVU | | |
| PROVINCE ORIENTALE | | |
| EQUATEUR | | |
| KASAI OCCIDENTAL | 281,488 | 959,499 |
| KASAI OCCIDENTAL | 121,500 | 732,060 |
| MANIEMA | | |
| TOTAL | 4,461,744 | 20,008,821 |

3. In order to prepare for the launch of the existing PRUDENCE male condom with scent and color, to improve youth targeting, samples of different condoms have been ordered and should be received in DRC in May 2011. The selected protocol is to give samples to youth who will use them during a one month period. Based on their feedback, the youth preferred sample will be communicated to USAID for ordering.

Family Planning

1. In Q2 FY11, PSI/ASF sold a total of 169,755 cycles of Duofem, 53,130 injectables, 305 IUDs, 656 Cycle Beads and 22 *Jadelle* through its USAID-funded partner clinics and pharmacies.

The following table highlights the distribution of products by province:

| Province | COC | POP | Injectable | IUD | CycleBeads | Jadelle |
|-------------------|----------------|----------|---------------|------------|------------|-----------|
| Kinshasa | 107,295 | 0 | 26,290 | 200 | 6 | 20 |
| Katanga | 19,515 | 0 | 7,060 | 69 | 476 | 0 |
| Bas Congo | 17,340 | 0 | 7,610 | 5 | 5 | 2 |
| Sud Kivu | 9,780 | 0 | 3,020 | 6 | 0 | 0 |
| Kasaï Occidental | 3,195 | 0 | 1,270 | 6 | 33 | 0 |
| Kasaï Oriental | 3,780 | 0 | 0 | 0 | 134 | 0 |
| Nord Kivu | 2,595 | 0 | 3,690 | 0 | 0 | 0 |
| Province Oriental | 90 | 0 | 1,510 | 19 | 2 | 0 |
| Equateur | 5,760 | 0 | 2,680 | 0 | 0 | 0 |
| Maniema | 405 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 169,755 | 0 | 53,130 | 305 | 656 | 22 |

2. PSI/ASF continued to follow up with USAID concerning the registration of Microlut and Combination 3, for which Bayer (through Ethica) is responsible.
3. The *Jadelle* implant was successfully introduced in the *Confiance* distribution network. All partner clinics in the network received sufficient training and were able to participate in the distribution. The generic *Jadelle* was distributed at five (5) US\$ in all the provinces of intervention, after PSI received the certification from the local testing that the product meets the consumption requirements.
4. As part of the *Confiance* network expansion planned for this second year of project implementation, the new health facilities (25 clinics and 75 pharmacies) selection process started in Q2 FY11 in collaboration with the respective Health Zones' Chief Medical Officers and PNSR's coordinator in the provinces of Kinshasa, Katanga, Bas Congo, Sud Kivu, Kasaï Occidental and Kasaï Oriental. While waiting for the validation of clinics and pharmacies targeted by health authorities involved in this process in each of the provinces, PSI/ASF, backed by PSI's office in Washington, has been finalizing the updated version of the memorandum of understanding for these new network partners before starting their basic training at the beginning of the upcoming quarter.
5. During Q2 FY11, regular visits continued to be carried out by PSI/ASF staff in the partners' sites with an emphasis on quality assurance regarding counseling and FP care given to clients. These regular monthly visits, with particular focus on micro-trainings on site, contribute to the improved capacity of trained providers in partner clinics and pharmacies. These visits also serve to regularly supply network members in order to ensure contraceptive methods availability.

Maternal & Child Health

CDK

1. At the beginning of the reported period, a quantity of 2,647 CDKs (*Délivrans*[®]) were in stock. During Q2 FY11, 1,868 CDKs were distributed in all the provinces covered by PSI/ASF.
2. The following table highlights the distribution of *Délivrans*[®] by province during Q2 FY11, and the inventory on hand at the end of March 2011:

| DELIVRANS | Distribution | Stock available, end of March 2011 |
|--------------------|--------------|------------------------------------|
| Kinshasa | 0 | 303 |
| Katanga | 386 | 258 |
| Bas Congo | 10 | 275 |
| Sud Kivu | 702 | 0 |
| Nord Kivu | 160 | 0 |
| Province Orientale | 0 | 0 |
| Equateur | 45 | 29 |
| Kasaï Occidental | 148 | 152 |
| Kasaï Oriental | 368 | 2,800 |
| Maniema | 49 | 52 |
| TOTAL | 1,868 | 3,869 |

DTK

1. The DTK packaging development process was completed after a workshop with the MoH and the approval from the USAID DRC mission. It was the last step before launching the DTK procurement process.
2. The DTK procurement process was launched. A total of 357,617 kits, including 3,576,170 dispersible tablets of Zinc (20mg) and 734,340 low-osmolarity orange-flavored ORS, will be purchased after submitting and obtaining the source/origin and pharmaceutical waiver from USAID/Global. The bidding process to identify a manufacturer for DTK production was prepared by PSI/WDC's procurement team and will be launched in early Q3 FY11.

The DTK will be pre-packaged by the selected firm to simplify and speed up the procurement process and make it possible to start distribution as soon as it is delivered to the field.

The *Ora-Zinc*[®] registration process will start as soon as samples and technical documents are provided by the selected manufacturer before delivery.

3. The DTK providers' training curriculum was designed and is still being fully developed.

Water and Sanitation

1. From January to March 2011, a total of 332,381 sachets of PUR and 576,608 tablets of Aquatabs were distributed in the main USAID-targeted provinces (Kinshasa, Katanga, Sud Kivu, Bas Congo, Kasai Occidental and Kasai Oriental). PUR and Aquatabs were distributed to health centers, pharmacies, retailers, wholesalers, NGOs and households. For household distribution, PSI/ASF's sale agents created demand and directed populations to existing and new points of sale.
2. 2.2 million sachets of PUR, purchased with P&G funding, are under clearing process and 2.2 million more are being shipped to DRC.
3. The clearing process for 6.6 million Aquatabs tablets is still ongoing. Meetings with the MoH were held to address this issue and we hope that in early Q3 FY11 the Aquatabs will be cleared.
4. During Q2 FY11, 247 new PUR and Aquatabs points of sale were created in the 6 USAID-targeted provinces.
5. The following tables highlight the distribution of products by province during Q2 FY11, and the inventory on hand at the end of March 2011:

| PUR | <i>Distribution</i> | <i>Stock available, end of March 2011</i> |
|------------------|----------------------------|--|
| Kinshasa | 121,920 | 2,791,132 |
| Katanga | 110,834 | 394,247 |
| Bas Congo | 27,899 | 59,280 |
| Sud Kivu | 5,908 | 278,919 |
| Kasai Occidental | 11,120 | 130,370 |
| Kasai Oriental | 54,700 | 67,920 |
| TOTAL | 332,381 | 3,721,868 |

| AQUATABS | <i>Distribution</i> | <i>Stock available, end of March 2011</i> |
|------------------|----------------------------|--|
| Kinshasa | 167,112 | 5,135,210 |
| Katanga | 77,760 | 66,696 |
| Bas Congo | 27,416 | 175,360 |
| Sud Kivu | 224,960 | 452,549 |
| Kasai Occidental | 46,080 | 479,896 |
| Kasai Oriental | 33,280 | 10,720 |
| TOTAL | 576,608 | 6,320,431 |

