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

**Programmatic Quarterly Report  
April – June 2010**

**Submitted by:  
Population Services International**



\* Female condom PRUDENCE FEMME® is now available in hair dressings and beauty shops for women.

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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:** April – June 2010 (Q3 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 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 malaria 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. 1,732,320 male and 121,927 female condoms have been distributed in targeted health zones under AIDSTAR project. Nevertheless, additional distribution has been completed during the same period with other donor funding (World Bank, Global Fund) for a total of 14,730,775 male condoms.
2. 79,317 COC, 1,035 POP, 41,700 injectables, 383 IUD and 1,133 cycle beads have been distributed to women of reproductive age in project targeted health zones.
3. 7,859 Clean Delivery Kits have been distributed.
4. 470,355 sachets of PUR and 907,824 tablets of Aquatabs have been distributed, to treat 22,860,030 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.**

### *HIV/AIDS/STI*

1. A quantity of 1,149,957 male condoms was in stock at the beginning of the reported period. Twelve (12) million have been received in April 19, 2010, for a total of 14,250,000 male condoms received from USAID under this contract. We would like to inform you that we found out a total of 741,000 wet condoms during the opening and unloading of containers received (See **annex 1**). Further investigations will be done jointly with MoH experts (3<sup>rd</sup> Direction, in charge of Pharmaceutical control) next quarter to assess their quality and see if we are allowed to distribute them. More details will be provided in the next quarterly report or during periodic meeting with the CTOR. With the total of 12,408,957 male condoms ready for distribution, 2,544,380 of them were shipped in 3 provinces namely Katanga, South Kivu and Western Kasai successively. Hence, a total of 4,200 condoms were used for testing. Delays encountered in their shipping and their distribution to all 6 targeted USAID provinces were mainly due to the testing and packaging process lasting at least 3 months to be terminated. Thus, we were able to package only 3,118,834 condoms during the quarter after receiving approval from the 3<sup>rd</sup> Direction. Mass animations have been realized to impulse demand and promote correct and consistent use of condoms. 1,732,320 male condoms have been distributed in the provinces of Kinshasa and South Kivu. 11,413,437 male condoms are in stock at the end of June 2010 in PSI/ASF's central and provincial warehouses.
2. Distribution of male condoms has taken place during this quarter in the other provinces with other sources of funding. Thus, Global Fund allowed directly PSI to distribute 9,428,388 pieces and through the World Food Program a total 998,959 condoms. The World Bank, through the HIV/AIDS National Multi sectoral Program (PNMLS), contributed to the distribution of 4,303,428 pieces nationwide. This total of 14,730,775 male condoms distributed in addition to USAID funded distribution permitted to increase condom availability for populations. With the end of the two Global Fund projects described above in June 2010, an emphasis will be made on USAID funded condoms in targeted provinces to at least maintain the level of condom availability in points of sales created and boost the results of the project.
3. A quantity of 425,157 female condoms was in stock at the beginning of the reported period, including the remaining 3,011 female condoms available at the end of the previous cooperative agreement #623-A-00-05-00341-00. In Q3, 121,927 female condoms have been distributed in all the 6 targeted provinces (Kinshasa, South Kivu, Western and Eastern Kasai, Katanga, Bas-Congo) plus Equateur (where stock from previous cooperative agreement were still available). During the packaging process, 2,710 condoms have been found as additional to the 500,000 pieces that have been received for this contract. Thus, 305,940 pieces were available in stock at the end of June 2010.
4. The following tables highlight the distribution of male and female condoms by province during Q3 FY10, and the inventory on hand at the end of June 2010:

Prudence Homme	Distribution	Stock available, end of June 2010
KINSHASA	1,619,460	8,981,817
SUD KIVU	112,860	889,380
KASAI ORIENTAL	0	1,002,240
KATANGA	0	540,000
KASAI OCCIDENTAL	0	0
BAS CONGO	0	0
<b>TOTAL</b>	<b>1,732,320</b>	<b>11,413,437</b>

Prudence femme	Distribution	Stock available, end of June 2010
KINSHASA	52,600	74,718
SUD KIVU	6,800	93,200
KASAI ORIENTAL	49,496	25,504
KATANGA	9,020	30,980
KASAI OCCIDENTAL	3,200	46,800
BAS CONGO	600	34,460
<b>TOTAL</b>	<b>121,716</b>	<b>305,662</b>

### *Family Planning*

1. In Q3 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, South Kivu, North Kivu, Province Oriental, Equateur and Kasai Occidental). Under this CA, *Confiance* network is composed by 78 private clinics and 277 pharmacies that provide quality FP services and information and distribute *Confiance* over-branded contraceptives. Providers at partner sites receive comprehensive FP training, on-going supportive supervision, and a guaranteed supply of *Confiance* branded contraceptives. Five contraceptive products (two oral pills, injectable, IUD and CycleBeads) are socially marketed through the network partners.