Task 1 indicators: Situation as of end Q2FY11

| | INDICATORS ¹ | Year 2 Targets | Year 2 Achievement (numbers) | Year 2 Achievement | Comments |
|-----|---|----------------|------------------------------|--------------------|--|
| 1 | Number of male condoms distributed through the USG funded social marketing programs | 30,712,971 | 8,870,807 | 29% | Year 2 target is the sum of remaining Year 1 condoms (5,712,971) and original contract year 2 target (25,000,000) |
| 2 | Number of female condoms distributed through the USG funded social marketing programs | 700,000 | 0 | 0 | Condoms were received from USAID in late March 2011, and were not available for distribution (need to be sampled, tested, packaged and shipped to provinces first). |
| 3 | Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs | 60,000,000 | 45,719,870 | 76% | An important amount of POU products were distributed in emergency situations by NGOs and UNICEF in Sud Kivu and Katanga. |
| 5 | Number of clean delivery kits distributed through the USG funded social marketing programs | 30,000 | 2,781 | 9% | CDK communication campaign and the increase of the product availability by increasing the production will be intensified |
| 6-1 | Number of cycles of oral contraceptives (COC) distributed through the USG funded social marketing programs | 850,000 | 355,801 | 42% | At the end of the reported period, a quantity of 12,100 was available in the main warehouse in Kinshasa, with the risk of stock shortage in the intervention sites. Combination-3 is not yet available to replace Duofem as proposed by USAID. |
| 6-2 | Number of cycles of oral contraceptives (POP) distributed through the USG funded social marketing programs | 150,000 | 0 | 0 | Stock out of Ovrette. We received Microlut from USAID in Q4 FY10 and are waiting for product registration and over-branding authorization from Bayer via USAID. |
| 7 | Number of injectable contraceptives distributed through the USG funded social marketing programs | 200,000 | 92,860 | 46% | At the end of the reported period, we received from USAID 130,000 injectables doses whose packaging process is in progress. |
| 8 | Number of IUDs distributed through the USG funded social marketing programs | 2,500 | 934 | 37% | Distribution will continue and be reinforced in Q3. |
| 9 | Number of Cycle Beads distributed through the USG funded social marketing programs | 6,000 | 1,766 | 29% | Effort will be done during Q3 FY11 to boost the distribution |
| 10 | Number of implants distributed through the USG funded social marketing programs | 1,300 | 22 | 2% | We started the distribution this quarter after receiving the AMM certificate and the results of local testing |
| 11 | Couple-years of protection (CYP) in USG-supported programs | 140,217 | 53,813 | 38% | Distribution will continue and be reinforced in Q3, including new products such as implants. |

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

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 to build an informed, sustainable consumer base.

Cross-cutting activities

1. The conception of the “Creative briefs” was finished in March 2011. The briefs were based on previous research results in order to drive the evidence-based communication campaign design. A bidding process will be launched to identify advertising agencies for the development and production of communication materials in the various project domains.

HIV/AIDS/STI

1. The first step of peer educator identification and selection is the choice of local NGOs (of which they will be members) and their institutional capacity building through our subcontractor, Social Impact. During Q2 FY11, the technical representative from Social Impact traveled in February and March, to six USAID-intervention provinces to identify local NGOs using the developed criteria. He is writing the final report to be submitted to PSI/ASF.
2. For the next quarter, communication activities are scheduled and will address all project-targeted people, namely the military, the police, long-distance truck drivers, miners, sex workers, PLWHAs and the youth through interpersonal communications. The general population will also be addressed through MVUs. All these activities will be conducted by local NGOs, and PSI/ASF’s teams will do more supervision to assure the services quality.
3. The needed and planned people to implement the abstinence activities, including the magazine *100%Jeune*, were selected.

Family Planning

1. During the previous quarter, PSI/ASF’s FP Program continued its activities through the *Confiance* network which includes 115 private clinics (78 of them supported by USAID and the 37 others by the Dutch fund) and 366 pharmacies (277 of them supported by USAID and the 89 others by the Dutch fund) in 10 provinces (Kinshasa, Katanga, Bas Congo, Sud Kivu, Nord Kivu, Province Orientale, Equateur, Kasai Occidental, Kasai Oriental and Maniema). When the complementary Dutch funding ended in December 2010, a total of 99 clinics and pharmacies in Kasai Oriental (8 clinics and 30 pharmacies), Kinshasa (20 clinics and 39 pharmacies) and Bas Congo (2 clinics in Boma) were incorporated in the USAID partners’ network at the beginning of January 2011, as they were located in main USAID-intervention areas.
2. To reinforce the integration of HIV and FP messages, PSI/ASF’s staff continues, during sessions of behavior change communication and of service providers and other FP-field actors’ training, to promote among its target groups the condoms’ dual protection: protection not only against sexually transmitted infections such as HIV, but also against unwanted pregnancies. This message is also included in some printed media such as the images box, and the training module.

3. To increase access to information on FP in the basic community, PSI/ASF developed two new spots for FP (generic and branded) with additional support from the Dutch fund. We requested the PNSR national office's validation of these spots. PNSR granted us formal permission to air these new spots, whose broadcasting campaign start is scheduled for the upcoming quarter.
4. In Q2 FY11, thanks to the important contribution of community-based educators and under the oversight of PSI/ASF's provincial staff, customary Interpersonal Communication (IPC) sessions as well as radio/TV broadcasts were done in USAID-intervention provinces. These activities, during which emphasis was put on FP-service users' testimonies, provided a framework for experience sharing in order to dispel the fear of side effects and rumors about modern contraceptives.

A total of 109,628 persons of reproductive age were reached with FP messages through educational talks in the basic community (churches, businesses, markets and health centers) and during home visits.

Number of people reached through FP interpersonal communication, by province
(January-February-March 2011 – Q2 FY11)

| Province | Men | Women | Total |
|--------------------|---------------|---------------|----------------|
| Kinshasa | 7,095 | 24,242 | 31,337 |
| Katanga | 6,932 | 32,808 | 39,740 |
| Bas Congo | 1,401 | 3,080 | 4,481 |
| Sud Kivu | 366 | 11,710 | 12,076 |
| Nord Kivu | 753 | 3,211 | 3,964 |
| Province Orientale | 1,009 | 2,466 | 3,475 |
| Equateur | 342 | 2,105 | 2,447 |
| Kasaï Occidental | 2,334 | 8,332 | 10,666 |
| Kasaï Oriental | 305 | 1,137 | 1,442 |
| Total | 20,537 | 89,091 | 109,628 |

5. In Q2 FY11, PSI/ASF, through its provincial teams in charge of its FP program, joined international and local NGOs in celebrating the International Women's Day 2011 (IWD 2011). The national theme was: *“Equal access to training for men and women as well as boys and girls, equal access to same opportunities for an equally representative Congo”*. The celebration of this day lasted all of March and was marked by several FP-related awareness activities that were mainly oriented to women-of-reproductive-age and associations so as to create demand and direct them towards partner structures for receiving FP services. An estimated total of over 5,000 women were informed on the importance of FP on health and on the location of the *Confiance* network partners.
6. In Q2 FY11, the two hotline numbers (081 080 00 00 and 099 300 30 01) continued to be promoted by PSI/ASF's field staff, community-based educators and partners in all the existing *Confiance* network, through IEC activities and service delivery point visits accompanied by the distribution of printed communication materials having these hotline numbers. These hotlines that offer the target group confidential access to FP-related information, received a total of 1,313 calls during this quarter as shown in the table below.

Number of calls received by FP hotline, by province
(January-February-March 2011-Q2 FY11)

| Province | Calls | | Total |
|--------------------|--------------|------------|--------------|
| | Men | Women | |
| Kinshasa | 138 | 115 | 253 |
| Katanga | 418 | 50 | 468 |
| Bas Congo | 27 | 15 | 42 |
| Sud Kivu | 35 | 12 | 47 |
| Nord Kivu | 38 | 6 | 44 |
| Province Orientale | 45 | 8 | 53 |
| Equateur | 41 | 13 | 54 |
| Kasaï Occidental | 78 | 21 | 99 |
| Kasaï Oriental | 59 | 17 | 76 |
| Maniema | 101 | 15 | 116 |
| Bandundu | 46 | 15 | 61 |
| Total | 1,026 | 287 | 1,313 |

7. From January to March 2011, 20,955 people attended *Confiance* network clinics to receive FP counseling, for extensive discussions about birth spacing, prevention of unwanted pregnancies and other FP-related issues in the project-intervention areas.

Number of people reached through FP counseling visits, by province
(January-February-March 2011-Q2 FY11)

| Province | Men | Women | Total |
|--------------------|--------------|---------------|---------------|
| Kinshasa | 829 | 3,727 | 4,556 |
| Katanga | 485 | 2,683 | 3,168 |
| Bas Congo | 225 | 901 | 1,126 |
| Sud Kivu | 73 | 2,068 | 2,141 |
| Nord Kivu | 445 | 469 | 914 |
| Province Orientale | 138 | 357 | 495 |
| Equateur | 34 | 118 | 152 |
| Kasaï Occidental | 742 | 7,280 | 8,022 |
| Kasaï Oriental | 93 | 288 | 381 |
| Total | 3,064 | 17,891 | 20,955 |

8. Of all the clients seen during the reported period, 15,104 were recorded as new clients accepting modern contraceptive methods. The following table shows the distribution of these new clients by gender.

Number of new clients recruited, by province
(January-February-March 2011-Q2 FY11)

| Province | Q2 FY11 | |
|----------------------|---------------|---------------|
| | Men | Women |
| Kinshasa | 0 | 8761 |
| Katanga | 20 | 825 |
| Bas Congo | 67 | 325 |
| Sud Kivu | 84 | 493 |
| Nord Kivu | 128 | 1298 |
| Province Orientale | 80 | 131 |
| Equateur | 0 | 1376 |
| Kasaï Occidental | 227 | 1127 |
| Kasaï Oriental | 9 | 153 |
| Total per sex | 615 | 14,489 |
| Total | 15,104 | |

9. In Q2 FY11, 18 meetings with *Confiance* network trained pharmacists and clinicians were held (i.e. 9 meetings with the pharmacists and 9 others with clinicians in the targeted FP provinces). These regular meetings, held by PSI/ASF's staff, help to continuously build the trained providers' technical skills by discussing with them lessons learned, successes and concerns.

Maternal & Child Health

DTK

- The DTK marketing plan was completed thanks to the technical assistance of the PSI/Rwanda MCH team in Kigali. This technical assistance was scheduled to take place in Kinshasa however, was reschedule for Kigali due to Kigali team's unavailability to travel. The *Ora-Zinc*[®] marketing plan strategic priorities will focus on:
 - Increasing the *Ora-Zinc*[®] quality perception;
 - Ensuring the *Ora-Zinc*[®] coverage and access;
 - Increasing the *Ora-Zinc*[®] knowledge among the targeted population and the providers.
- The community-based educators (CBE) training curriculum on diarrhea treatment, water, and sanitation is still being completed. A workshop with the MoH for its completion and approval will be held before the launch of the new diarrhea treatment kit (*Ora-Zinc*[®]) planned for September 2011. The CBEs will be provided with a diarrhea prevention and treatment training package.

Water and Sanitation

- A total of 439 interpersonal communication (IPC) sessions were conducted by communication agents in local markets, mobile video units, health clinics (during ante and post-natal sessions), churches and schools; and by community volunteers, with door to door sensitization. A total of

49,951 people, including mothers and caregivers with children under five, students, etc, were reached.

2. 462 radio spots with messages related to safe drinking water, hygiene and sanitation promotion were aired through both rural and urban radio stations.
3. The PUR children cartoon, produced with P&G funding, was approved by the MoH during a workshop held at PSI/ASF's national office. It will be aired during the summer holidays so as to reach as many children as possible. This communication tool will promote both point of use water treatment with PUR and hygiene messages.
4. The training curriculum for community-based educators (CBE) on water, sanitation and diarrhea treatment is still being created. A workshop with the MoH, for its completion and approval, will be held before the launch of the new diarrhea treatment kit (*Ora-Zinc*[®]). The CBEs will be provided with a diarrhea prevention and treatment training package.
5. Thanks to a Pooled Fund project in 3 rural health zones in Maniema (Lubutu, Obokote and Salamabila), IPC activities and radio spots broadcasting were done to expand household water treatment activities. It is the same situation in Mbandaka with P&G funding in 2 health zones (Wangata and Mbandaka). In Goma (Kiroche Health Zone), BCC activities were held in January and February when the UNICEF project closed.