In late 2009 and early 2010, an additional 37 clinics and 89 pharmacies in Kinshasa, Mbuji-Mayi, Kindu and Boma were added to the *Confiance* network using complementary Dutch funds for FP. These partner sites will be incorporated into the existing *Confiance* network, at no cost to USAID, in 2011 in order to achieve the enlargement of the *Confiance* network required under this project. Nevertheless, USAID-funded COC and POP are already distributed in these facilities. Unfortunately, due to the unresolved exoneration problem blocking importation of medical equipment and products for this project, the expansion sites have not yet received training in long-term methods (IUD and implants) and are restricted to distributing short-term methods for the time being.

2. During Q3 FY10, PSI/ASF sold 41,700 injectables, 382 IUDs, and 1,133 CycleBeads through its USAID-funded 78 clinic, 277 pharmacy and 91 mobile educator *Confiance* partners. In the *Confiance* network (including Dutch-funded 37 clinics and 89 pharmacies), PSI/ASF sold a total of 80,352 cycles of pills (COC and POP), The following table highlights the distribution of products by province:

Province	COC	POP	Injectable	IUD	CycleBeads
Kinshasa	33,545	0	27,730	135	0
Katanga	10,590	0	4,270	38	412
Bas Congo	9,585	0	2,810	45	208
Sud Kivu	6,660	0	3,960	57	302
Nord Kivu	1,575	0	900	27	0
Province Oriental	2,640	165	530	12	0
Equateur	2,249	0	120	0	32
Kasai Occidental	3,983	0	1,380	69	179
Kasai Oriental <sup>1</sup>	2,055	150	N/A	N/A	N/A
Maniema <sup>2</sup>	6,435	720	N/A	N/A	N/A
<b>TOTAL</b>	<b>79,317</b>	<b>1,035</b>	<b>41,700</b>	<b>383</b>	<b>1,133</b>

***Confiance* Products – Q3 FY10**  
(Apr-May-June 2010)

Product	Objective per quarter	Sales	Achievement in %
Duofem	150,000	79,317	52.9%
Ovrette	25,000	1,035	4.1%
Depo-Provera	25,000	41,700	166.8%
IUD	500	383	76.6%
CycleBeads	1,000	1,133	113.3%

3. In 2009, PSI/ASF leveraged USAID support to secure complementary funding to obtain funding from the Dutch government for FP activities. This new Dutch funding enabled ASF to launch an extension of the *Confiance* network and distribution of *Confiance* products in Mbuji-Mayi (8 clinics and 30 pharmacies) and Kindu,(7 clinics and 20 pharmacies) and expand the network within Kinshasa (20 clinics and 39 pharmacies) and Boma (2 clinics) in early 2010. The Dutch project, which runs through December 2010, will also fund implant training for all *Confiance* sites in Q3 FY10, allowing USAID's implants to be introduced into the *Confiance* network in FY10 at no additional cost beyond product provisions. The Dutch-funded project also includes the purchase of 200,000 *Petogen* injectables, 7,000 Jadelle implants and 8,000 CycleBeads, which will be distributed in the extension sites and also used to complement sales at all *Confiance* partner sites where current product availability is insufficient.

<sup>1</sup> Quantities of COC and POP sold during October-December in Mbuji Mayi were not included in the Q2 report. They have been reintroduced in the calculation of Q3 sales.

<sup>2</sup> Quantities of COC and POP sold during January-March in Maniema were not included in the Q2 report. They have been reintroduced in the calculation of Q3 sales.

4. During 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-formations given to all pharmacy staff by PSI/ASF FP agents.
  
5. In Q3 2010, PSI/ASF continued the registration process for *Petogen*, a different brand name of the 3-month DMPA injectable, which has the same formula as Depo-Provera. PSI/ASF had originally ordered 200,000 Depo-Provera with Dutch funds for distribution in *Confiance* partner sites. However, a global recall of Depo-Provera in January included PSI/ASF's order, and future orders of Depo-Provera cannot be 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. If the product is registered in August 2010, as promised by the 3<sup>rd</sup> Direction, and there are no further delays to its registration, it is anticipated that distribution of *Petogen* will begin in Q4 2010 and will be distributed, using Dutch funds, in all *Confiance* clinics and pharmacies in order to complement the limited amounts of Depo-Provera and to prevent product stock-outs.

### **Maternal & Child Health**

1. A quantity of 4,201 CDKs was in stock at the beginning of the reported period. A total of 6,000 pieces have been produced. During Q3 FY10, 7,859 CDKs have been distributed.
  
2. The following table highlights the distribution of the CDK *Delivrans* by province during Q3 FY10, and the inventory on hand at the end of June 2010:

<b>DELIVRANS</b>	<b>Distribution</b>	<b>Stock available, end of June 2010</b>
Kinshasa	6,598	1,666
Katanga	185	304
Bas Congo	190	11
Sud Kivu	187	0
Nord Kivu	350	0
Province Oriental	85	716
Equateur	130	220
Kasai Occidental	82	118
Kasai Oriental <sup>3</sup>	6	194
Maniema <sup>4</sup>	46	133
<b>TOTAL</b>	<b>7,859</b>	<b>3,362</b>

<sup>3</sup> Quantities of COC and POP sold during October-December in Mbuji Mayi were not included in the Q2 report. They have been reintroduced in the calculation of Q3 sales.

<sup>4</sup> Quantities of COC and POP sold during January-March in Maniema were not included in the Q2 report. They have been reintroduced in the calculation of Q3 sales.

## ***Water and Sanitation***

1. With Procter and Gamble funding, 2.2 millions sachets of PUR were purchased. Among them, 1.1 million have been sampled and tested by the Ministry of Health (LAPHAKI Laboratory).
2. From April to June 2010, 470,355 sachets of PUR and 907,824 tablets of Aquatabs have been distributed in USAID targeted provinces (Kinshasa, Katanga, South Kivu, Bas Congo, Western Kasai, Eastern Kasai). PUR and Aquatabs have been distributed to health centers, pharmacies, retailers, wholesalers, NGOs and households. For household distribution, PSI sale agents create demand and direct populations to exist points of sale to get supplied. An important amount of POU products were distributed in emergency situations by NGOs and UN agencies during cholera out break in South Kivu, North Kivu and Katanga in May 2010.
3. The following tables highlight the distribution of products by province during Q2 FY10, and the inventory on hand at the end of March 2010:

<b>PUR</b>	<b><i>Distribution</i></b>	<b><i>Stock available, end of June 2010.</i></b>
Kinshasa	143,760	2,623,567
Katanga	197,928	877,871
Bas Congo	13,380	47,760
Sud Kivu	13,287	236,234
Kasai Occidental	3,840	154,770
Kasai Oriental	98,160	480
<b>TOTAL</b>	<b>470,355</b>	<b>3,940,682</b>

<b>AQUATABS</b>	<b><i>Distribution</i></b>	<b><i>Stock available, end of June 2010.</i></b>
Kinshasa	75,360	7,536,832
Katanga	529,584	409,904
Bas Congo	10,880	250,240
Sud Kivu	216,480	175,760
Kasai Occidental	54,400	653,872
Kasai Oriental	21,120	46,400
<b>TOTAL</b>	<b>907,824</b>	<b>9,073,008</b>

**Task 1 indicators: Situation as of end Q3FY10**

	INDICATORS <sup>5</sup>	Year 1 Targets	Achievement Project Q3 (numbers)	Achievement Project Q3 (%)	Comments
1	Number of male condoms distributed through the USG funded social marketing programs	20,000,000	2, 817,720	14.1 %	Additional 14,730,775 condoms have been distributed during Q3 with other donors funding. Ended in June 2010, priority for health impact will be made on the distribution of remaining condoms to reach the target.
2	Number of female condoms distributed through the USG funded social marketing programs	500,000	199,781	40.0%	Distribution will continue and be reinforced in Q4.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33,000,000	50,626,480	153.4 %	An important amount of POU products were distributed in emergency situations by NGOs and UN agencies.
5	Number of clean delivery kits distributed through the USG funded social marketing programs	20,000	11,799	59 %	Distribution will continue and be reinforced in Q4.
6	Number of cycles of oral contraceptives distributed through the USG funded social marketing programs	700,000	282,039	40.3%	Stock out of POP. We are waiting for product supply from USAID.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	100,000	76,820	76.8%	On time.
8	Number of IUDs distributed through the USG funded social marketing programs	2,000	1,162	58.1%	Distribution will continue and be reinforced in Q4.
9	Number of cyclebeads distributed through the USG funded social marketing programs	4,000	2,430	60.8%	Distribution will continue and be reinforced in Q4.
10	Number of implants distributed through the USG funded social marketing programs	500	0	0.0%	No quantity has been received yet from USAID. Service providers' training with complementary Dutch FP funds is compromised by the fact that training materials are blocked due to exoneration issues with GDRC.