Task 2 indicators: Situation as of end Q2FY11

| | INDICATORS | <i>Year 2 Targets</i> | <i>Year 2 Achievement (numbers)</i> | <i>Year 2 Achievement</i> | <i>Comments</i> |
|----|--|---------------------------|---|-------------------------------|---|
| 12 | Number of people reached during HIV/AIDS activities who are oriented to VCT site | 4,364 | 153 | 4% | This indicator will be boosted in Q3 once local NGOs are selected and members trained to conduct IPC sessions. |
| 13 | Number of individuals reached with individual and/or small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards | 17,717 | 0 | 0 | The process of identifying and selecting NGOs will boost this indicator. It will be completed in Q3 FY11. This activity will begin in the next quarter. |
| 14 | Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards | 14,286 | 0 | 0 | Contact with groups' leaders taken; peer educators to be trained are identified and selected, and agenda validated. In all sites the training will begin in April 2011. |
| 15 | Number of targeted condom service outlets | 6,000 | 5,626 | 94% | Points of sale are cumulative. |
| 16 | Number of individuals who participated in communitywide event focused on HIV/AIDS | 200,000 | 25,603 | 13% | This indicator too will be boosted in Q3, depending on local NGOs' action. |
| 17 | Number of media outlets including HIV/AIDS messages in their program | 48 | 0 | 0 | Media outlets have been identified and selected. Planned for the next quarter. |
| 18 | Number of media broadcasts that promote responsible sexual behavior | 20,160 | 0 | 0 | Airing spots will start in Q3. |
| 19 | Number of peer educators who successfully completed an in-service training program | 300 | 0 | 0 | Contact with groups' leaders taken; peer educators to be trained are identified and selected, and agenda validated. In all sites the training will begin in April 2011, and will be completed in Q3 FY11. |
| 20 | Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance | 199 | 99 | 50% | To be continued. |
| 21 | Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (Depo provera) | 68 | 50 | 74% | Each service delivery point has at least 1 of the two most used contraceptives (injectables and oral) included in the <i>Confiance</i> products. This indicator is reported cumulatively. |
| 22 | Numbers of people reached during outreach activities promoting the use of water purifier products | 300,000 | 182,865 | 61% | To be continued |
| 24 | Numbers of service delivery points for social marketing delivery kits | 400 | 481 | 120% | All partners (clinics, pharmacies) in <i>Confiance</i> network sell CDK. |
| 25 | Percentage of delivery points reporting stock-out of water purifier at any time | 30 | 0 | 100 | No stock out has been reported to the project. |

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.

HIV/AIDS/STI

1. ASF’s sale agents continued to carry out visits to wholesalers and points of sale to check product availability and merchandising, to verify the respect of price structure, and to inform new clients on site.
2. We continue to maintain the new distribution approach, taking into account wholesalers, semi wholesalers and retailers, following the fast moving consumer goods channel, with targeted promotion and advertising.

Maternal & Child Health, and Water and Sanitation

1. HOPE Consulting, one of our subcontractors in charge of identifying strategies to spin-off the CDK, completed its assessment. Here are some of their key findings :
 - a. There is no rational private sector company that will highly value PSI’s CDK program;
 - b. Interviews with PATH and other experts indicate that even with intellectual property, a commercial spin-off is difficult and extremely time consuming;
 - c. The CDK should be kept in PSI portfolio as the only viable option, highlighting local content and cooperation with other Congolese organizations that exist today.

Task 3 indicators: Situation as of end Q2FY11

| | INDICATORS | Year 2 Targets | Year 2 Achievement (numbers) | Year 2 Achievement | Comments |
|----|--|----------------|------------------------------|--------------------|---|
| 28 | Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques | 10 | 0 | 0 | Local NGOs selection will start in Q3 FY11, followed by their training. |

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. A meeting was held in late January 2011 with the COTR, the COP and PSI technical teams. The main points discussed were concerning the supplies status, the scented condoms to be launched, and the opportunity to continue product distribution in non-main-USAID-focused provinces.
2. In order to contribute to the RH/FP interventions in DRC, PSI/ASF’s staff attended the meeting on the development of a mapping of stakeholders and interventions in the FP field in DRC. It was held in March 2011 in the UNFPA office under the PNSR lead. Given the fact that this

mapping-development process will go through several stages as indicated in the activities schedule, the final report will be available on July 31, 2011.

3. As part of the collaboration with partners intervening in the FP field, PSI/ASF attended a workshop that C-Change organized in Kisantu, Bas Congo, in March 2011 on the development of the communication strategic plan for social and behavior changes in connection with RH/FP. This workshop, which benefited from the participation of the majority of partners who are active in the RH/FP field, is part of the donor's vision to develop a collaborative mechanism for the implementation of USAID-funded activities.
4. 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 Direction), and UNICEF. Besides the weekly cholera epidemiological analysis, the CILC Regulation and the CILC 2011 Work Plan were discussed.
5. A workshop with the MoH (PNLMD and the General Secretary) was held in order to approve the DTK package and instructions leaflet along with the PUR children cartoon.
6. PSI/ASF hosted the January 2011 WATSAN cluster monthly meeting which was under UNICEF's lead. The 2010 WATSAN cluster evaluation and the 2011 work plan were presented and discussed. The WATSAN partners and some of the Pooled Fund donors' representatives (ECHO, UNDP) were present.
7. PSI/ASF also attended two meetings with the IHP implementing partners, C-Change and OSC. Participants discussed about communication-tools sharing and setting up a common communication strategy that will take into account the specificity of each of the partners so as to increase the impact. Further meetings will clarify the way to proceed.

Task 4 indicator: Situation as of end Q2 FY11

| | INDICATOR | Year 2 Targets | Achievement Project Q2 (numbers) | Achievement Project Q2 | Comments |
|----|--|----------------|----------------------------------|------------------------|------------------|
| 29 | Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders | 93 | 49 | 53% | To be continued. |

Research, Monitoring and Evaluation

HIV/AIDS/ST

1. Kinshasa and Bukavu HIV TRaC surveys are still being analyzed and results will be available in Q3 FY11.

Maternal & Child Health

1. The preliminary results of the PUR and Aquatabs TRaC were produced and used to develop PUR and Aquatabs "Creative Briefs". The analysis of the remaining provinces' TRaC is still ongoing and we hope that results will be shared during Q3 FY11.