**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.**

***HIV/AIDS/STI***

1. Authorization to use condoms sales income is still pending. No interpersonal communication activities were held in all targeted USAID provinces. In Matadi (Bas-Congo) and in Lubumbashi (Katanga), sessions of mass communication activities were held consisting in night projections of film related to HIV/AIDS prevention by mobile video unit. During these sessions, themes including safer sex behavior, condoms and VCT use were promoted based on participative approach. Participants are encouraged to ask questions and directly get correct information about all topics cited above. They are also referred for STIs and VCT health facilities. A total of 5,347 individuals attended to this activity.
2. The sales agents continued to create points of sale in both urban and rural areas. To reinforce the distribution network, wholesalers have been linked to the 240 new points of sale created during the period for both male and female condoms.

<sup>5</sup> Any missing indicator in the table has no target to be reported for year 1 project.

3. Twenty six (26) new female friendly sales points were created including hair dressings and beauty shops for women by PSI's sales force. This innovative strategy aiming to raise awareness of female condoms availability among women is really appreciated both by outlets' owners and female customers. In addition, they benefit from a short capacity building program including learning of correct female condom use, arguments for selling products and correcting false beliefs. Nevertheless, to reach this objective, distribution should be completed by behavior change communication (BCC) activities including female condom use promotion for this targeted population. So far, budget for BCC activities is not available. Request to use income generated from condoms sales from the previous cooperative agreement has been submitted to USAID to fund these activities. This constraint led to very weak female condoms distribution in most of the USAID targeted provinces.

### ***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. It is anticipated that the new Zain number will begin receiving calls in Q4 2010. In addition to offering the toll-free hotline to all Zain carriers, PSI/ASF will track 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. In Q3 2010, the *Ligne Verte* FP hotline received over 3,123 calls, 83% of which were from men.

Number of calls received by FP hotline, by province  
(Apr-May-June – Q3 FY10)

Province	Calls		Total
	Men	Women	
Kinshasa	329	183	512
Katanga	1,352	133	1,485
Bas Congo	87	26	113
Sud Kivu	77	33	110
Nord Kivu	114	30	144
Province Oriental	165	35	200
Equateur	249	55	304
Kasai Occidental	222	33	255
Other <sup>6</sup>	488	81	569
<b>Total</b>	<b>3,083</b>	<b>609</b>	<b>3,692</b>

<sup>6</sup> Bandundu, Kasai Oriental, Maniema.

4. In Q3 2010, over 188,908 people were reached with FP BCC messages, through group information sessions, household visits, sensitizations at health centers and churches and FP ‘open houses.’

Number of people reached through FP interpersonal communication, by province  
(Apr-May-June 2010 – Q3 FY10)

Province	Men	Women	Total
Kinshasa	18,059	49,189	67,248
Katanga	3,872	32,223	36,095
Bas Congo	2,478	5,665	8,143
Sud Kivu	572	23,380	23,952
Nord Kivu	4,414	21,304	25,718
Province Oriental	1,608	3,635	5,243
Equateur	1,354	4,410	5,764
Kasai Occidental	4,363	12,382	16,745
<b>Total</b>	<b>36,720</b>	<b>152,188</b>	<b>188,908</b>

Number of people reached through FP counseling visits, by province  
(Apr-May-June 2010 – Q3 FY10)

Province	Men	Women	Total
Kinshasa	1,832	13,897	15,729
Katanga	204	2,998	3,202
Bas Congo	224	825	1,049
Sud Kivu	68	1,884	1,952
Nord Kivu	0	1,831	1,831
Province Oriental	175	368	543
Equateur	92	295	387
Kasai Occidental	659	3,156	3,815
<b>Total</b>	<b>3,254</b>	<b>25,254</b>	<b>28,508</b>

5. In Q1 and Q2 2010, new clients recruited in the project were not reported. The following table includes all new clients since the beginning of the project, per quarter and province:

Province	Q1 (Oct-Dec 2009)		Q2 (Jan-Mar 2010)		Q3 (Apr-June 2010)		Total
	Men <sup>7</sup>	Women	Men <sup>8</sup>	Women	Men <sup>9</sup>	Women	
Kinshasa	0	6,738	88	11,447	31	10,928	29,232
Katanga	63	997	71	678	102	669	2,580
Bas Congo	500	3,274	195	1,753	13	210	5,945
Sud Kivu	58	323	87	375	166	643	1,652
Nord Kivu	88	162	378	1,944	96	444	3,112
Province Oriental	1	167	7	85	14	130	404
Equateur	19	376	12	198	29	476	1,110
Kasai Occidental	9	203	2	220	10	249	693
<b>Total per sex</b>	<b>738</b>	<b>12,240</b>	<b>840</b>	<b>16,700</b>	<b>461</b>	<b>13,749</b>	<b>44,728</b>
<b>Total</b>	<b>12,978</b>		<b>17,540</b>		<b>14,210</b>		<b>44,728<sup>10</sup></b>

6. Development of updated provider materials is still underway and new materials will be distributed to all partner sites in Q4 FY10.
7. Quarterly meetings were held in each of the eight FP provinces with partner clinicians and mobile educators and bi-annual meetings with pharmacists were held for a total of 24 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.
8. In Q3 2010, the Family Planning program held its annual national retreat. The members of the family planning program in all ten provinces came to the retreat. The retreat was funded with complementary Dutch 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

<sup>7</sup> Men use male condom on FP sites

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> The target for the 4 year project is 96,600 new clients recruited. This indicator is satisfied by 46.3% at the end of year 1 Q3.

- 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.

### ***Water and Sanitation***

1. A proposal has been submitted to Procter and Gamble (P&G) for the supply, the distribution and promotion of correct us of 4.4 million sachets of PUR in case emergency situations all over the country including the USAID targeted provinces.
2. During Q3 2010, 216 new points of sales for PUR and Aquatabs have been created in the 6 targeted USAID provinces.
3. A total of interpersonal communication sessions were performed in schools, churches, markets, health centers (during ante and post-natal sessions), to reach 35,581 people including mothers of children under five, community leaders, students women associations.
4. About communication activities, radio spots with messages related to safe drinking water, hygiene and sanitation promotion were aired through both rural and urban radio stations.

### ***Task 2 indicators: Situation as of end Q3FY10***

	<b>INDICATORS<sup>11</sup></b>	<b>Year 1 Targets</b>	<b>Achievement Project Q3 (numbers)</b>	<b>Achievement Project Q (%)</b>	<b>Comments</b>
14	Number of targeted condom service outlets	1,800	1,740	96,6%	To be continued.
15	Number of individuals participated in community-wide event focused on HIV/AIDS	Not Applicable	6,013		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%	50%		To be continued.
21	Number of people reached during outreach activities promoting the use of water purifier products	50,000	173,082	346.2%	To be continued.
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%	100%	No stock out has been reported to the project.

<sup>11</sup> Any missing indicator in the table has no target to be reported for year 1 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.**

*Cross-cutting*

1. An external financial auditor has been selected after a bidding process to conduct the 2009 annual financial audit of PSI/ASF. Assessment and report will be completed in Q4 2010.

*HIV/AIDS/STI*

1. The ASF's sales agents continued to carry on 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.

*Maternal & Child Health, and 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 Q3FY10*

No indicators have been 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. In the framework of the program supervision visit held during April by the COP and National HIV/AIDS National Manager in South Kivu (Bukavu), a meeting was held with an USG-funded projects, ProViC, particularly with its provincial Office of Bukavu in order to strengthen linkage and coordination of HIV/AIDS prevention activities in the South 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 the type and the localization of their interventions in the province. Other meetings were plan for the next quarter to develop a coordinated provincial workplan. Other meetings have been carried on with local military hierarchy and provincial office of PNMLS to share strategies for coordination and project reinforcement.
2. PSI/ASF attended actively to three 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.

- Lessons learned from previous USAID-funded HIV/AIDS and Family Planning projects have been gathered and will be presented in Q4 FY210 to USAID team.

## Research, Monitoring and Evaluation

### *HIV/AIDS/ST*

- Study protocols for TRaC survey, including questionnaires, have been submitted to the Ethic Committee since May 2010. Questions raised by the Committee have already been addresses and final approval is awaited. A research agency has been identified and data collectors and supervisors have been recruited and trained. Pilot study to test questionnaire coherence and validity has been achieved. Data collection will start immediately after reception of this approval.
- The protocol, with the questionnaire, for the MAP coverage survey (Condom coverage including in hot spot areas funded by the World Bank through the PNMLS) has been approved by the Ethic Committee. Research agency selection, recruitment and training of data collectors and supervisors have been completed. Data collection should take place in FY10 Q4.