Family Planning

1. The results of the *Jadelle* “Willingness to pay” survey were used to determine its selling prices.

III. Project Management

1. The MCH Director, Albert Chikuru, visited the Rwanda DTK project which allowed him to finalize the DTK marketing plan. Based on lessons learned and strengths from the 5-year-old project in Rwanda, the DTK plan identifies the implementation priorities and needs in regard to distribution and communication.
2. PSI/ASF’s Country Representative, Nestor Ankiba, attended the management and leadership training in Benin with other western and central Africa PSI Country Representatives. This training workshop offered an opportunity to select with PSI headquarters top priorities for improving governance, reducing risk management, and increase the platform teams’ involvement in achievements.
3. PSI/ASF’s Country Representative, Nestor Ankiba, and its Board’s President, Pr. Pascal Payanzo, attended the French-speaking boards of directors meeting held in Benin with the active participation of PSI CEO, Karl Hoffmann.
4. All tenders were launched to supply identified equipment for project’s implementation (such as computers, vehicles, FP clinics materials, etc.). Most of this equipment was already delivered by the selected firms. Remaining ones will be delivered in Q3 FY11.
5. The western and central Africa Deputy Regional Director, Jim Malster, visited the PSI/ASF platform and activities. This oversight visit was dedicated to review project’s implementation and achievements, and strategies to reinforce activities and capacities to deliver the expected results in a timely manner.
6. Social Impact’s technical person, Jacques Katuala, started his position in DRC in January 2011. Since he was working in the same building as PSI/ASF, that improved coordination and joint planning mechanisms, and maximized resources management. Protocols to identify local NGOs which will benefit from institutional capacity building were validated, and NGOs’ assessment began.

IV. Problems /Challenges faced during the reporting period

During the reporting period, the project faced the following challenges:

1. The stock of male condoms at the end of Q2 FY11 (20,008,821) will not be sufficient to cover the remaining target of male condoms to be distributed by the end of FY11 (21,842,164). The gap is 1,833,343 male condoms.
2. There was a stock out of female condoms during Q1 FY11. Received in late Q2 FY11, the AMM has not been issued by the MOH, which delayed the packaging of the product. This will undermine our ability to reach the target for FY11.

3. A new branded male condom, *OK*, distributed by *DKT*, has appeared in the market. They distribute their product only in points of sale created by PSI sales teams, instead of creating new ones. A meeting will be held in April 2011 with *DKT* representatives to discuss how to better coordinate and maximize efforts to increase the accessibility and availability for targeted populations.
4. The POP (*Ovrette*) has been stocked out since FY10, and the POP which will replace it (*Microlut*) has not yet received its approval for distribution in DRC (AMM, “*Autorisation de Mise sur le Marche*”). Consequently, the target group is limited in its choice of available contraceptive methods. There is a quantity of 42,989 pieces of COC *Duofem* in stock, which is insufficient to reach the remaining target of 494,199 pieces. The new COC (*Combination 3*) has not yet received its approval from the MOH. These two situations may impair the achievement of FY11 objectives for oral pills and PYPs.
5. Based on HOPE Consulting’s conclusions, the spinning-off of the CDK to a private company or another NGO is not a good option. This means that this strategy, described in the contract, will not be implemented as planned.
6. The 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.
7. Pending approvals for requests submitted to USAID are still awaited.
8. The long delay to obtain the approval from the MoH ethical committee in FY10 impacted the completion of the TRaC survey and the availability of the results to initiate evidence-based communication. This situation delayed the production of specific messages addressing key determinants of behavior in order to reach the greatest impact.

V. Environmental Mitigation (IEE)

1. During on-site visits and regular meetings with clinicians, the provincial FP staff regularly reminds the clinicians of the importance and implementation of the national policy on biomedical waste management. PSI/ASF’s provincial staff is making available the handbook entitled “*Data sheet for injections and samplings safety, and biomedical waste management*” in FP clinics for a continual application of this procedure in dealing with such waste.
2. PSI/ASF’s local staff in charge of clinical supervision ensures regular supply of bins to the network clinics for collecting used needles and other waste generated by IUD or implant insertion. This approach offers more security to service providers while working, since it reduces the risk of handling such waste before their reaching the clinic incinerator, and it also contributes to environmental protection.
3. 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 have also been added to newly revised Quality Assurance checklists to be used by FP staff for partner site visits.

4. 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.

VI. FP and HIV policy compliance

The Thiart Amendment and its requirements were recalled to all FP staff during service providers' meetings as well as supervision visits.

VII. Planned activities versus progress (table)

| FY 2011 Workplan for the Advancing Social Marketing for Health in DRC | | | | | | | | | | | | | | | |
|---|--|--|------|----|----|----|-----|----|----|----|-----|----|----|----|----------------------|
| | Activity | People concerned by trips | 2011 | | | | | | | | | | | | Status |
| | | | JAN | | | | FEB | | | | MAR | | | | |
| | | | W1 | W2 | W3 | W4 | W1 | W2 | W3 | W4 | W1 | W2 | W3 | W4 | |
| A | Program Administration | | | | | | | | | | | | | | |
| A-1 | General | | | | | | | | | | | | | | |
| A-2 | Trainings and Conferences | | | | | | | | | | | | | | |
| A-2-2 | PSI/DRC Staff Exchange visits / DRC-Cameroon / 2 people | 1- PSI/DRC HIV technical advisor, to Cameroon 2- PSI/Cameroon HIV Technical advisor, to DRC | | | X | | | | | | | | | X | Achieved |
| A-2-3 | PSI/DRC Staff Exchange visits / DRC-Nigeria / 1 person | Marketing and Logistics Technical Advisor, Dipoko Degrande | | | | | | | X | | | | | | Postponed in Q3 FY11 |
| A-2-4 | PSI/DRC Staff Exchange visits / DRC- Zambia / 1 person | COP, Didier Adjoua | | | | | | | | X | | | | | Postponed in Q3 FY11 |
| A-2-5 | PSI/DRC Staff Exchange visits / DRC-Rwanda / 1 person | MCH Director, Albert Chikuru | | | | X | | | | | | | | | Achieved |
| A-2-6 | USAID Seminars / DRC-TBD / 2 people | 1- COP, Didier Adjoua 2- M&E Specialist, Gode Mpanya | | | | | | | | | | | | | |
| A-2-7 | Management and Leadership Training / DRC - Ivory Coast and Washington, DC / 2 people | 1- CR, Nestor Ankiba, to Ivory Coast 2- COP, Didier Adjoua, to Washington, DC) | | | | X | | | | | | | | | Postponed in Q3 FY11 |
| A-2-8 | Boards of Directors meeting / DRC-Ivory Coast / 2 people | 1- Professor Payanzo, PSI/ASF Board of Directors President 2- CR, Nestor Ankiba | | | | X | | | | | | | | | Achieved |
| A-2-11 | DELTA Social Marketing Regional Training / DRC-TBD / 1 person | Marketing and Communication Director | | | | | | | | | | | | X | Achieved |
| A-2-12 | Program Management workshop with PSI/DRC HQ and Provinces | | | | | X | | | | | | | | | Postponed in Q3 FY11 |
| A-3 | Procurement/Equipment | | | | | | | | | | | | | | |
| A-3-1 | Advertise tenders | | | | | | | | | | | | | | |
| A-3-2 | Analysize and select suppliers | | | | | | | | | | | | | | |
| A-3-3 | Procure vehicles and motos for program activities | | X | X | | | | | | | | | | | Ongoing |
| A-3-4 | Procure MVU equipment for communications activities | | X | X | | | | | | | | | | | Ongoing |
| A-3-5 | Procure furniture, computers and equipment for new staff | | X | X | | | | | | | | | | | Achieved |
| A-3-6 | Replace purchases of computers/servers | | X | X | | | | | | | | | | | Achieved |
| A-3-7 | Procure medical and non medical furniture and equipment for <i>Confiance</i> network clinics | | X | X | X | X | X | X | X | X | X | | | | Ongoing |
| A-4 | Technical Assistance Travel | | | | | | | | | | | | | | |
| A-4-1 | Program Management supervision trip / Washington - DRC / CEO | CEO, Karl Hoffmann | | | | | | | | | | | | | |
| A-4-2 | Program Management Supervision trip / Washington -DRC / Regionel Director | Regional Director, Moussa Abbo | | | | | | | | X | | | | | Achieved |
| A-4-3 | HIV Technical assistance trip / Washington DC - DRC / 1 person | PSI/W HIV Technical Advisor, Brian Pedersen | | | X | X | | | | | | | | | Postponed in Q3 FY11 |
| A-4-4 | FP Technical Assisatnce trip / Washington - DRC / 1 person | PSI/W Family Planning Technical Advisor, Maxine Eber | | | | | | | | | | | | X | Postponed in Q3 FY11 |
| A-4-6 | Research technical assistance trip / Washington - DRC / 1 person | PSI/W Qualitative surveys expert, Megan Kays | | | | X | | | | | | | | | Postponed in Q3 FY11 |
| A-4-8 | Social Impact / Washington DC-DRC / 2 trips | Jasques Katula | | | X | X | X | X | X | X | X | X | X | X | Ongoing |
| A-5 | Other Travel | | | | | | | | | | | | | | |
| A-5-1 | Home Leave / DRC-Cameroon | Marketing and Logistics Technical Advisor, Dipoko Degrande + 1 dependent | X | | | | | | | | | | | | Achieved |

| C | | | | | | | | | | | | | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------------|----------------------|----------|
| C-1 | | | | | | | | | | | | | | Cross-Cutting Activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C-1-1 | | | | | | | | | | | | | | Develop mass media campaigns (tv/radio/promo materials) | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Ongoing | | |
| C-1-2 | | | | | | | | | | | | | | Place mass media campaigns for all products | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Postponed in Q3 FY11 | | |
| C-1-3 | | | | | | | | | | | | | | Collaborate with USAID-funded communications efforts | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Ongoing | | |
| C-1-4 | | | | | | | | | | | | | | Engage with community influencers and leaders (e.g. schools and churches chiefs, local leadres, etc.) to generate community-level acceptance as well as correct and consistent use of products. | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Ongoing | | |
| C-1-5 | | | | | | | | | | | | | | Conduct special events (World Women Day, World Population Day, Kinshasa's Fair 2011, etc) with target population | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X | X | X | X | Achieved |
| C-2 | | | | | | | | | | | | | | HIV/AIDS/STI Activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C-2-1 | | | | | | | | | | | | | | Promotion/Communication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C-2-1-1 | | | | | | | | | | | | | | Use branded point-of-sale materials, community events and outreach channels to announce availability and increase awareness & visibility of private and community outlets stocking social marketed male and female condoms. | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Ongoing | | |
| C-2-1-2 | | | | | | | | | | | | | | Develop partnerships with/train local associations, local NGOs to promote safer sex behaviors and ensure effective reach of targeted populations | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Postponed in Q3 FY11 | | |
| | | | | | | | | | | | | | | Design, develop and pre-test TV and radio spots | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | | | | | | | | | | | | | Ongoing | | |
| | | | | | | | | | | | | | | Place and distribute branded communication materials to raise consumer awareness (mass media, IPC community-reach, print) | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Ongoing | | |
| C-2-1-4 | | | | | | | | | | | | | | Collaborate with other partners in intervention areas in communications efforts to ensure complementary messaging. | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Ongoing | | |
| C-2-1-6 | | | | | | | | | | | | | | Conduct peer counseling sessions (IPC) and outreach mass communication sessions (MVU, etc) | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Postponed in Q3 FY11 | | |
| C-2-1-7 | | | | | | | | | | | | | | Air existing and new radio and TV spots (may include Delayed Debut spot ABCD, Rien que la verité clip and domentary, youth video clip, Trusted partner, female and male condom spots, Pincez Deroulez, VCT promotion spot) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Postponed in Q3 FY11 | |
| C-3 | | | | | | | | | | | | | | Family Planning Activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C-3-1 | | | | | | | | | | | | | | Promotion/Communication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C-3-1-1 | | | | | | | | | | | | | | Develop/disseminate branded point-of-services materials for FP brands | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Ongoing | | |
| C-3-1-2 | | | | | | | | | | | | | | Air spots (funded by Dutch SALIN) to the TV | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Ongoing | | |
| C-3-1-3 | | | | | | | | | | | | | | Air FP spots and films in the clinics of <i>Confiance</i> Network | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Will start in Q3 FY 11 | | |
| C-3-1-4 | | | | | | | | | | | | | | Conduct Inter personal communication and community mobilization by community-based agents | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Ongoing | | |
| C-3-1-5 | | | | | | | | | | | | | | Ensure availability of two FP hotlines (<i>Ligne verte</i>) | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Ongoing | | |
| C-3-1-6 | | | | | | | | | | | | | | Incorporate HIV/STI messages into FP communications and training | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Ongoing | | |
| C-3-1-7 | | | | | | | | | | | | | | Promote real-life stories from satisfied FP users to tackle rumors | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Ongoing | | |
| C-3-1-8 | | | | | | | | | | | | | | Ensure complementary messaging with other USAID programs | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | | | | | | | | | | | | | Ongoing | | |
| C-3-2 | | | | | | | | | | | | | | Training/Capacity Building/Meeting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C-3-2-2 | | | | | | | | | | | | | | Regular technical meetings with pharmacy and clinic partners | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Ongoing | | |