### *Family Planning*

- In Q3 2010, PSI/ASF carried out a baseline TRaC survey in two Dutch-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 anticipated to be ready in Q4 and findings will be shared with USAID.
- In Q4 2010, PSI/ASF will carry out a MAP survey and a consumer-acceptability study for the *Jadelle* implant (if the product is registered early in Q4).

### *Maternal & Child Health*

- During Q3 FY10, study protocol for MCH survey, including questionnaires, have been validated with PSI/ASF Research technical team. The research agency has been recruited, and the data collection supervisors have been trained. Data collection should take place in FY10 Q4 with POUZN, UNICEF, Pooled Fund and P&G funds.

### *Task 4 indicator: Situation as of end Q3FY10*

	INDICATORS	Year 1 Targets	Achievement Project Q3 (numbers)	Achievement Project Q3 (%)	Comments
28	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	74	123.3%	

### III. Project Management

1. The subcontractor Hope Consulting (small business) proposed a revision to their budget, which was submitted to USAID for approval in Q3 FY10. Once approved, contract will be signed for a total of \$182,849. Due to the fact that the remaining quarter to achieve FY10 will not be sufficient for Hope to complete their scope of work, PSI/ASF will request USAID's approval to extend Hope's period of performance beyond September 30<sup>th</sup>, 2010, in the limit of year 1 obligated budget. Hope is responsible for conducting a situation analysis and ensuring a successful spin-off of clean delivery kits (CDKs) to a private sector entity.
2. Branding and marking plan has been submitted to the Contracting Officer on November 30<sup>th</sup>, 2009, and approval is awaited for implementation.
3. 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 been submitted to the CO. Approval has not been received as of march 2010.
4. Based on updated asset list and identified needs, term of references for bids are elaborated and will be launched in Q4 FY10.
5. A marketing training was organized by PSI/ASF for 16 of its personnel from June 1<sup>st</sup> till June 12<sup>th</sup>, 2010. To facilitate this session, a PSI technical adviser came from Benin. 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, 3 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) may be brought urgently to improve perception of its quality for this subgroup.

In term of price, assessment of existing pricing grid in liaison with demand and economic environment raised up the importance to apply a slight increase on this new Prudence based on results from the willingness to pay study conducted previously in Matadi (Bas-Congo) and in Bukavu (South 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.

6. A rural assessment has been 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) have 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) have been held. Concrete recommendations have been 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 has been presented to USAID team on June 2010.
7. Dr Didier Adjoua, COP, has participated successively on April 1<sup>st</sup>, 2010 and May 17<sup>th</sup>, 2010 in two COPs' meetings organized by USAID team to coordinate USAID-funded partners' interventions. He attended to 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 25<sup>th</sup>, 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.

#### **IV. Problems /Challenges faced during the reporting period**

During the reporting period, several challenges have been faced by the project:

1. Delays in products arrival in DRC (as male condoms and FP products) create delays in project objectives' achievement.
2. Approval for the use of program income generated under the previous HIV/AIDS cooperative agreement is still pending. This amount will allow us to stimulate condoms demand among all the targeted population and boost project's results
3. The lack of a solution on the problem of the suspension of all exonerations for NGOs as of November 2009 continues to block 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 impacts negatively on the clearing process of points of use water treatment product Aquatabs (for a quantity of 6 million tablets) bought by other donors and to be distributed under this USAID-funded project.
4. 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.
2. IEE regulations were discussed in details with all FP members during the national FP retreat in June 2010. 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.
3. 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.
4. 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.

## **VI. FP and HIV policy compliance**

During the June Family Planning national retreat, the Thiart Amendment and its requirements were reviewed and discussed with all PSI/ASF staff. This was particularly useful to ensure that newly hired staff understand and adhere to the Thiart Amendment requirements. The presentation and support materials in French on the Thiart Amendment were given to all participants to have in each province.