VIII. Key activities and challenges for the next quarter (table)

| FY 2011 Workplan for the Advancing Social Marketing for Health in DRC | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|----|----|----|-----|----|----|----|-----|----|----|----|-----|----|----|----|----------------------|-----|----|----|----|-----|----|----|----|
| | Activity | People concerned by trips | 2011 | | | | | | | | | | | | | | | | Comments/Cahallenges | | | | | | | | |
| | | | JAN | | | | FEB | | | | MAR | | | | APR | | | | | MAY | | | | JUN | | | |
| | | | W1 | W2 | W3 | W4 | W1 | W2 | W3 | W4 | W1 | W2 | W3 | W4 | W1 | W2 | W3 | W4 | | W1 | W2 | W3 | W4 | W1 | W2 | W3 | W4 |
| A | Program Administration | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-1 | General | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-2 | Trainings and Conferences | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-2-1 | WCA Regional Bi-annual PSI conference / DRC-Dakar / 6 people | 1- CR, Nestor Ankiba 2- COP, Didier Adjoua 3- Director of Administration and Finance, Hery Ramangalahy 4- Monitoring and Evaluation Specialist, Gode Mpanya 5- HIV/TB Manager 6- Marketing and Communication Manager | | | | | | | | | | | | | | | | | | X | | | | | | | |
| A-2-2 | PSI/DRC Staff Exchange visits / DRC-Cameroon / 2 people | 1- PSI/DRC HIV technical advisor, to Cameroon 2- PSI/Cameroon HIV Technical advisor, to DRC | | X | | | | | | | X | | | | | | | | | | | | | | | | |
| A-2-3 | PSI/DRC Staff Exchange visits / DRC-Nigeria / 1 person | Marketing and Logistics Technical Advisor, Dipoko Degrande | | | | | | | X | | | | | | | | | | | | | | | | | | |
| A-2-4 | PSI/DRC Staff Exchange visits / DRC- Zambia / 1 person | COP, Didier Adjoua | | | | | | | X | | | | | | | | | | | | | | | | | | |
| A-2-5 | PSI/DRC Staff Exchange visits / DRC-Rwanda / 1 person | MCH Director, Albert Chikuru | | | X | | | | | | | | | | | | | | | | | | | | | | |
| A-2-6 | USAID Seminars / DRC-TBD / 2 people | 1- COP, Didier Adjoua 2- M&E Specialist, Gode Mpanya | | | | | | | | | | | | | | | | | X | | | | | | | | |
| A-2-7 | Management and Leadership Training / DRC - Ivory Coast and Washington, DC / 2 people | 1- CR, Nestor Ankiba, to Ivory Coast 2- COP, Didier Adjoua, to Washington, DC) | | | X | | | | | | | | | | X | | | | | | | | | | | | |
| A-2-8 | Boards of Directors meeting / DRC-Ivory Coast / 2 people | 1- Professor Payanzo, PSI/ASF Board of Directors President 2- CR, Nestor Ankiba | | X | | | | | | | | | | | | | | | | | | | | | | | |
| A-2-11 | DELTA Social Marketing Regional Training / DRC-TBD / 1 person | Marketing and Communication Director | | | | | | | | | X | | | | | | | | | | | | | | | | |
| A-2-12 | Program Management workshop with PSI/DRC HQ and Provinces | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| A-3 | Procurement/Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-3-1 | Advertise tenders | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-3-2 | Analysize and select suppliers | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-3-3 | Procure vehicles and motos for program activities | | X | X | | | | | | | | | | | | | | | | | | | | | | | |
| A-3-4 | Procure MVU equipment for communications activities | | X | X | | | | | | | | | | | | | | | | | | | | | | | |
| A-3-5 | Procure furniture, computers and equipment for new staff | | X | X | | | | | | | | | | | | | | | | | | | | | | | |
| A-3-6 | Replace purchases of computers/servers | | X | X | | | | | | | | | | | | | | | | | | | | | | | |
| A-3-7 | Procure medical and non medical furniture and equipment for <i>Confiance</i> network clinics | | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | | | | | |
| A-4 | Technical Assistance Travel | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-4-1 | Program Management supervision trip / Washington - DRC / CEO | CEO, Karl Hoffmann | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-4-2 | Program Management Supervision trip / Washington -DRC / Regional Director | Regional Director, Moussa Abbo | | | | | | | X | | | | | | | | | | | | | | | | | | |
| A-4-3 | HIV Technical assistance trip / Washington DC - DRC / 1 person | PSI/W HIV Technical Advisor, Brian Pedersen | | X | X | | | | | | | | | | | | | | | | | | | | | | |

Challenges

Family Planning

1. Tracking the registration process of the new oral contraceptives (Combination-3 and Microlut, replacing Duofem and Ovrette which are out of stock) by the donor until the AMM Certificate is obtained, which will determine these products distribution.
2. Tracking the over-branding request for the new FP products: *Jadelle*, Combination-3 and Microlut; although *Jadelle* is already in the distribution channel under its generic presentation.

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 Condome | 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 | 200,000 | 200,000 | 250,000 | 750,000 |
| | IUD | 2,000 | 2,500 | 2,750 | 3,000 | 10,250 |
| | Cycle Beads | 4,000 | 6,000 | 6,000 | 6,200 | 22,200 |
| | 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 | 0 | 1,250,000 | 1,500,000 | 2,750,000 |
| | PUR | 1,000,000 | 2,000,000 | 2,000,000 | 2,000,000 | 7,000,000 |
| | Aquatabs | 1,150,000 | 2,000,000 | 2,000,000 | 2,100,000 | 7,250,000 |