## VII. Planned activities versus progress (table)

Activity	2009												2010												Comments															
	OCT				NOV				DEC				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	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4				
<b>Program Administration</b>																																								
Finalize sub-agreement with Hope Consulting and Social Impact												X																									Social Impact subcontract signed. Hope Consulting subcontract will be finalized in Q4 FY10.			
Finalize PSI/ASF Y1 PMEP 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			
<b>Procurement/Equipment</b>																																								
Determine and validate new terms of reference for Y2 procurement																																			X	X	X	X	On going.	
<b>Technical Assistance Travel</b>																																								
DELTA Social Marketing training trip (Frederick Parsons) Benin-DRC																																						Achieved.		
Rural Strategy Assessment trip (Sali Adamou) Cameroon-DRC																	X	X	X	X																		Achieved		
Monitoring & Evaluation Technical Assistance trip (Edouard Talnan) Benin-DRC																X	X																					Reported in FY10 Q4.		
Program Management trip (Gina Smith) Washington DC-DRC																																						Reported in FY10 Q4.		
Rural Strategy Assessment Consultancy trip (Carol Squire) India-DRC																	X	X	X	X																		Achieved		
QED (Melinda Pitts) Washington DC-DRC																	X																					Reported in FY10 Q4.		
Hope Consulting (Hope Neighbor x 2) San Francisco-DRC																																						Reported in FY10 Q4.		
Social Impact (Tuthill) Washington DC-DRC																	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		Reported in FY10 Q4.		
<b>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.</b>																																								
<b>Cross-Cutting Activities</b>																																								
Creation of new distribution system through ethical and non ethical product distributors																																							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.	
Develop selection criteria & Select new wholesalers and confirm existing	X	X	X	X	X	X																																	In process.	
Create new points of sale and confirm existing	X	X	X	X	X	X																																	On going.	
Update/provide sales materials	X	X	X	X	X	X																																	On going.	
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	X	X		Will be completed in Q4 FY10	
Field training of sales agents																																							Will be completed in Q4 FY10	
Restructuring of product supply system to provinces					X	X	X	X	X	X	X																												Will be achieved in Q4 FY10	
Reevaluate MIS																																							On going.	
Provincial supervision trips	X				X																																		On going.	
<b>Price</b>																																								
Willingness to pay surveys to assess affordability																																								Reported to FY10 Q4, under Hope's subcontract.
<b>HIV/AIDS/STI Activities</b>																																								
<b>Product</b>																																								
PSI/ASF receives male and female condoms from USAID								X	X	X	X																												On going.	
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		Product has been sold. Please refer to section II, task 1 above.	
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		Product has been sold. Please refer to section II, task 1 above.
Procure condom packaging material								X	X	X	X	X	X	X	X	X																								On going.
Packaging of male and female condoms																																								On going.
Shipping condoms to provinces																																								On going.
<b>Placement/Distribution</b>																																								
Distribution of social marketed male and female condoms (private sector, distribution)																																								On going.
Intensify distribution into rural areas (involve/ partners community based outreach workers/ NGOs/ Associations)																																								Rural Assessment has been achieved in Q3. Results for distribution improvement are identified and implementation will start in Q4.
Identify female friendly condom distribution outlets like hair dressing/ beauty shop for women																																								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	X	X		On going.	







## VIII. Key activities and challenges for the next quarter

### **HIV**

#### *Key activities*

- Continue male and female condoms distribution and network strengthening.
- Implement recommendations to expand distribution to rural zones.
- Complete TRaC survey and present results to USAID and other key partners.

#### *Challenges*

- Obtain remaining 5.75 millions of male condom with USAID for distribution.
- Create/Increase informed demand for condoms in new rural zones.
- Reinforce distribution in the 6 USAID targeted provinces, mainly by increasing promotional activities targeting our wholesalers and by creating new retailers including non pharmaceutical outlets.
- Initiate the update of our distribution and communication strategy as per marketing plan

### **Family Planning**

#### *Key activities*

- In Q4 FY10, PSI/ASF will continue with its standard FP service, product delivery, IEC and quality assurance activities. In addition, the program will begin nation-wide trainings in *Jadelle* insertions and removals, accompanied by a refresher training in IUD insertion/removal, if products and equipment can be cleared from customs. Training assistance will be provided by PSI/Togo, who has offered to send a staff member experienced in implant trainings to assist with the first training.

#### *Challenges*

- The lack of a solution on the problem of the suspension of all exonerations for NGOs as of November 2009 continues to block 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.
- Prolonged delays in the registration of *Jadelle* (since Nov 2009) and the new DMPA 3-month injectable *Petogen* (since April 2010) continue to block 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 3rd 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 2010.

It is important to note that the Dutch-funded complementary project, which is paying for all training and equipment costs related to integrating *Jadelle* into the USAID-funded method mix, ends in December 2010. If these goods are not cleared and thus training for *Jadelle* not carried out before December, there will be no funds with which to implement training and distribution of this new product (LOP project distribution goal of 7,000 *Jadelle*).