Annex B: Annual Performance Milestones

| Annex B: Annual Performance Milestones | | | | | | | |
|--|--|------------|------------|------------|------------|----------------------|---|
| INDICATORS | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | TOTAL | Comments/Assumptions | |
| Task 1: Increase supply and diversity of health services and products | | | | | | | |
| 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 | 60 000 000 | 60 000 000 | 62 000 000 | 215 000 000 | Based on quantities planned. Year 1 target is based on previous project last year achievement. Year 2, 3 and 4 targets have been updated, based on year 1 achievements. Concurrent interventions of other NGOs in same health zones are anticipated to decrease targets in year 3 and 4. Expected results are based on other donors supplying products. |
| 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 | 0 | 1 250 000 | 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 | 200 000 | 200 000 | 250 000 | 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) and previous project achievements. Year 2 target has been updated, based on year 1 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 | 6 000 | 6 000 | 6 200 | 22 200 | 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. Year 2 target has been updated, based on year 1 achievements. |
| 10 | Number of implants distributed through the USG funded social marketing programs | 0 | 1 300 | 1 200 | 1 500 | 4 000 | Based on universe of needs calculation (including estimated impact of the project on product used-related behavior change). Year 2 target has been updated, as there was no distribution in year 2 due to registration issue. |
| 11 | Couple-years of protection (CYP) in USG-supported programs | 103 607 | 140 217 | 155 825 | 190 650 | 590 299 | Based on year 1 achievements, and expected family planning products availability. |
| Task 2: Increase the awareness of and demand for health products and services | | | | | | | |
| 12 | 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. |
| 13 | 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. |
| 14 | 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. |
| 15 | Number of targeted condom service outlets | 1 800 | 6 000 | 6 250 | 6 500 | 6 500 | Previous project achievement was 1,500 condom service outlets. Targets are based on the extension planning of condom service outlets network in Health Zones. Years 2, 3 and 4 targets have been updated, based on year 1 achievements. Cumulative indicator. |
| 16 | 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. |
| 17 | Number of media outlets including HIV/AIDS messages in their programs | 0 | 48 | 20 | 15 | 48 | Based on budget available. Each TV and radio station used for messages airing is considered as one media outlet, and is counted only once. Cumulative indicator. |
| 18 | Number of media broadcasts that promote responsible sexual behavior | 0 | 20 160 | 1 800 | 1 350 | 23 310 | Based on budget available. Special efforts will be made in year 2 because (1) no activities were carried on in year 1 due to budget constraints, (2) budget will be reduced in year 3 and 4, (3) year 2 is key to drive sustainable behavior change for following years. |
| 19 | Number of peer educators who successfully completed an in-service training program | 0 | 300 | 300 | 0 | 600 | Based on budget available. |

| | | | | | | | |
|---|--|--------|---------|---------|---------|---------|--|
| 20 | Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance | 0 | 199 | 0 | 0 | 199 | Dutch SALIN funded newly established <i>Confiance</i> clinics (30) and pharmacies (69) will be incorporated into the USG funded network in year 2. Additionally, New clinics (25) and pharmacies (75) will be integrated in <i>Confiance</i> network and supported with USG funding in year 2. |
| 21 | Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (depo provera) | 100 | 68 | 45 | 45 | 45 | Contingent upon consistent product supply from the donor. Indicator has been corrected, based on USAID's list of indicators.. |
| 22 | Number of people reached during outreach activities promoting the use of water purifier products | 50 000 | 300 000 | 250 000 | 200 000 | 800 000 | Based on past achievements. |
| 23 | Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea | 0 | 0 | 100 000 | 125 000 | 225 000 | Based on estimated quantities of product to be distributed. |
| 24 | Number of service delivery points social marketing delivery kits | 200 | 400 | 0 | 0 | 400 | 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. Additionnal 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. |
| 25 | Percentage of service delivery points reporting stock out of water purifier at any time | 40% | 30% | 20% | 15% | 15% | Based on anticipated project efforts. In year 1, wholesalers were considered as service delivery points. For year 2, 3 and 4, the indicator is corrected: service delivery points are retailers. |
| 26 | Percentage of service delivery points reporting stockouts of ORS/zinc tablets at any time | - | - | 60% | 40% | 40% | 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 | | | | | | | |
| 27 | Number of socially marketed health products or services transitioned to the private sector | 0 | 0 | 1 | 0 | 1 | Based on project work plan. |
| 28 | 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 | | | | | | | |
| 29 | 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: stock

The table below highlights PSI/ASF's 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 | Cycle Beads | Jadelle | DELIVRANS | PUR | AQUATABS |
| Kinshasa | 16,919,310 | 699,800 | 12,100 | 0 | 137,591 | 2,234 | 101,844 | 160 | 303 | 2,791,132 | 5,135,210 |
| Katanga | 685,962 | 0 | 15,540 | 0 | 12,050 | 20 | 388 | 200 | 258 | 394,247 | 66,696 |
| Bas Congo | 197,910 | 0 | 1,515 | 0 | 7,400 | 146 | 1,115 | 98 | 275 | 59,280 | 175,360 |
| Sud Kivu | 514,080 | 0 | 2,820 | 0 | 10,939 | 524 | 0 | 500 | 0 | 278,919 | 452,549 |
| Nord Kivu | NA | NA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NA | NA |
| Province Orientale | NA | NA | 0 | 0 | 2,310 | 31 | 388 | 0 | 0 | NA | NA |
| Equateur | NA | NA | 0 | 0 | 3,420 | 0 | 0 | 0 | 29 | NA | NA |
| Kasaï Occidental | 959,499 | 0 | 3,414 | 0 | 6,550 | 114 | 467 | 100 | 152 | 130,370 | 479,896 |
| Kasaï Oriental | 732,060 | 0 | 10 | 0 | 4,920 | 0 | 366 | 200 | 2,800 | 67,920 | 10,720 |
| Maniema | 0 | 0 | 7,590 | 0 | 0 | 0 | 0 | 0 | 52 | 0 | |
| Total | 20,008,821 | 699,800 | 42,989 | 0 | 185,180 | 3,069 | 104,568 | 1,258 | 3,869 | 3,721,868 | 6,320,431 |

IX.3- Travel plan for the next quarter

Several trips planned for past quarter are reported for Q3 FY11:

| Trip subject | Person | Place | Anticipated period | Codes |
|---|---|----------|--------------------|-------|
| WCA Regional bi-annual PSI conference/ DRC-Dakar / | 1.CR, Nestor Ankiba 2.COP, Didier Adjoua 3.DAF, Hery Ramangalahy 4.M&E, Godefroid Mpanya 5.HIV/TB, Jo Bakualufu 6.Marketing&Com,Aaphy Mukuta | Senegal | June 2011 | A-2-1 |
| PSI/ASF Staff Exchange visits | PSI/ASF HIV Technical Advisor,-1 person | Cameroun | May 2011 | A-2-2 |
| | PSI/Cameroun HIV Technical Advisor,-1 person | DRC | May 2011 | A-2-2 |
| PSI/ASF Staff Exchange visits | Marketing and Logistics Technical Advisor, Dipoko Degrande- 1 Person | Nigeria | May 2011 | A-2-3 |
| PSI/ASF Staff Exchange visits | COP, Didier Adjoua- 1 person | Zambia | June 2011 | A-2-4 |
| HIV Technical assistance trip/ Washington DC | PSI/W HIV Technical Advisor, - 1 person | DRC | May 2011 | A-4-3 |
| MCH/Watsan Technical assistance trip/ Washington DC | PSI/ W MCH/Watsan technical Advisor,- 1 person | DRC | May 2011 | A-4-5 |