### **Maternal & Child Health / Water and Sanitation**

#### *Key activities*

- Continue the distribution of POU water treatment products (*PUR* and *Aquatabs*) to commercial wholesalers, health zones and workplaces, NGOs and other institutions.
- Receive 4,4 millions of sachet de *PUR* ordered with P&G emergency funding and 6 millions tablets of *Aquatabs* ordered with Pooled Fund funding in August 2010.

- Create new points of sales integrated with other social marketed products.
- Diffuse PUR and Aquatabs radio spots through a nationwide channel.

### *Challenges*

- The long international shipping and clearing process for goods is susceptible to delay availability of PUR sachets, which could result in product stock out.
- The long distance between interventions sites result in logistical difficulties to access sites.
- Existing free chlorination in epidemic and endemic cholera zones reduces sales of socially marketed POU water products.
- Maintenance of sufficient stock of point of use water treatment products in health zones is critical so as to address quickly water borne diseases outbreaks.

## IX. Annexes

### IX.1- Project indicators

#### Annex A: Product Distribution Targets

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

## Annex B: Annual Performance Milestones

Annex B: Annual Performance Milestones							Comments/Assumptions
INDICATORS	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL		
<b>Task 1: Increase supply and diversity of health services and products</b>							
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	<b>107,000,000</b>	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	<b>3,400,000</b>	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	<b>192,000,000</b>	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	<b>2,750,000</b>	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	<b>50,000</b>	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	<b>4,400,000</b>	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	<b>700,000</b>	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	<b>10,250</b>	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	<b>20,900</b>	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	<b>4,000</b>	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	
<b>Task 2: Increase the awareness of and demand for health products and services</b>							
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.
<b>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</b>							
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.
<b>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</b>							
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: stock

The table below highlights PSI/ASF's current stock levels for each product in each targeted province of the project.

Province	HIV Products		FP Products				MCH Products	WatSan Products		
	Prudence Male	Prudence Female	COC	POP	Injectable	IUD	CycleBeads	DELIVRANS	PUR	AQUATABS
Kinshasa	8,981,817	74,718	755,290	7	226,511	7,223	54,050	1,666	2,623,567	7,536,832
Katanga	540,000	30,980	4,500	0	15,410	102	588	304	877,871	409,904
Bas Congo	0	34,460	900	0	20	31	644	11	47,760	250,240
Sud Kivu	889,380	93,200	4	0	0	18	448	0	236,234	175,760
Nord Kivu	NA	NA	2,970	0	2,100	58	NA	0	NA	NA
Province Oriental	NA	NA	1,050	0	2,470	78	NA	716	NA	NA
Equateur	NA	NA	0	0	2,880	100	1	220	NA	NA
Kasai Occidental	0	46,800	810	0	1,620	0	169	118	154,770	653,872
Kasai Oriental	1,002,240	25,504	2,535	0	NA	NA	NA	194	480	46,400
Maniema	NA	NA	45	0	NA	NA	NA	133	NA	NA
<b>TOTAL</b>	<b>11,413,437</b>	<b>305,662</b>	<b>768,104</b>	<b>7</b>	<b>251,011</b>	<b>7,610</b>	<b>55,900</b>	<b>3,362</b>	<b>3,940,682</b>	<b>9,073,008</b>

Note that:

- Among the IUDs' stock (7,610), 4,000 will expire in 2016 but 3,610 will expire in July 2010.
- For HIV, MCH and WatSan products, Not Applicable (NA) means that the province is not targeted by the project.
- For FP products, NA means that the province is already targeted by the Dutch-funded project.

### IX.3- Program income report

At the end of June 2010, a total of \$53,817.73 has been collected with HIV prevention and FP products' sales in targeted provinces.

### IX.4- Travel plan for the next quarter

Several trips have been planned for next quarter (Q4 FY10):

Trip subject	Person	Place	Anticipated period
Willingness to pay and CDK's Spin off evaluation	Hope Consulting – 1 person	DRC	September 2010
Baseline Data Collection Technical Assistance	QED – 1 person	DRC	July 2010
Local NGOs assessment and capacity building	Social Impact – 1 person	DRC	September 2010
Program supervision	Moussa Abbo, Regional Director for Western and Central Africa	DRC	July 2010
TRaC survey supervision	Edouard Talnan, Regional Researcher	DRC	September 2010
Program support	Elizabeth Regan, Assistant Program Manager	DRC	August 2010
MCH program supervision	PSI Technical Expert	DRC	September 2010